

Blue Cross Blue Shield of Michigan and Blue Care Network Preferred 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 *Preferred 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.

Certain brand-name drugs on the *Preferred Drug List* will be covered at a generic copayment and the generic equivalent won't be covered. These drugs are listed in this table:

Generic equivalent not covered	Brand-name drug covered at generic copay	Additional covered alternatives*
dextroamphetamine/ amphetamine ER capsule	Adderall® XR	dexamethylphenidate (Focalin®/XR), methylphenidate (Metadate CD®, Ritalin®/LA/SR), atomoxetine (Strattera®)
fluticasone/salmeterol, Wixela® Inhub®	Advair® Diskus®	Symbicort®, Breo® Ellipta®
mesalamine 0.375 g ER capsule	Apriso®	balsalazide (Colazal®), mesalamine (Asacol® HD, Canasa®), Pentasa®, sulfasalazine (Azulfidine®)
ivermectin cream	Soolantra®	azelaic acid (Finacea® gel), metronidazole gel 0.75% (Metrogel®)
brimonidine tartrate/timolol	Combigan®	apraclonidine, betaxolol, brimonidine, carteolol, levobunolol, timolol maleate
icatibant acetate injection	Firazyr®	Ruconest®
mesalamine 1.2 g tablet	Lialda®	balsalazide (Colazal®), mesalamine (Asacol® HD, Canasa®), Pentasa®, sulfasalazine (Azulfidine®)
calcipotriene-betamethasone dipropionate suspension	Taclonex® suspension	calcipotriene (Dovonex®) plus betamethasone dipropionate (Diprosone®)
bexarotene capsule	Targretin®	methotrexate (8-Mop®), Zolanza®
bexarotene gel		

Generic equivalent not covered	Brand-name drug covered at generic copay	Additional covered alternatives*
budesonide tablet	Uceris® tablet	balsalazide (Colazal®), mesalamine (Asacol® HD, Canasa®), Pentasa®, sulfasalazine (Azulfidine®)
estradiol patch	Vivelle-DOT®	Climara®, Estrace®, Minivelle®, Premarin® cream, Vagifem®
capecitabine tablet	Xeloda®	Members should discuss treatment options with their doctors.

*If available, the generic equivalent will be dispensed when you fill a prescription. This list is intended as a reference guide and doesn't dictate coverage.

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	NONPREFERRED BRAND	ARIPIRAZOLE TAB 10MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG
ABILIFY MYCI TAB 10MG MNT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 10MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG
ABILIFY MYCI TAB 10MG STR	NONPREFERRED BRAND	ARIPIRAZOLE TAB 10MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG
ABILIFY MYCI TAB 15MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 15MG, OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG
ABILIFY MYCI TAB 15MG MNT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 15MG, OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG
ABILIFY MYCI TAB 15MG STR	NONPREFERRED BRAND	ARIPIRAZOLE TAB 15MG, OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 150MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABILIFY MYCI TAB 20MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 20MG, OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG
ABILIFY MYCI TAB 20MG MNT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 20MG, OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG
ABILIFY MYCI TAB 20MG STR	NONPREFERRED BRAND	ARIPIRAZOLE TAB 20MG, OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 200MG
ABILIFY MYCI TAB 2MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 2MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
ABILIFY MYCI TAB 2MG MANT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 2MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 50MG
ABILIFY MYCI TAB 2MG STRT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 2MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
ABILIFY MYCI TAB 30MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 30MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
ABILIFY MYCI TAB 30MG MNT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 30MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
ABILIFY MYCI TAB 30MG STR	NONPREFERRED BRAND	ARIPIRAZOLE TAB 30MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 300MG
ABILIFY MYCI TAB 5MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG
ABILIFY MYCI TAB 5MG MANT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 100MG
ABILIFY MYCI TAB 5MG STRT	NONPREFERRED BRAND	ARIPIRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG
ABIRATERONE TAB 500MG	NOT COVERED	ABIRATERONE TAB 250MG, XTANDI TAB 80MG, ERLEADA TAB 60MG
ABSORICA LD CAP 16MG	NONPREFERRED BRAND	ACCUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG
ABSORICA LD CAP 24MG	NONPREFERRED BRAND	ACCUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, MYORISAN CAP 30MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABSORICA LD CAP 32MG	NONPREFERRED BRAND	ACCUTANE CAP 40MG, AMNESTEEM CAP 40MG, CLARAVIS CAP 40MG, ISOTRETINOIN CAP 40MG
ABSORICA LD CAP 8MG	NONPREFERRED BRAND	ACCUTANE CAP 10MG, AMNESTEEM CAP 10MG, CLARAVIS CAP 10MG, ISOTRETINOIN CAP 10MG
ACCURETIC TAB 10-12.5	NOT COVERED	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, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG
ACIPHEX SPR CAP 5MG	NOT COVERED	RABEPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT
ACTEMRA INJ 162/0.9	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
ACTEMRA INJ ACTPEN	NONPREFERRED BRAND 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 0.3-2.5%	NOT COVERED	ADAPAL/BEN P GEL 0.1-2.5%, ADAPALENE GEL 0.3%, TRETINOIN GEL 0.05%, TAZAROTENE GEL 0.1%
ADAPALENE PAD 0.1%SWAB	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
ADAPALENE SOL 0.1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
ADHANSIA XR CAP 25MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 20MG ER, ADDERALL XR CAP 25MG, VYVANSE CAP 30MG
ADHANSIA XR CAP 35MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 20MG ER, ADDERALL XR CAP 25MG, VYVANSE CAP 40MG
ADHANSIA XR CAP 45MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 25MG, ADDERALL XR CAP 30MG, VYVANSE CAP 50MG
ADHANSIA XR CAP 55MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 30MG ER, ADDERALL XR CAP 30MG, VYVANSE CAP 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADHANSIA XR CAP 70MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 35MG, ADDERALL XR CAP 30MG, VYVANSE CAP 60MG
ADHANSIA XR CAP 85MG	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 40MG ER, ADDERALL XR CAP 30MG, 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, BYETTA INJ 5MCG
ADLYXIN INJ 20MCG	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, BYETTA INJ 5MCG
ADZENYS XR TAB 12.5MG	NONPREFERRED BRAND	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, ADDERALL XR CAP 30MG, VYVANSE CHW 40MG
ADZENYS XR TAB 15.7 MG	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, ADDERALL XR CAP 30MG, VYVANSE CHW 50MG
ADZENYS XR TAB 18.8MG	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, ADDERALL XR CAP 30MG, VYVANSE CHW 60MG
ADZENYS XR TAB 3.1MG	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, ADDERALL XR CAP 5MG, VYVANSE CHW 10MG
ADZENYS XR TAB 6.3MG	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 10MG ER, ADDERALL XR CAP 15MG, VYVANSE CHW 20MG
ADZENYS XR TAB 9.4MG	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, ADDERALL XR CAP 25MG, VYVANSE CHW 30MG
AEMCOLO TAB 194MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACN 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	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
AIRDUO DGHLR INH 232-14	NOT COVERED	ADVAIR DISKU AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
AIRDUO DGHLR INH 55-14	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
AKLIEF CRE 0.005%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
AKYNZEO CAP 300-0.5	NOT COVERED	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%, FLURANDRENOL 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	NOT COVERED	HYDROCORT TAB 5MG
ALKINDI SPRI CAP 1MG	NOT COVERED	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 2MG	NOT COVERED	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 5MG	NOT COVERED	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%	NOT COVERED	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 2.5-1000, JANUMET TAB 50-1000
ALOMIDE SOL 0.1% OP	NOT COVERED	CROMOLYN SOD SOL 4% OP

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ALORA DIS 0.025MG	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG
ALORA DIS 0.05MG	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.05MG, ESTRADIOL DIS 0.05MG
ALORA DIS 0.075MG	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.075MG, ESTRADIOL DIS 0.075MG
ALORA DIS 0.1MG	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.1MG, ESTRADIOL DIS 0.1MG
ALREX SUS 0.2%	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%, FLUOROMETHOL SUS 0.1% OP, INVELTYS SUS 1%
ALTABAX OIN 1%	NOT COVERED	MUPIROCIN OIN 2%
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 0.05%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
ALVESCO AER 160MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, FLOVENT DISK AER 250MCG
ALVESCO AER 80MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, FLOVENT DISK AER 50MCG
AMPHETAMI ER SUS 1.25/ML	NOT COVERED	METHYLPHENID TAB 18MG ER, ADDERALL XR CAP 5MG, DEXMETHYLPHE CAP 5MG ER, VYVANSE CAP 10MG, GUANFACINE TAB 1MG ER
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 CRE 1-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 1-1%, LIDOCAINE/HC CRE 3%-0.5%, HYDROCORT CRE 1%, ANUCORT-HC SUP 25MG
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
ANGELIQ TAB 0.5-1MG	NONPREFERRED BRAND	AMABELZ TAB 1-0.5MG, FYAVOLV TAB 1-5
ANNOVERA MIS	NONPREFERRED BRAND	ELURYNG MIS, AZURETTE TAB, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ANTARA CAP 30MG	NONPREFERRED BRAND	FENOFIBRATE CAP 43MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
ANTARA CAP 90MG	NONPREFERRED BRAND	FENOFIBRATE CAP 67MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
ANTIVERT TAB 50MG	NOT COVERED	MECLIZINE TAB 25MG, 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
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	NONPREFERRED BRAND	BUPROPN HCL TAB 150MG XL, DULOXETINE CAP 20MG, PAROXETIN ER TAB 12.5MG, DESVENLAFAX TAB 25MG ER
APLENZIN TAB 348MG	NONPREFERRED BRAND	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 30MG, PAROXETINE TAB 25MG ER, DESVENLAFAX TAB 50MG ER
APLENZIN TAB 522MG	NONPREFERRED BRAND	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 60MG, PAROXETIN ER TAB 37.5MG, DESVENLAFAX TAB 100MG ER
A POMORPHINE INJ 30MG/3ML	NOT COVERED	KYNMOBI MIS 10MG, INBRIJA CAP 42MG
APT IOM TAB 200MG	NOT COVERED	OXCARBAZEPIN TAB 150MG
APT IOM TAB 400MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APT IOM TAB 600MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APT IOM TAB 800MG	NOT COVERED	OXCARBAZEPIN TAB 600MG
ARAKODA TAB 100MG	NONPREFERRED BRAND	PRIMAQUINE TAB 26.3MG
ARANESP INJ 100MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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 3000/ML, RETACRIT INJ 3000UNIT
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%	NONPREFERRED BRAND	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
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
ARYMO ER TAB 15MG	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG
ARYMO ER TAB 30MG	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG
ARYMO ER TAB 60MG	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG
ASMANEX 120 AER 220MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, FLOVENT DISK AER 250MCG
ASMANEX 30 AER 110MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, FLOVENT DISK AER 50MCG
ASMANEX HFA AER 100 MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 100MCG, FLOVENT DISK AER 100MCG
ASMANEX HFA AER 200 MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, FLOVENT DISK AER 250MCG
ASMANEX HFA AER 50MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, FLOVENT DISK AER 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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ASTAGRAF XL CAP 0.5MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
ASTAGRAF XL CAP 1MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG
ASTAGRAF XL CAP 5MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 5MG
ATROVENT HFA AER 17MCG	NONPREFERRED BRAND	IPRATROPIUM SOL 0.02%INH, SPIRIVA CAP HANDIHLR
AUBAGIO TAB 14MG	NONPREFERRED BRAND SPECIALTY	DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG, PONVORY TAB 20MG
AUBAGIO TAB 7MG	NONPREFERRED BRAND SPECIALTY	DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG, PONVORY TAB 20MG
AURYXIA TAB 210MG	NONPREFERRED BRAND	SEVELAMER TAB 800MG, LANTHANUM CHW 500MG, VELPHORO CHW 500MG
AUVI-Q INJ 0.15MG	NOT COVERED	EPINEPHRINE INJ 0.3MG
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%, CLINDAMYCIN SOL 1%, SODIUM SULFA LIQ 10% WASH, SULFACETAMID LOT 10%
AVAR-E GREEN CRE 10-5%	NONPREFERRED BRAND	SOD SUL/SULF CRE 10-5%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, AMZEEQ AER 4%
AVITA GEL 0.025%	NONPREFERRED BRAND	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
AZELEX CRE 20%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
AZSTARYS CAP 26.1-5.2	NONPREFERRED BRAND	METHYLPHENID CAP 10MG, VYVANSE CAP 10MG, DEXMETHYLPHE CAP 5MG ER, ADDERALL XR CAP 5MG
AZSTARYS CAP 39.2-7.8	NONPREFERRED BRAND	METHYLPHENID CAP 30MG, VYVANSE CAP 40MG, DEXMETHYLPHE CAP 20MG ER, ADDERALL XR CAP 25MG
AZSTARYS CAP 52.3-10.	NONPREFERRED BRAND	METHYLPHENID CAP 60MG, VYVANSE CAP 70MG, DEXMETHYLPHE CAP 40MG ER, ADDERALL XR CAP 30MG
BACLOFEN SOL 5MG/5ML	NOT COVERED	BACLOFEN TAB 5MG, DANTROLENE CAP 100MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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	NOT COVERED	LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
BECONASE AQ SUS 0.042%	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%
BELSOMRA TAB 10MG	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
BELSOMRA TAB 15MG	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
BELSOMRA TAB 20MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
BELSOMRA TAB 5MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
BESIVANCE SUS 0.6%	NOT COVERED	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%
BETIMOL SOL 0.25%	NONPREFERRED BRAND	TIMOLOL MAL SOL 0.25% OP, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP
BETIMOL SOL 0.5%	NONPREFERRED BRAND	TIMOLOL MAL SOL 0.5% OP, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP
BETOPTIC-S SUS 0.25% OP	NONPREFERRED BRAND	BETAXOLOL 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
BINOSTO TAB 70MG	NONPREFERRED BRAND	ALENDRONATE SOL 70/75ML, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
BLEPHAMIDE OIN S.O.P.	NONPREFERRED BRAND	SULF/PRED NA SOL OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX SUS 0.1% OP
BLEPHAMIDE SUS OP	NONPREFERRED BRAND	SULF/PRED NA SOL OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX SUS 0.1% OP
BONJESTA TAB 20-20MG	NONPREFERRED BRAND	DOXYL/PYRID TAB 10-10MG
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 BRAND SPECIALTY	PULMOZYME SOL 1MG/ML
BRYHALI LOT 0.01%	NONPREFERRED BRAND	AMCINONIDE LOT 0.1%, BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%
BUDES/FORMOT AER 160-4.5	NOT COVERED	ADVAIR DISKU AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
BUDES/FORMOT AER 80-4.5	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
BUNAVAIL MIS 2.1-0.3	NOT COVERED	BUPREN/NALOX MIS 4-1MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 2.9-0.71
BUNAVAIL MIS 4.2-0.7	NOT COVERED	BUPREN/NALOX MIS 8-2MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 5.7-1.4
BUNAVAIL MIS 6.3-1MG	NOT COVERED	BUPREN/NALOX MIS 12-3MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 8.6-2.1
BUPROPN HCL TAB 450MG XL	NONPREFERRED BRAND	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 60MG, PAROXETIN ER TAB 37.5MG, DESVENLAFAX TAB 100MG ER
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
CALCIP/BETAM SUS	NOT COVERED	TACLONEX SUS, CALCIPOTRIEN SOL 0.005%, BETAMETH DIP CRE 0.05%
CAMBIA POW 50MG	NOT COVERED	DICLOFENAC POW 50MG, IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, KETOPROFEN CAP 50MG
CAPEX SHA 0.01%	NONPREFERRED BRAND	FLUOCIN ACET OIL 0.01% SC, HC BUTYRATE SOL 0.1%, MOMETASONE SOL 0.1%, DESONIDE GEL 0.05%
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%
CARDIZEM LA TAB 120MG	NONPREFERRED BRAND	DILTIAZEM ER TAB 180MG, VERAPAMIL CAP 100MG ER, NIFEDIPINE TAB 30MG ER, FELODIPINE TAB 2.5MG ER
CARDURA XL TAB 4MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 1MG
CARDURA XL TAB 8MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 8MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 8MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CARISOPRODOL TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG
CARISOPRODOL TAB 350MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG
CARISOPRODOL TAB ASA/COD	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG
CAROSPIR SUS 25MG/5ML	NONPREFERRED BRAND	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, TRIAMTERENE CAP 50MG
CELONTIN CAP 300MG	NONPREFERRED BRAND	ETHOSUXIMIDE CAP 250MG
CEQUA SOL 0.09%	NONPREFERRED BRAND	XIIDRA DRO 5%, CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP
CHENODAL TAB 250MG	NONPREFERRED BRAND SPECIALTY	URSODIOL TAB 250MG
CHLORZOXAZON TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG
CHLORZOXAZON TAB 375MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 7.5MG
CHLORZOXAZON TAB 750MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG
CHOR GONADOT INJ 10000UNT	NONPREFERRED BRAND SPECIALTY	PREGNYL INJ 10000UNT, GONAL-F INJ 1050UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT
CILOXAN OIN 0.3% OP	NOT COVERED	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%
CIPRO (10%) SUS 500MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 500MG
CIPRO (5%) SUS 250MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 250MG
CIPRO HC SUS OTIC	NONPREFERRED BRAND	CIPRO/DEXA SUS 0.3-0.1%, CIPROFLOXACN SOL 0.2%, OFLOXACIN DRO 0.3%OTIC
CIPRO/FLUOC DRO PF	NOT COVERED	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
CLARINEX-D TAB 2.5-120	NONPREFERRED BRAND	DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, CETIRIZINE SOL 1MG/ML, AZELASTINE SPR 0.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CLEMASTINE SYP 0.5/5ML	NOT COVERED	CLEMASTINE TAB 2.68MG, CARBINOXAMIN SOL 4MG/5ML, PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML
CLENPIQ SOL	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
CLEOCIN SUP 100MG	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLIMARA PRO DIS WEEKLY	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
CLINDAMYCIN AER 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%, SODIUM SULFA LIQ 10% WASH
CLINDAMYCIN GEL 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%, SODIUM SULFA LIQ 10% WASH
CLINDAMYCIN GEL TRETINOI	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, ONEXTON GEL 1.2-3.75, CLINDAMYCIN GEL 1%
CLINDESSE CRE 2%	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLONIDINE ER TAB 0.17MG	NOT COVERED	CLONIDINE TAB 0.1MG
COLCHICINE CAP 0.6MG	NOT COVERED	COLCHICINE TAB 0.6MG, MITIGARE CAP 0.6MG
COMBIPATCH DIS	NONPREFERRED BRAND	AMABELZ TAB 1-0.5MG, FYAVOLV TAB 1-5
COMPLERA TAB	NOT COVERED	EFAVIR/EMTRI TAB TENOFOVI, EFAVIR/LAMIV TAB TENOFOVI, ODEFSEY TAB
COMPLETENATE CHW	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
CONDYLOX GEL 0.5%	NONPREFERRED BRAND	PODOFILOX SOL 0.5%, IMIQUIMOD CRE 5%
CONSENSI TAB 10-200MG	NONPREFERRED BRAND	AMLODIPINE TAB 10MG, CELECOXIB CAP 200MG
CONSENSI TAB 2.5-200	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, CELECOXIB CAP 200MG
CONSENSI TAB 5-200MG	NONPREFERRED BRAND	AMLODIPINE TAB 5MG, CELECOXIB CAP 200MG
CONTRAVE TAB 8-90MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE TAB 37.5MG
CORDRAN 80X3 TAP 4MCG/CM	NONPREFERRED BRAND	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.25%
CORDRAN CRE 0.025%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%
CORDRAN CRE 0.05%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CORDRAN OIN 0.05%	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, TRIAMCINOLON OIN 0.05%, FLUCIN ACET OIN 0.025%, ALCLOMETASON OIN 0.05%
CORLANOR SOL 5MG/5ML	NOT COVERED	METOPROL TAR TAB 25MG, CARVEDILOL TAB 3.125MG, BISOPROL FUM TAB 5MG
CORLANOR TAB 5MG	NOT COVERED	METOPROL TAR TAB 25MG, CARVEDILOL TAB 3.125MG, BISOPROL FUM TAB 5MG
CORLANOR TAB 7.5MG	NOT COVERED	METOPROL TAR TAB 100MG, CARVEDILOL TAB 25MG, BISOPROL FUM TAB 10MG
CORTIFOAM AER 90MG	NONPREFERRED BRAND	UCERIS TAB 9MG, BALSALAZIDE CAP 750MG, MESLAMINE CAP 500MG ER, APRISO CAP 0.375GM
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
COTEMPLA TAB 17.3MG	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP 20MG ER, ADDERALL XR CAP 25MG, VYVANSE CHW 30MG
COTEMPLA TAB 25.9MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 40MG ER, ADDERALL XR CAP 30MG, VYVANSE CHW 60MG
COTEMPLA TAB 8.6MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, ADDERALL XR CAP 5MG, VYVANSE CHW 10MG
CRINONE GEL 4% VAG	NOT COVERED	ENDOMETRIN SUP 100MG
CRINONE GEL 8% VAG	NOT COVERED	ENDOMETRIN SUP 100MG
CROTAN LOT 10%	NONPREFERRED BRAND	PERMETHRIN CRE 5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CUTAQUIG SOL 1.65GM	NOT COVERED	XEMBIFY INJ 2GM/10ML
CUTAQUIG SOL 1GM	NOT COVERED	XEMBIFY INJ 1GM/5ML
CUTAQUIG SOL 2GM	NOT COVERED	XEMBIFY INJ 2GM/10ML
CUTAQUIG SOL 3.3GM	NOT COVERED	XEMBIFY INJ 4GM/20ML
CUTAQUIG SOL 4GM	NOT COVERED	XEMBIFY INJ 4GM/20ML
CUTAQUIG SOL 8GM	NOT COVERED	XEMBIFY INJ 10G/50ML
CUVITRU INJ 2GM/10ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
CUVITRU INJ 4GM/20ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
CUVITRU INJ 8GM/40ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
CUVITRU SOL 10GM/50M	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML
CUVITRU SOL 1GM/5ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
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
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%	NOT COVERED	CYSTARAN SOL 0.44%
DARTISLA ODT TAB 1.7MG	NOT COVERED	GLYCOPYRROL TAB 1MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, CIMETIDINE SOL 300/5ML
DAYVIGO TAB 10MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
DAYVIGO TAB 5MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
DDAVP SOL 0.01%	NONPREFERRED BRAND	DESMOPRESSIN SPR 0.01%
DELESTROGEN INJ 10MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 20MG/ML
DELSTRIGO TAB	NOT COVERED	EFAVIR/EMTRI TAB TENOFOVI, EFAVIR/LAMIV TAB TENOFOVI, ODEFSEY TAB
DEMSEER CAP 250MG	NONPREFERRED BRAND	METYROSINE CAP 250MG
DEPO-ESTRADI INJ 5MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 20MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DEPO-SQ PROV INJ 104	NONPREFERRED BRAND	MEDROXYPR AC INJ 150MG/ML, PROGESTERONE INJ 50MG/ML, NORETHIN ACE TAB 5MG
DESVENLAFAX TAB 100MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 100MG ER, PAROXETIN ER TAB 37.5MG, FLUOXETINE CAP 90MG DR, VENLAFAXINE TAB 225MG ER
DESVENLAFAX TAB 50MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 50MG ER, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR, VENLAFAXINE TAB 37.5 ER
DEXCHLORPHEN SOL 2MG/5ML	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%
DEXLANSOPRAZ CAP 30MG DR	NONPREFERRED BRAND	DEXLANSOPRAZ CAP 60MG DR, ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG
DHIVY TAB 25-100MG	NOT COVERED	CARB/LEVO TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
DICLOFENAC CAP 25MG	NOT COVERED	DICLOFEN POT TAB 50MG, MEFENAM ACID CAP 250MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG
DICLOFENAC DIS 1.3%	NOT COVERED	ETODOLAC CAP 200MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
DICLOFENAC POW 50MG	NOT COVERED	DICLOFEN POT TAB 50MG, IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, FLURBIPROFEN TAB 50MG
DICLOFENAC TAB 25MG	NOT COVERED	DICLOFEN POT TAB 50MG, IBU TAB 400MG, FLURBIPROFEN TAB 50MG, NAPROXEN TAB 250MG
DIFFERIN LOT 0.1%	NONPREFERRED BRAND	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
DIFICID SUS	NONPREFERRED BRAND	VANCOMYCIN SOL 250/5ML
DIFICID TAB 200MG	NONPREFERRED BRAND	VANCOMYCIN CAP 125MG
DIPENTUM CAP 250MG	NOT COVERED	BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG, MESALAMINE CAP 400MG DR, PENTASA CAP 250MG CR
DIPHENHYDRAM ELX 12.5/5ML	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%
DIURIL SUS 250/5ML	NONPREFERRED BRAND	HYDROCHLOROT TAB 12.5MG
DORYX MPC TAB 120MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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
DOXYCYCL HYC TAB 50MG	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DOXYCYCLINE TAB 150MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
DOXYCYCLINE TAB 75MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 75MG
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 40MG, 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
DUAKLIR AER 400/12	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
DULERA AER 100-5MCG	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
DULERA AER 200-5MCG	NOT COVERED	ADVAIR DISKU AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
DULERA AER 50-5MCG	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
DUOBRII LOT	NONPREFERRED BRAND	ENSTILAR AER, TAZAROTENE GEL 0.05%, CALCIPOTRIEN CRE 0.005%
DUTOPROL TAB 100-12.5	NOT COVERED	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	NOT COVERED	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	NOT COVERED	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 10-DAY

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DYANAVEL XR SUS 2.5MG/ML	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, ADDERALL XR CAP 30MG, VYVANSE CHW 60MG
ECOZA AER 1%	NOT COVERED	ECONAZOLE CRE 1%, KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, CICLOPIROX CRE 0.77%
EDARBI TAB 40MG	NOT COVERED	CANDESARTAN TAB 4MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG
EDARBI TAB 80MG	NOT COVERED	CANDESARTAN TAB 32MG, IRBESARTAN TAB 300MG, LOSARTAN POT TAB 100MG, OLMESA MEDOX TAB 40MG
EDARBYCLOR TAB 40-12.5	NOT COVERED	CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 50-12.5, OLM MED/HCTZ TAB 20-12.5
EDARBYCLOR TAB 40- 25MG	NOT COVERED	CANDESA/HCTZ TAB 32-25MG, IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-25, OLM MED/HCTZ TAB 40-25MG
EDEX KIT 10MCG	NONPREFERRED BRAND	CAVERJECT IM KIT 10MCG, SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG
EDEX KIT 20MCG	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG
EDEX KIT 40MCG	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG
EDLUAR SUB 10MG	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 3MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
EDLUAR SUB 5MG	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 2MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
ELEPSIA XR TAB 1000MG	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
ELEPSIA XR TAB 1500MG	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
ELESTRIN GEL 0.06%	NOT COVERED	ESTRADIOL GEL 0.25MG, VIVELLE-DOT DIS 0.025MG
ELITE-OB TAB	NOT COVERED	THRIVITE RX TAB 29-1MG
ELYXYB SOL 120/4.8	NOT COVERED	DICLOFENAC POW 50MG, IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, KETOPROFEN CAP 50MG
EMEND SUS 125MG	NOT COVERED	APREPITANT CAP 125MG
EMGALITY INJ 120MG/ML	NONPREFERRED BRAND	AIMOVIG INJ 140MG/ML, AJOVY INJ 225/1.5, PROPRANOLOL TAB 80MG, VENLAFAXINE TAB 100MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EMSAM DIS 12MG/24H	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
EMSAM DIS 6MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
EMSAM DIS 9MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANYLCYPROM TAB 10MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG
ENDARI POW 5GM	NONPREFERRED BRAND	DROXIA CAP 200MG
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	NOT COVERED	TACROLIMUS CAP 0.5MG
ENVARUSUS XR TAB 1MG	NOT COVERED	TACROLIMUS CAP 1MG
ENVARUSUS XR TAB 4MG	NOT COVERED	TACROLIMUS CAP 5MG
EPIFOAM AER 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
EPINEPHRINE INJ 0.15MG	NOT COVERED	EPINEPHRINE INJ 0.3MG
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	NONPREFERRED BRAND	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
ERTACZO CRE 2%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
ESOMEPRAZOLE CAP 49.3MG	NOT COVERED	ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ESTRING MIS 2MG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.025MG
ESTROGEL GEL	NOT COVERED	VIVELLE-DOT DIS 0.0375MG, ESTRADIOL DIS 0.025MG
EVAMIST SPR 1.53MG	NOT COVERED	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG
EVEKEO ODT TAB 10MG	NONPREFERRED BRAND	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG
EVEKEO ODT TAB 15MG	NONPREFERRED BRAND	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 15MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG
EVEKEO ODT TAB 20MG	NONPREFERRED BRAND	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 30MG, METHYLPHENID CHW 10MG, DEXMETHYLPH TAB 10MG
EVEKEO ODT TAB 5MG	NONPREFERRED BRAND	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 BRAND 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%	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%
EZALLOR SPR CAP 10MG	NOT COVERED	ROSUVASTATIN TAB 10MG, ATORVASTATIN TAB 20MG, LIVALO TAB 4MG
EZALLOR SPR CAP 20MG	NOT COVERED	ROSUVASTATIN TAB 20MG, ATORVASTATIN TAB 40MG, LIVALO TAB 4MG
EZALLOR SPR CAP 40MG	NOT COVERED	ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, LIVALO TAB 4MG
EZALLOR SPR CAP 5MG	NOT COVERED	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 20MG, LIVALO TAB 4MG
FABIOR AER 0.1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
FANAPT PAK	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, OLANZAPINE TAB 2.5MG, QUETIAPINE TAB 25MG, ARIPIPRAZOLE TAB 2MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FANAPT TAB 10MG	NONPREFERRED BRAND	RISPERIDONE TAB 3MG, OLANZAPINE TAB 15MG, QUETIAPINE TAB 300MG, ARIPIRAZOLE TAB 20MG
FANAPT TAB 12MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, OLANZAPINE TAB 20MG, QUETIAPINE TAB 400MG, ARIPIRAZOLE TAB 30MG
FANAPT TAB 1MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, OLANZAPINE TAB 2.5MG, QUETIAPINE TAB 25MG, ARIPIRAZOLE TAB 2MG
FANAPT TAB 2MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 50MG, ARIPIRAZOLE TAB 5MG
FANAPT TAB 4MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, OLANZAPINE TAB 7.5MG, QUETIAPINE TAB 100MG, ARIPIRAZOLE TAB 10MG
FANAPT TAB 6MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, OLANZAPINE TAB 7.5MG, QUETIAPINE TAB 150MG, ARIPIRAZOLE TAB 10MG
FANAPT TAB 8MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, OLANZAPINE TAB 10MG, QUETIAPINE TAB 200MG, ARIPIRAZOLE TAB 15MG
FEMRING MIS 0.05/24H	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.025MG
FEMRING MIS 0.1MG/24	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.1MG
FENOFIBRIC TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FENOFIBRIC TAB 35MG	NOT COVERED	FENOFIBRATE TAB 40MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FENOPROFEN CAP 200MG	NOT COVERED	MEFENAM ACID CAP 250MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, PIROXICAM CAP 10MG
FENOPROFEN CAP 400MG	NOT COVERED	MEFENAM ACID CAP 250MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 100MG, PIROXICAM CAP 20MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FENTANYL CIT TAB 800MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
FERPRX 2-DAY TAB 1000MG	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 360MG
FERRIPROX SOL 100MG/ML	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 500MG, DEFERASIROX GRA 90MG
FETZIMA CAP 120MG	NONPREFERRED BRAND	DESVENLAFAX TAB 100MG ER, PAROXETIN ER TAB 37.5MG, FLUOXETINE CAP 90MG DR, VENLAFAXINE CAP 150MG ER
FETZIMA CAP 20MG	NONPREFERRED BRAND	DESVENLAFAX TAB 25MG ER, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR, VENLAFAXINE CAP 37.5 ER
FETZIMA CAP 40MG	NONPREFERRED BRAND	DESVENLAFAX TAB 50MG ER, PAROXETINE TAB 25MG ER, FLUOXETINE CAP 90MG DR, VENLAFAXINE CAP 75MG ER
FETZIMA CAP 80MG	NONPREFERRED BRAND	DESVENLAFAX TAB 50MG ER, PAROXETINE TAB 25MG ER, FLUOXETINE CAP 90MG DR, VENLAFAXINE CAP 75MG ER
FETZIMA CAP TITRATIO	NONPREFERRED BRAND	DESVENLAFAX TAB 25MG ER, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR, 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 40MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FIRVANQ SOL 25MG/ML	NOT COVERED	VANCOMYCIN SOL 250/5ML
FIRVANQ SOL 50MG/ML	NOT COVERED	VANCOMYCIN SOL 250/5ML
FLAREX SUS 0.1% OP	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
FLEQSUVY SUS 25MG/5ML	NONPREFERRED BRAND	BACLOFEN TAB 20MG, DANTROLENE CAP 100MG
FLOLIPID SUS 20MG/5ML	NONPREFERRED BRAND	SIMVASTATIN TAB 20MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG, FLUVASTATIN CAP 20MG
FLOLIPID SUS 40MG/5ML	NONPREFERRED BRAND	SIMVASTATIN TAB 40MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG
FLUORMX 5000 PST SENSITIV	NONPREFERRED BRAND	SOD FLUORIDE GEL 1.1-5%
FLUOROPLEX CRE 1%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
FLUTIC/SALME INH 113/14	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80- 4.5, BREO ELLIPTA INH 100-25
FLUTIC/SALME INH 232/14	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 160- 4.5, BREO ELLIPTA INH 200-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FLUTIC/SALME INH 55/14	NOT COVERED	ADVAIR DISKU AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
FLUTIC/VILAN INH 100-25	NOT COVERED	ADVAIR DISKU AER 100/50, BREO ELLIPTA INH 100-25, SYMBICORT AER 80-4.5
FLUTIC/VILAN INH 200-25	NOT COVERED	ADVAIR DISKU 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
FML FORTE SUS 0.25% OP	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
FML OIN 0.1% OP	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
FOLLISTIM AQ INJ 300UNIT	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT
FOLLISTIM AQ INJ 600UNIT	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT
FOLLISTIM AQ INJ 900UNIT	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 1050UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT
FOSAMAX + D TAB 70-2800	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
FOSAMAX + D TAB 70-5600	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
FOSRENOL POW 1000MG	NOT COVERED	LANTHANUM CHW 1000MG, SEVELAMER POW 2.4GM, VELPHORO CHW 500MG
FOSRENOL POW 750MG	NOT COVERED	LANTHANUM CHW 750MG, SEVELAMER POW 0.8GM, VELPHORO CHW 500MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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
FULPHILA INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
FYLNETRA INJ 6MG/0.6	NOT COVERED	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
GAMMAGARD INJ 10GM/100	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
GAMMAGARD INJ 1GM/10ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
GAMMAGARD INJ 2.5GM/25	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
GAMMAGARD INJ 20GM/200	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
GAMMAGARD INJ 30GM/300	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
GAMMAGARD INJ 5GM/50ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
GAMUNEX-C INJ 40/400ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML
GELNIQUE GEL 10%	NONPREFERRED BRAND	OXYBUTYNIN TAB 5MG, SOLIFENACIN TAB 5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER
GEMTESA TAB 75MG	NONPREFERRED BRAND	SOLIFENACIN TAB 5MG, OXYBUTYNIN TAB 5MG, TOLTERODINE TAB 1MG, TROSPIMUM CL TAB 20MG
GIMOTI SPR 15MG	NOT COVERED	METOCLOPRAM SOL 5MG/5ML
GLOPERBA SOL 0.6/5ML	NOT COVERED	COLCHICINE TAB 0.6MG, MITIGARE CAP 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, DEXLANSOPRAZ CAP 60MG DR
GLYDO GEL 2%	NOT COVERED	LIDOCAINE SOL 4%, LIDO/PRILOCN CRE 2.5-2.5%
GOCOVRI CAP 137MG	NOT COVERED	AMANTADINE CAP 100MG
GOCOVRI CAP 68.5MG	NOT COVERED	AMANTADINE CAP 100MG
GONITRO POW 400MCG	NONPREFERRED BRAND	NITROGLYCERN SUB 0.4MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
GRALISE TAB 300MG	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, PREGABALIN CAP 25MG
GRALISE TAB 600MG	NONPREFERRED BRAND	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	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG
GYNAZOLE-1 CRE 2%	NONPREFERRED BRAND	MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%
HAEGARDA INJ 2000UNIT	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
HAEGARDA INJ 3000UNIT	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
HALOG OIN 0.1%	NONPREFERRED BRAND	HALCINONIDE CRE 0.1%, TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%
HALOG SOL 0.1%	NONPREFERRED BRAND	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETAMETH VAL AER 0.12%, DESOXIMETAS GEL 0.05%
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	NONPREFERRED BRAND	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 6-DAY
HIZENTRA INJ 1GM/5ML	NOT COVERED	XEMBIFY INJ 1GM/5ML
HIZENTRA INJ 2GM/10ML	NOT COVERED	XEMBIFY INJ 2GM/10ML
HIZENTRA SOL 20%	NOT COVERED	XEMBIFY INJ 10G/50ML
HORIZANT TAB 300MG ER	NONPREFERRED BRAND	PREGABALN ER TAB 82.5MG, GABAPENTIN TAB 600MG, PRAMIPEXOLE TAB 0.125MG
HORIZANT TAB 600MG ER	NONPREFERRED BRAND	PREGABALN ER TAB 330MG, GABAPENTIN TAB 600MG, 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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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	NOT COVERED	GENOTROPIN INJ 5MG, NORDITROPIN INJ 5/1.5ML
HUMATROPE INJ 24MG	NOT COVERED	GENOTROPIN INJ 5MG, NORDITROPIN INJ 10/1.5ML
HUMATROPE INJ 6MG	NOT COVERED	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
HYQVIA INJ 10-800	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
HYQVIA INJ 2.5-200	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
HYQVIA INJ 20-1600	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
HYQVIA INJ 30-2400	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML
HYQVIA INJ 5-400	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
IBSRELA TAB 50MG	NONPREFERRED BRAND	LINZESS CAP 72MCG
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
IMPEKLO LOT 0.05%	NOT COVERED	CLOBETASOL LOT 0.05%, AMCINONIDE LOT 0.1%, BETA DIPROP LOT 0.05%, DESOXIMETAS GEL 0.05%
IMPOYZ CRE 0.025%	NONPREFERRED BRAND	CLOBETASOL CRE 0.05%, TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, DESOXIMETAS CRE 0.25%
IMVEXXY MAIN SUP 10MCG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
IMVEXXY MAIN SUP 4MCG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
IMVEXXY STRT SUP 10MCG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
IMVEXXY STRT SUP 4MCG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
INCRUSE ELPT INH 62.5MCG	NOT COVERED	SPIRIVA CAP HANDIHLR, ADVAIR DISKU AER 250/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 100-25
INDOCIN SUP 50MG	NONPREFERRED BRAND	DICLOFENAC SOL 1.5%, INDOMETHACIN CAP 25MG, IBU TAB 400MG, KETOPROFEN CAP 50MG
INDOCIN SUS 25MG/5ML	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, INDOMETHACIN CAP 25MG, KETOPROFEN CAP 50MG
INDOMETHACIN SUP 100MG	NONPREFERRED BRAND	DICLOFENAC SOL 2%, INDOMETHACIN CAP 50MG, IBU TAB 800MG, KETOPROFEN CAP 50MG
INGREZZA CAP 40-80MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 40MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 60MG	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 9MG
INGREZZA CAP 80MG	NONPREFERRED BRAND 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
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
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 GLAR INJ 100U/ML	NOT COVERED	LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
INSULIN GLAR SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
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	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
INVEGA SUST INJ 117/0.75	NONPREFERRED BRAND	RISPERDAL INJ 25MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 662MG/2, OLANZAPINE TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
INVEGA SUST INJ 156MG/ML	NONPREFERRED BRAND	RISPERDAL INJ 25MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 662MG/2, OLANZAPINE TAB 5MG
INVEGA SUST INJ 234/1.5	NONPREFERRED BRAND	RISPERDAL INJ 25MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ INITIO, OLANZAPINE TAB 7.5MG
INVEGA SUST INJ 39/0.25	NONPREFERRED BRAND	RISPERDAL INJ 12.5MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 441MG/1., OLANZAPINE TAB 2.5MG
INVEGA SUST INJ 78/0.5ML	NONPREFERRED BRAND	RISPERDAL INJ 12.5MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 441MG/1., OLANZAPINE TAB 2.5MG
INVEGA TRINZ INJ 273MG	NONPREFERRED BRAND	RISPERDAL INJ 25MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ INITIO, OLANZAPINE TAB 7.5MG
INVEGA TRINZ INJ 410MG	NONPREFERRED BRAND	RISPERDAL INJ 37.5MG, ABILIFY MAIN INJ 400MG, ARISTADA INJ INITIO, OLANZAPINE TAB 10MG
INVEGA TRINZ INJ 546MG	NONPREFERRED BRAND	RISPERDAL INJ 37.5MG, ABILIFY MAIN INJ 400MG, ARISTADA INJ 882MG/3, OLANZAPINE TAB 10MG
INVEGA TRINZ INJ 819MG	NONPREFERRED BRAND	RISPERDAL INJ 37.5MG, ABILIFY MAIN INJ 400MG, ARISTADA INJ 882MG/3, OLANZAPINE TAB 15MG
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, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP
ISOPTO ATROP SOL 1% OP	NONPREFERRED BRAND	ATROPINE SUL SOL 1% OP

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ISOTRETINOIN CAP 25MG	NOT COVERED	ACCUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG
ISOTRETINOIN CAP 35MG	NOT COVERED	ACCUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, MYORISAN CAP 30MG
ISTURISA TAB 10MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.9MG/ML
ISTURISA TAB 1MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
ISTURISA TAB 5MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.6MG/ML
JATENZO CAP 158MG	NONPREFERRED BRAND	TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
JATENZO CAP 198MG	NONPREFERRED BRAND	TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JATENZO CAP 237MG	NONPREFERRED BRAND	TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JORNAY PM CAP 100MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 40MG ER, ADDERALL XR CAP 30MG, VYVANSE CAP 70MG
JORNAY PM CAP 20MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 20MG ER, DEXMETHYLPH CAP 20MG ER, ADDERALL XR CAP 20MG, VYVANSE CAP 30MG
JORNAY PM CAP 40MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 40MG ER, DEXMETHYLPH CAP ER 25MG, ADDERALL XR CAP 30MG, VYVANSE CAP 50MG
JORNAY PM CAP 60MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 35MG, ADDERALL XR CAP 30MG, VYVANSE CAP 60MG
JORNAY PM CAP 80MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 35MG, ADDERALL XR CAP 30MG, VYVANSE CAP 60MG
JUBLIA SOL 10%	NONPREFERRED BRAND	TAVABOROLE SOL 5%, CICLODAN SOL 8%, ITRACONAZOLE CAP 100MG
JUXTAPID CAP 10MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 20MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 30MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 5MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
KAPSPARGO CAP 100MG	NOT COVERED	METOPROL SUC TAB 100MG ER, CARVEDILOL CAP 40MG ER, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 50MG
KAPSPARGO CAP 200MG	NOT COVERED	METOPROL SUC TAB 200MG ER, CARVEDILOL CAP 80MG ER, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 100MG
KAPSPARGO CAP 25MG	NOT COVERED	METOPROL SUC TAB 25MG ER, CARVEDILOL CAP 10MG ER, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 25MG
KAPSPARGO CAP 50MG	NOT COVERED	METOPROL SUC TAB 50MG ER, CARVEDILOL CAP 20MG ER, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 50MG
KARBINAL ER SUS 4MG/5ML	NONPREFERRED BRAND	CARBINOXAMIN TAB 4MG, CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 12.5MG, CYPROHEPTAD TAB 4MG
KATERZIA SUS 1MG/ML	NOT COVERED	AMLODIPINE TAB 2.5MG, NIFEDIPINE TAB 30MG ER, FELODIPINE TAB 2.5MG ER
KETOR TROMET SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, ETODOLAC CAP 300MG, MELOXICAM TAB 15MG, NABUMETONE TAB 750MG
KEVEYIS TAB 50MG	NONPREFERRED BRAND SPECIALTY	ACETAZOLAMID TAB 125MG
KEVZARA INJ 150/1.14	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
KEVZARA INJ 200/1.14	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG
KINERET INJ	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
KLISYRI OIN 1%	NOT COVERED	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
KORLYM TAB 300MG	NOT COVERED	KETOCONAZOLE TAB 200MG
KOSHR PRENAT TAB 30-1MG	NOT COVERED	THRIVITE RX TAB 29-1MG
KRINTAFEL TAB 150MG	NONPREFERRED BRAND	PRIMAQUINE TAB 26.3MG
KRISTALOSE PAK 10GM	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15
KRISTALOSE PAK 20GM	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15
LACTULOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
LAMICTAL ODT KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 35

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LAMICTAL XR KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 35
LAMPIT TAB 120MG	NOT COVERED	BENZNIDAZOLE TAB 100MG
LAMPIT TAB 30MG	NOT COVERED	BENZNIDAZOLE TAB 12.5MG
LANREOTIDE INJ 120/.5ML	NONPREFERRED BRAND SPECIALTY	OCTREOTIDE INJ 500MCG, SOMATULINE INJ 120/.5ML, SOMAVERT INJ 30MG
LASTACFT SOL 0.25%	NOT COVERED	AZELASTINE DRO 0.05%, BEPOTASTINE DRO 1.5%, EPINASTINE DRO 0.05%
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
LEDIP-SOFOSB TAB 90- 400MG	NOT COVERED	HARVONI TAB 90-400MG, MAVYRET TAB 100- 40MG, EPCLUSA TAB 400-100
LEUKINE INJ 250MCG	NONPREFERRED BRAND SPECIALTY	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
LEVALBUTEROL AER 45/ACT	NOT COVERED	ALBUTEROL AER HFA
LEVAMLODIPIN TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 5MG, NIFEDIPINE TAB 30MG ER, FELODIPINE TAB 2.5MG ER
LEVAMLODIPIN TAB 5MG	NOT COVERED	AMLODIPINE TAB 10MG, NIFEDIPINE TAB 90MG ER, FELODIPINE TAB 10MG ER
LEVBID TAB 0.375 ER	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.375 ER
LEVEMIR INJ	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
LEVEMIR INJ FLEXPEN	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
LEVOTHYROXIN CAP 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LEVOTHYROXIN CAP 112MCG	NOT COVERED	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG
LEVOTHYROXIN CAP 125MCG	NOT COVERED	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG
LEVOTHYROXIN CAP 137MCG	NOT COVERED	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG
LEVOTHYROXIN CAP 13MCG	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
LEVOTHYROXIN CAP 150MCG	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG
LEVOTHYROXIN CAP 175MCG	NOT COVERED	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG
LEVOTHYROXIN CAP 200MCG	NOT COVERED	EUTHYROX TAB 200MCG, LEVO-T TAB 200 MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG
LEVOTHYROXIN CAP 25MCG	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
LEVOTHYROXIN CAP 50MCG	NOT COVERED	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG
LEVOTHYROXIN CAP 75MCG	NOT COVERED	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
LEVOTHYROXIN CAP 88MCG	NOT COVERED	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
LEXETTE AER 0.05%	NONPREFERRED BRAND	BETAMETH VAL AER 0.12%, CLOBETASOL AER 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%
LICART DIS 1.3%	NOT COVERED	ETODOLAC ER TAB 400MG, MELOXICAM TAB 7.5MG, 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%
LIPOFEN CAP 150MG	NONPREFERRED BRAND	FENOFIBRATE CAP 150MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LIPOFEN CAP 50MG	NONPREFERRED BRAND	FENOFIBRATE CAP 50MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
LO LOESTRIN TAB 1-10-10	NOT COVERED	DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS, DROS/ETH EST TAB LEVOMEFO
LOMAIRA TAB 8MG	NONPREFERRED BRAND	PHENTERMINE TAB 37.5MG, DIETHYLPROP TAB 25MG
LONHALA MAGN SOL 25MCG	NONPREFERRED BRAND	YUPELRI SOL
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	NONPREFERRED BRAND	HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 7.5-200, ENDOCET TAB 5-325MG, APAP/CODEINE SOL 120-12/5
LUBIPROSTONE CAP 24MCG	NOT COVERED	LINZESS CAP 145MCG, SYMPROIC TAB 0.2MG, MOVANTIK TAB 25MG
LUBIPROSTONE CAP 8MCG	NOT COVERED	LINZESS CAP 290MCG, SYMPROIC TAB 0.2MG, MOVANTIK TAB 12.5MG
LUCEMYRA TAB 0.18MG	NOT COVERED	CLONIDINE TAB 0.1MG
LULICONAZOLE CRE 1%	NOT COVERED	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
LUPANETA KIT 11.25-5	NONPREFERRED BRAND SPECIALTY	LUPRON DEPOT INJ 3.75MG, NORETHIN ACE TAB 5MG
LUPANETA KIT 3.75-5	NONPREFERRED BRAND SPECIALTY	LUPRON DEPOT INJ 3.75MG, NORETHIN ACE TAB 5MG
LUPKYNIS CAP 7.9MG	NOT COVERED	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, ARIPIRAZOLE TAB 10MG
LYBALVI TAB 15-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 15MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, ARIPIRAZOLE TAB 15MG
LYBALVI TAB 20-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ARIPIRAZOLE TAB 30MG
LYBALVI TAB 5-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ARIPIRAZOLE TAB 2MG

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
MARPLAN TAB 10MG	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG
MAVENCLAD PAK 10MG(10)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(4)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(5)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(6)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(7)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(8)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAVENCLAD PAK 10MG(9)	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB STARTER, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAXIDEX SUS 0.1% OP	NOT COVERED	DEXAMETH PHO SOL 0.1% OP, LOTEPREDNOL GEL 0.5%, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%
MAYZENT PAK STARTER	NONPREFERRED BRAND SPECIALTY	PONVORY TAB STARTER, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
MAYZENT TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	PONVORY TAB 20MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MAYZENT TAB 1MG	NONPREFERRED BRAND SPECIALTY	PONVORY TAB 20MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG
MAYZENT TAB 2MG	NONPREFERRED BRAND SPECIALTY	PONVORY TAB 20MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG
MEDROL TAB 2MG	NONPREFERRED BRAND	METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, MILLIPRED TAB 5MG
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, VIVELLE-DOT DIS 0.025MG, PREMARIN VAG CRE 0.625MG
MENEST TAB 0.625MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.0375MG, PREMARIN VAG CRE 0.625MG
MENEST TAB 1.25MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.075MG, PREMARIN VAG CRE 0.625MG
MENEST TAB 2.5MG	NONPREFERRED BRAND	ESTRADIOL TAB 2MG, VIVELLE-DOT DIS 0.1MG, PREMARIN VAG CRE 0.625MG
MENOSTAR DIS 14MCG	NONPREFERRED BRAND	ESTRADIOL DIS 0.025MG, VIVELLE-DOT DIS 0.025MG, RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG
MENTAX CRE 1%	NONPREFERRED BRAND	CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%, KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%
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 SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
METHOCARBAMO TAB 1000MG	NOT COVERED	METHOCARBAM TAB 750MG, CHLORZOAZON TAB 500MG, METAXALONE TAB 800MG, CYCLOBENZAPR TAB 10MG
METHYLPHENID TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, ADDERALL XR CAP 30MG, VYVANSE CAP 50MG
METHYLPHENID TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, ADDERALL XR CAP 30MG, VYVANSE CAP 60MG
MICO-ZN-PETR OIN	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MIGERGOT SUP 2/100	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG
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
MIRCERA INJ 50MCG	NOT COVERED	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
MIRCERA INJ 75MCG	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
M-NATAL PLUS TAB	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
MOTEGRITY TAB 1MG	NONPREFERRED BRAND	LINZESS CAP 72MCG
MOTEGRITY TAB 2MG	NONPREFERRED BRAND	LINZESS CAP 290MCG
MOTOFEN TAB 1-0.025	NONPREFERRED BRAND	LOPERAMIDE CAP 2MG
MULPLETA TAB 3MG	NOT COVERED	DOPTELET TAB 20MG
MULTAQ TAB 400MG	NONPREFERRED BRAND	AMIODARONE TAB 200MG
MUPIROCIN CRE 2%	NOT COVERED	MUPIROCIN OIN 2%
MYALEPT INJ 11.3MG	NONPREFERRED BRAND 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
MYTESI TAB 125MG	NOT COVERED	DIPHEN/ATROP TAB 2.5MG, LOPERAMIDE CAP 2MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NAFTIN GEL 1%	NONPREFERRED BRAND	NAFTIFINE CRE HCL 1%, CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP
NAFTIN GEL 2%	NONPREFERRED BRAND	NAFTIFINE CRE HCL 2%, CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP
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
NAPROXEN SOD TAB 375MG ER	NOT COVERED	EC-NAPROXEN TAB 375MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 400MG
NAPROXEN SOD TAB 500MG ER	NOT COVERED	EC-NAPROXEN TAB 500MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 500MG
NAPROXEN SOD TAB 750MG ER	NOT COVERED	EC-NAPROXEN TAB 375MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 600MG
NAPROX-ESOM TAB 375-20MG	NOT COVERED	NAPROXEN TAB 500MG, ESOMEPRA MAG CAP 20MG DR
NAPROX-ESOM TAB 500-20MG	NOT COVERED	NAPROXEN TAB 500MG, ESOMEPRA MAG CAP 20MG DR
NATALVIT TAB 75-1MG	NOT COVERED	PRENATAL TAB 27-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, CO-NATAL FA TAB 29-1MG
NATAZIA TAB	NOT COVERED	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB
NATESTO GEL 5.5MG	NONPREFERRED BRAND	TESTOSTERONE GEL 10MG/ACT, ANDRODERM DIS 4MG/24HR
NEONATAL PLS TAB 27-1MG	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
NEONATAL TAB COMPLETE	NOT COVERED	PRENATAL TAB 27-1MG, CO-NATAL FA TAB 29-1MG, TRINATAL RX TAB 1, VINATE ONE TAB
NEONATAL TAB COMPLTE	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
NEONATAL TAB PLUS	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
NEO-SYNALAR CRE	NONPREFERRED BRAND	TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%, FLUTICASONE CRE 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NEOTUSS PLUS LIQ	NOT COVERED	BROM/PSE/DM SYP, PROMETH/COD SOL 6.25-10, PROMETH VC SYP 6.25-5/5, PROMETH VC/SYP CODEINE
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	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 2MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.25MG, ROPINIROLE TAB 0.5MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 3MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.5MG, ROPINIROLE TAB 1MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 4MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.75MG, ROPINIROLE TAB 3MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 6MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1MG, ROPINIROLE TAB 4MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 8MG/24HR	NONPREFERRED BRAND	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
NEXIUM GRA 2.5MG DR	NOT COVERED	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
NEXIUM GRA 5MG DR	NOT COVERED	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
NEXTSTELLIS TAB 3-14.2MG	NOT COVERED	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	NONPREFERRED BRAND	NITROGLYCRN SPR 0.4MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NORGESIC TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG
NORGESIC TAB FORTE	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG
NORITATE CRE 1%	NONPREFERRED BRAND	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
NORLIQVA SOL 1MG/ML	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, NIFEDIPINE TAB 30MG ER, FELODIPINE TAB 2.5MG ER
NORPACE CAP 100MG CR	NONPREFERRED BRAND	DISOPYRAMIDE CAP 100MG, AMIODARONE TAB 100MG
NORPACE CAP 150MG CR	NONPREFERRED BRAND	DISOPYRAMIDE CAP 150MG, AMIODARONE TAB 400MG
NOURIANZ TAB 20MG	NONPREFERRED BRAND	BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, RASAGILINE TAB 0.5MG
NOURIANZ TAB 40MG	NONPREFERRED BRAND	BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, RASAGILINE TAB 1MG
NOVAREL INJ 10000UNT	NONPREFERRED BRAND SPECIALTY	PREGNYL INJ 10000UNT, GONAL-F INJ 1050UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT
NOVAREL INJ 5000UNIT	NONPREFERRED BRAND SPECIALTY	PREGNYL INJ 10000UNT, GONAL-F INJ 450UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT
NOVOLIN N INJ RELION	NOT COVERED	NOVOLIN N INJ U-100
NOVOLIN R INJ RELION	NOT COVERED	NOVOLIN R INJ U-100
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	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER
NUCYNTA ER TAB 150MG	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER
NUCYNTA ER TAB 200MG	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NUCYNTA ER TAB 250MG	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER
NUCYNTA ER TAB 50MG	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER
NUCYNTA TAB 100MG	NOT COVERED	HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, CODEINE SULF TAB 60MG, OXYCODONE TAB 30MG
NUCYNTA TAB 50MG	NOT COVERED	HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG, OXYCODONE TAB 5MG
NUCYNTA TAB 75MG	NOT COVERED	HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 30MG, OXYCODONE TAB 10MG
NUTROPIN AQ INJ 10MG/2ML	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NUTROPIN AQ INJ 20MG/2ML	NOT COVERED	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
NUTROPIN AQ INJ NUSPIN 5	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NUVESSA GEL 1.3%	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
NYMALIZE SOL	NONPREFERRED BRAND	NIMODIPINE CAP 30MG
NYVEPRIA INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ODACTRA SUB	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG
OLUMIANT TAB 1MG	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
OLUMIANT TAB 2MG	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, HUMIRA PEN INJ 40/0.4ML, ENBREL INJ 25MG
OMECLAMOX- MIS PAK	NONPREFERRED BRAND	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG
OMEPPRA/BICAR POW 20-1680	NOT COVERED	OMEPPRA/BICAR CAP 20-1100, ESOMEPPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT
OMEPPRA/BICAR POW 40-1680	NOT COVERED	OMEPPRA/BICAR CAP 40-1100, ESOMEPPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OMNARIS SPR	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%
OMNITROPE INJ 10/1.5ML	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
OMNITROPE INJ 5.8MG	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
OMNITROPE INJ 5/1.5ML	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
ONGENTYS CAP 25MG	NOT COVERED	ENTACAPONE TAB 200MG
ONGENTYS CAP 50MG	NOT COVERED	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	NONPREFERRED BRAND	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%, DESOXIMETAS CRE 0.05%
ORALAIR SUB 300 IR	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG
ORAVIG TAB 50MG	NONPREFERRED BRAND	NYSTATIN SUS 100000, CLOTRIMAZOLE TRO 10MG, ITRACONAZOLE SOL 10MG/ML, VORICONAZOLE TAB 50MG
ORENCIA CLCK INJ 125MG/ML	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENCIA INJ 125MG/ML	NONPREFERRED BRAND SPECIALTY	HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENCIA INJ 50/0.4ML	NONPREFERRED BRAND 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 BRAND SPECIALTY	HUMIRA PEN INJ 40/0.4ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENITRAM TAB 0.125MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
ORENITRAM TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
ORENITRAM TAB 1MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ORENITRAM TAB 2.5MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
ORENITRAM TAB 5MG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
ORFADIN CAP 20MG	NONPREFERRED BRAND SPECIALTY	NITISINONE CAP 10MG, NITYR TAB 10MG
ORFADIN SUS 4MG/ML	NONPREFERRED BRAND SPECIALTY	NITYR TAB 2MG, NITISINONE CAP 2MG
ORLADEYO CAP 110MG	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
ORLADEYO CAP 150MG	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
ORPH/ASA/CAF TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG
ORTHO MICRON TAB 0.35MG	NOT COVERED	CAMILA TAB 0.35MG
ORTIKOS CAP 6MG ER	NONPREFERRED BRAND	BUDESONIDE CAP 3MG DR
ORTIKOS CAP 9MG ER	NONPREFERRED BRAND	BUDESONIDE CAP 3MG DR
OSCIMIN SUB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE SUB 0.125MG
OSCIMIN TAB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
OSENI TAB 12.5-15	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
OSMOLEX ER TAB	NONPREFERRED BRAND	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 0.375 ER, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 129MG	NONPREFERRED BRAND	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 0.375 ER, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 193MG	NONPREFERRED BRAND	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 2.25 ER, ROPINIROLE TAB 6MG ER, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 258MG	NONPREFERRED BRAND	AMANTADINE TAB 100MG, PRAMIPEXOLE TAB 4.5MG ER, ROPINIROLE TAB 12MG ER, CARB/LEVO ER TAB 50-200MG
OSMOPREP TAB 1.5GM	NOT COVERED	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
OSPHENA TAB 60MG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
OTREXUP INJ 10MG	NOT COVERED	RASUVO INJ 12.5MG, METHOTREXATE INJ 50MG/2ML
OTREXUP INJ 12.5/0.4	NOT COVERED	RASUVO INJ 15MG, METHOTREXATE INJ 50MG/2ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OTREXUP INJ 15MG	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
OTREXUP INJ 17.5/0.4	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
OTREXUP INJ 20MG	NOT COVERED	RASUVO INJ 20MG, METHOTREXATE INJ 250/10ML
OTREXUP INJ 22.5/0.4	NOT COVERED	RASUVO INJ 22.5MG, METHOTREXATE INJ 250/10ML
OTREXUP INJ 25MG	NOT COVERED	RASUVO INJ 25MG, METHOTREXATE INJ 250/10ML
OVACE WASH LIQ 10%	NONPREFERRED BRAND	SODIUM SULFA LIQ 10% WASH, SOD SUL/SULF LIQ 10-5%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%
OXAYDO TAB 5MG	NONPREFERRED BRAND	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG
OXAYDO TAB 7.5MG	NONPREFERRED BRAND	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG
OXBRYTA TAB 300MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 200MG
OXBRYTA TAB 500MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 400MG
OXISTAT LOT 1%	NONPREFERRED BRAND	KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CLOTRIM/BETA LOT DIPROP
OXTELLAR XR TAB 150MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 150MG
OXTELLAR XR TAB 300MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 300MG
OXTELLAR XR TAB 600MG	NONPREFERRED BRAND	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	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG
OXYCODONE TAB 15MG ER	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG
OXYCODONE TAB 20MG ER	NOT COVERED	HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG
OXYCODONE TAB 30MG ER	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG
OXYCODONE TAB 40MG ER	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OXYCODONE TAB 60MG ER	NOT COVERED	HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG
OXYCODONE TAB 80MG ER	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG
OXYCONTIN TAB 15MG ER	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG
OXYCONTIN TAB 30MG ER	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG
OXYCONTIN TAB 60MG ER	NOT COVERED	HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG
OXYTROL DIS 3.9MG/24	NOT COVERED	OXYBUTYNIN TAB 5MG, SOLIFENACIN TAB 5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER
OZOBAX	NOT COVERED	BACLOFEN TAB 5MG, DANTROLENE CAP 100MG
PANCREAZE CAP 10500UNT	NONPREFERRED BRAND	CREON CAP 12000UNT, ZENPEP CAP 10000UNT
PANCREAZE CAP 16800UNT	NONPREFERRED BRAND	ZENPEP CAP 20000UNT, CREON CAP 12000UNT
PANCREAZE CAP 21000UNT	NONPREFERRED BRAND	ZENPEP CAP 20000UNT, CREON CAP 24000UNT
PANCREAZE CAP 2600UNIT	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
PANCREAZE CAP 37000	NONPREFERRED BRAND	CREON CAP 36000UNT, ZENPEP CAP 40000UNT
PANCREAZE CAP 4200UNIT	NONPREFERRED BRAND	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%
PASER GRA 4GM	NONPREFERRED BRAND	ISONIAZID SYP 50MG/5ML, RIFAMPIN CAP 150MG
PEGINTRON KIT 50MCG	NONPREFERRED BRAND SPECIALTY	PEGASYS INJ 180MCG/M
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
PERSERIS INJ 120MG	NONPREFERRED BRAND	RISPERDAL INJ 50MG, ABILIFY MAIN INJ 400MG, ARISTADA INJ 1064MG, OLANZAPINE TAB 20MG
PERSERIS INJ 90MG	NONPREFERRED BRAND	RISPERDAL INJ 12.5MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 441MG/1., OLANZAPINE TAB 2.5MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PERTZYE CAP 8000UNIT	NOT COVERED	CREON CAP 6000UNIT, ZENPEP CAP 10000UNT
PEXEVA TAB 10MG	NOT COVERED	PAROXETINE TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG
PEXEVA TAB 20MG	NOT COVERED	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG
PEXEVA TAB 30MG	NOT COVERED	PAROXETINE TAB 30MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG
PEXEVA TAB 40MG	NOT COVERED	PAROXETINE TAB 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 60MG
PHENER FORT SYP 25MG/5ML	NONPREFERRED BRAND	PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CARBINOXAMIN SOL 4MG/5ML, CLEMASTINE TAB 2.68MG
PHOSLYRA SOL	NONPREFERRED BRAND	CALC ACETATE TAB 667MG, SEVELAMER POW 0.8GM, LANTHANUM CHW 500MG
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	NONPREFERRED BRAND	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%
PRALUENT INJ 150MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, EZETIM/SIMVA TAB 10-80MG, ATORVASTATIN TAB 80MG
PRALUENT INJ 75MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, EZETIM/SIMVA TAB 10-10MG, ATORVASTATIN TAB 80MG
PRAMOSONE CRE 1-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE CRE 1-2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PRAMOSONE OIN 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRED MILD SUS 0.12% OP	NOT COVERED	PRED SOD PHO SOL 1% OP, DEXAMETH PHO SOL 0.1% OP, LOTEPREDNOL GEL 0.5%, DIFLUPREDNAT EMU 0.05%
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
PREDNISOLONE SUS 1%	NOT COVERED	PREDNISOLONE SUS 1% OP
PREFEST TAB	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.3MG	NOT COVERED	ESTRADIOL TAB 0.5MG, VIVELLE-DOT DIS 0.025MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.45MG	NOT COVERED	ESTRADIOL TAB 0.5MG, VIVELLE-DOT DIS 0.0375MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.625MG	NOT COVERED	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.05MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.9MG	NOT COVERED	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.075MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 1.25MG	NOT COVERED	ESTRADIOL TAB 2MG, VIVELLE-DOT DIS 0.1MG, PREMARIN VAG CRE 0.625MG
PREMPHASE TAB	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
PREMPRO TAB	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
PREMPRO TAB 0.3-1.5	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
PREMPRO TAB 0.45-1.5	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
PREMPRO TAB 0.625-5	NOT COVERED	AMABELZ TAB 1-0.5MG, FYAVOLV TAB 1-5
PRENARA CAP PRENATAL	NOT COVERED	PRENATAL TAB 27-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, CO-NATAL FA TAB 29-1MG
PRENATABS RX TAB	NOT COVERED	THRIVITE RX TAB 29-1MG
PRENATAL 19 CHW 29-1MG	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
PRENATRIX TAB	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
PRENATRYL TAB	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
PRESTALIA TAB 14-10MG	NONPREFERRED BRAND	AMLOD/BENZA P CAP 10-40MG, TRANDO/VERAP TAB 4-240 ER, AMLOD/OLMESA TAB 10-40MG, AMLOD/VALSAR TAB 10-320MG
PRESTALIA TAB 3.5-2.5	NONPREFERRED BRAND	AMLOD/BENZA P CAP 2.5-10MG, TRANDO/VERAP TAB 1-240 ER, AMLOD/OLMESA TAB 5-20MG, AMLOD/VALSAR TAB 5-160MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PRESTALIA TAB 7-5MG	NONPREFERRED BRAND	AMLOD/BENAZP CAP 5-20MG, TRANDO/VERAP TAB 2-180 ER, AMLOD/OLMESA TAB 5-40MG, AMLOD/VALSAR TAB 5-320MG
PREVDNT 5000 GEL 1.1-5%	NONPREFERRED BRAND	SOD FLUORIDE GEL 1.1-5%
PREVDNT 5000 PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, CAVAREST GEL 1.1%
PREVIDENT CRE 5000 PLS	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, CAVAREST GEL 1.1%, SF GEL 1.1%
PREVIDENT GEL 1.1%	NONPREFERRED BRAND	CAVAREST GEL 1.1%, SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SOD FLUORIDE GEL 1.1%
PREVIDENT SOL 0.2%	NONPREFERRED BRAND	SOD FLUORIDE SOL 0.2%MINT, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, CAVAREST GEL 1.1%
PRILOSEC POW 10MG	NOT COVERED	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG
PRILOSEC POW 2.5MG	NOT COVERED	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT
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 BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
PROGRAF GRA 1MG	NONPREFERRED BRAND 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
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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 BRAND 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, ENALAPRIL SOL 1MG/ML, BENAZEPRIL TAB 5MG, CAPTOPRIL TAB 12.5MG
QDOLO	NOT COVERED	TRAMADOL HCL TAB 50MG
QELBREE CAP 100MG ER	NOT COVERED	GUANFACINE TAB 1MG ER, CLONIDINE TAB 0.1MG ER, ATOMOXETINE CAP 10MG
QELBREE CAP 150MG ER	NOT COVERED	GUANFACINE TAB 2MG ER, CLONIDINE TAB 0.1MG ER, ATOMOXETINE CAP 40MG
QELBREE CAP 200MG ER	NOT COVERED	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, AZELASTINE SPR 0.15%
QNASL CHILD SPR 40MCG	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%
QSYMIA CAP 11.25-69	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG
QSYMIA CAP 15-92MG	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 37.5MG
QSYMIA CAP 3.75-23	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 15MG
QSYMIA CAP 7.5-46MG	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
QUILLICHEW CHW 20MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, ADDERALL XR CAP 5MG, VYVANSE CHW 10MG
QUILLICHEW CHW 30MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 20MG ER, ADDERALL XR CAP 25MG, VYVANSE CHW 30MG
QUILLICHEW CHW 40MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, ADDERALL XR CAP 30MG, VYVANSE CHW 60MG
QUILLIVANT SUS 25MG/5ML	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, ADDERALL XR CAP 5MG, VYVANSE CHW 10MG
QUVIVIQ TAB 25MG	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
QUVIVIQ TAB 50MG	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
QVAR REDIHA AER 80MCG	NOT COVERED	PULMICORT INH 180MCG, ARNUITY ELPT INH 200MCG, FLOVENT DISK AER 250MCG
QVAR REDIHAL AER 40MCG	NOT COVERED	PULMICORT INH 90MCG, ARNUITY ELPT INH 50MCG, FLOVENT DISK AER 50MCG
RABEPRAZOLE CAP 10MG DR	NOT COVERED	RABEPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG
RADICAVA ORS SUS STARTER	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
RAGWITEK SUB	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG
RAVICTI LIQ 1.1GM/ML	NONPREFERRED BRAND SPECIALTY	PHENYLBUTYRA POW SODIUM
RAYOS TAB 1MG	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
RAYOS TAB 2MG	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
RAYOS TAB 5MG	NONPREFERRED BRAND	PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
REBIF INJ 22/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF INJ 44/0.5	NONPREFERRED BRAND 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 22/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF REBIDO INJ 44/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF REBIDO INJ TITRATN	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
REBIF TITRTN INJ PACK	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
RECORLEV TAB 150MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
REDITREX INJ 10/.4ML	NOT COVERED	RASUVO INJ 12.5MG, METHOTREXATE INJ 50MG/2ML
REDITREX INJ 12.5/0.5	NOT COVERED	RASUVO INJ 15MG, METHOTREXATE INJ 50MG/2ML
REDITREX INJ 15/.6ML	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
REDITREX INJ 17.5/0.7	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
REDITREX INJ 20/.8ML	NOT COVERED	RASUVO INJ 22.5MG, METHOTREXATE INJ 250/10ML
REDITREX INJ 22.5/0.9	NOT COVERED	RASUVO INJ 25MG, METHOTREXATE INJ 250/10ML
REDITREX INJ 25MG/ML	NOT COVERED	RASUVO INJ 30MG, METHOTREXATE INJ 1GM/40ML
REDITREX INJ 7.5/.3ML	NOT COVERED	RASUVO INJ 7.5MG, METHOTREXATE INJ 25MG/ML
RELAFEN DS TAB 1000MG	NOT COVERED	NABUMETONE TAB 750MG, ETODOLAC TAB 500MG, MELOXICAM TAB 15MG, CELECOXIB CAP 400MG
RELENZA MIS DISKHALE	NONPREFERRED BRAND	OSELTAMIVIR CAP 30MG, XOFLUZA TAB 40MG
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, MOVANTIK TAB 25MG, CONSTULOSE SOL 10GM/15
RELISTOR INJ 8/0.4ML	NOT COVERED	SYMPROIC TAB 0.2MG, MOVANTIK TAB 12.5MG, CONSTULOSE SOL 10GM/15
RELISTOR TAB 150MG	NOT COVERED	SYMPROIC TAB 0.2MG, MOVANTIK TAB 12.5MG, CONSTULOSE SOL 10GM/15

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RETIN-A MICR GEL 0.06%	NONPREFERRED BRAND	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
RETIN-A MICR GEL 0.08%	NONPREFERRED BRAND	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
REVLIMID CAP 10MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 10MG
REVLIMID CAP 15MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 15MG
REVLIMID CAP 2.5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 2.5MG
REVLIMID CAP 20MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 20MG
REVLIMID CAP 25MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 25MG
REVLIMID CAP 5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 5MG
REXULTI TAB 0.25MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 2MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
REXULTI TAB 0.5MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG
REXULTI TAB 1MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 10MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG
REXULTI TAB 2MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 15MG, OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG
REXULTI TAB 3MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 20MG, OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG
REXULTI TAB 4MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 30MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RHOPRESSA SOL 0.02%	NONPREFERRED BRAND	BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%, TAFLUPROST SOL 0.0015%
RIOMET ER SUS 500/5ML	NONPREFERRED BRAND	METFORMIN TAB 500MG ER
ROCKLATAN DRO	NONPREFERRED BRAND	DORZOL/TIMOL SOL 22.3-6.8, COMBIGAN SOL 0.2/0.5%, BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%
ROLVEDON	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ROSZET TAB 10-10MG	NONPREFERRED BRAND	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 10MG
ROSZET TAB 20-10MG	NONPREFERRED BRAND	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 20MG
ROSZET TAB 40-10MG	NONPREFERRED BRAND	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 40MG
ROSZET TAB 5-10MG	NONPREFERRED BRAND	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
RYCLORA SOL 2MG/5ML	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%
RYTARY CAP 145MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
RYTARY CAP 195MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO125 TAB /ENTACAP
RYTARY CAP 245MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO200 TAB /ENTACAP
RYTARY CAP 95MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO 50 TAB /ENTACAP
RYVENT TAB 6MG	NOT COVERED	CARBINOXAMIN TAB 4MG, CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 50MG, CYPROHEPTAD TAB 4MG
SAIZEN INJ 5MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SAIZENPREP INJ 8.8MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SANCUSO DIS 3.1MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG ODT
SANDIMMUNE SOL 100MG/ML	NONPREFERRED BRAND SPECIALTY	CYCLOSPORINE CAP 100MG
SANDOSTATIN KIT LAR 10MG	NOT COVERED	OCTREOTIDE INJ 50MCG/ML, SOMATULINE INJ 60/0.2ML, SOMAVERT INJ 10MG
SANDOSTATIN KIT LAR 20MG	NOT COVERED	OCTREOTIDE INJ 100MCG, SOMATULINE INJ 90/0.3ML, SOMAVERT INJ 20MG
SANDOSTATIN KIT LAR 30MG	NOT COVERED	OCTREOTIDE INJ 500MCG, SOMATULINE INJ 120/.5ML, SOMAVERT INJ 30MG
SAVAYSA TAB 15MG	NOT COVERED	DABIGATRAN CAP 75MG, ELIQUIS TAB 2.5MG, XARELTO TAB 2.5MG
SAVAYSA TAB 30MG	NOT COVERED	DABIGATRAN CAP 75MG, ELIQUIS TAB 5MG, XARELTO TAB 10MG
SAVAYSA TAB 60MG	NOT COVERED	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 40MG
SAXENDA INJ 18MG/3ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
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
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
SEGLUOMET TAB 2.5-1000	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-500MG
SEGLUOMET TAB 2.5-500	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 2.5-1000

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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 INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
SEMGLEE SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
SERNIVO SPR	NONPREFERRED BRAND	BETAMETH DIP CRE 0.05%, TRIAMCINOLON CRE 0.5%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%
SERTRALINE CAP 150MG	NONPREFERRED BRAND	SERTRALINE TAB 25MG, FLUOXETINE CAP 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
SERTRALINE CAP 200MG	NONPREFERRED BRAND	SERTRALINE TAB 100MG, FLUOXETINE CAP 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
SEYSARA TAB 100MG	NONPREFERRED BRAND	AVIDOXY TAB 100MG, DOXYCYCL HYC TAB 100MG, MINOCYCLINE TAB 75MG
SEYSARA TAB 150MG	NONPREFERRED BRAND	AVIDOXY TAB 100MG, DOXYCYCL HYC TAB 100MG, MINOCYCLINE TAB 100MG
SEYSARA TAB 60MG	NONPREFERRED BRAND	DOXYCYC MONO TAB 50MG, DOXYCYCLINE TAB 20MG, MINOCYCLINE TAB 50MG
SFROWASA ENE 4GM	NONPREFERRED BRAND	MESALAMINE ENE 4GM, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG, APRISO CAP 0.375GM
SIGNIFOR LAR INJ 10MG	NOT COVERED	SIGNIFOR INJ 0.3MG/ML, KETOCONAZOLE TAB 200MG, OCTREOTIDE INJ 50MCG/ML, SOMATULINE INJ 60/0.2ML
SIGNIFOR LAR INJ 20MG	NOT COVERED	SIGNIFOR INJ 0.3MG/ML, KETOCONAZOLE TAB 200MG, OCTREOTIDE INJ 50MCG/ML, SOMATULINE INJ 60/0.2ML
SIGNIFOR LAR INJ 30MG	NOT COVERED	SIGNIFOR INJ 0.6MG/ML, KETOCONAZOLE TAB 200MG, OCTREOTIDE INJ 100MCG, SOMATULINE INJ 90/0.3ML
SIGNIFOR LAR INJ 40MG	NOT COVERED	SIGNIFOR INJ 0.6MG/ML, KETOCONAZOLE TAB 200MG, OCTREOTIDE INJ 100MCG, SOMATULINE INJ 90/0.3ML
SIGNIFOR LAR INJ 60MG	NOT COVERED	SIGNIFOR INJ 0.9MG/ML, KETOCONAZOLE TAB 200MG, OCTREOTIDE INJ 500MCG, SOMATULINE INJ 120/.5ML
SIKLOS TAB 1000MG	NOT COVERED	DROXIA CAP 400MG
SIKLOS TAB 100MG	NOT COVERED	DROXIA CAP 200MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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%	NONPREFERRED BRAND	DORZOL/TIMOL SOL 22.3-6.8, COMBIGAN SOL 0.2/0.5%, BRINZOLAMIDE SUS 1%
SITAVIG TAB 50MG	NOT COVERED	ACYCLOVIR OIN 5%
SKYTROFA INJ 11MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 13.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SKYTROFA INJ 3.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 4.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 5.2MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 6.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 7.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 9.1MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SLYND TAB 4MG	NOT COVERED	CAMILA TAB 0.35MG
SOAANZ TAB 20MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, ETHACRYNIC TAB ACD 25MG
SOAANZ TAB 40MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, ETHACRYNIC TAB ACD 25MG
SOAANZ TAB 60MG	NOT COVERED	TORSEMIDE TAB 100MG, BUMETANIDE TAB 2MG, ETHACRYNIC TAB ACD 25MG
SOD OXYBATE SOL 500MG/ML	NOT COVERED	XYREM SOL 500MG/ML, XYWAV SOL 0.5GM/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML
SOFOS/VELPAT TAB 400-100	NOT COVERED	EPCLUSA TAB 400-100, MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG
SOLTAMOX SOL 10MG/5ML	NONPREFERRED BRAND	TAMOXIFEN TAB 10MG
SORILUX AER 0.005%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%
SOTYLIZE SOL 5MG/ML	NONPREFERRED BRAND	SORINE TAB 240MG
SOVALDI PAK 150MG	NOT COVERED	MAVYRET PAK 50-20MG, EPCLUSA PAK 150-37.5

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SOVALDI PAK 200MG	NOT COVERED	MAVYRET PAK 50-20MG, EPCLUSA PAK 200-50MG
SOVALDI TAB 200MG	NOT COVERED	MAVYRET TAB 100-40MG, EPCLUSA TAB 400-100
SOVALDI TAB 400MG	NOT COVERED	MAVYRET TAB 100-40MG, EPCLUSA TAB 400-100
SPRITAM TAB 1000MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 250MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 500MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 750MG	NONPREFERRED BRAND	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%, SODIUM SULFA LIQ 10% WASH
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
STENDRA TAB 100MG	NONPREFERRED BRAND	SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG, VARDENAFIL TAB 5MG
STENDRA TAB 200MG	NONPREFERRED BRAND	SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG, VARDENAFIL TAB 20MG
STENDRA TAB 50MG	NONPREFERRED BRAND	SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG, VARDENAFIL TAB 2.5MG
STIMUFEND	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
STRIBILD TAB	NOT COVERED	GENVOYA TAB
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
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
SULFAMYLON CRE 85MG/GM	NONPREFERRED BRAND	SILVER SULFA CRE 1%, MAFENIDE ACE PAK 5%
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SUPRAX SUS 500/5ML	NONPREFERRED BRAND	CEFIXIME SUS 200/5ML, CEFDINIR SUS 250/5ML, CEFPODO PROX SUS 100/5ML
SUTAB TAB	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
SYMPAZAN MIS 10MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 50MG ODT, RUFINAMIDE SUS 40MG/ML
SYMPAZAN MIS 20MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 200MG, RUFINAMIDE SUS 40MG/ML
SYMPAZAN MIS 5MG	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 25MG ODT, RUFINAMIDE SUS 40MG/ML
SYNDROS SOL 5MG/ML	NONPREFERRED BRAND	DRONABINOL CAP 5MG
TALICIA CAP	NONPREFERRED BRAND	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 250MG, CLARITHROMYC TAB 250MG
TALTZ INJ 80MG/ML	NONPREFERRED BRAND 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 13-DAY
TAPERDEX PAK 7-DAY	NOT COVERED	DEXAMETHASON TAB 10-DAY
TAVALISSE TAB 100MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 12.5MG, METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, MILLIPRED TAB 5MG
TAVALISSE TAB 150MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 75MG, METHYLPRED TAB 32MG, PREDNISONE TAB 50MG, MILLIPRED TAB 5MG
TERIPARATIDE INJ	NONPREFERRED BRAND SPECIALTY	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
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
THEO-24 CAP 100MG CR	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
THEO-24 CAP 200MG CR	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
THEO-24 CAP 300MG CR	NONPREFERRED BRAND	THEOPHYLLINE TAB 600MG ER
THEO-24 CAP 400MG ER	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
THIOLA EC TAB 100MG	NONPREFERRED BRAND	TIOPRONIN TAB 100MG
THIOLA EC TAB 300MG	NONPREFERRED BRAND	TIOPRONIN TAB 100MG
THYQUIDITY SOL 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TIGLUTIK SUS 50/10ML	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
TIROSINT-SOL SOL 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG
TIROSINT-SOL SOL 112MCG	NOT COVERED	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG
TIROSINT-SOL SOL 125MCG	NOT COVERED	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG
TIROSINT-SOL SOL 137MCG	NOT COVERED	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG
TIROSINT-SOL SOL 13MCG/ML	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
TIROSINT-SOL SOL 150MCG	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG
TIROSINT-SOL SOL 175MCG	NOT COVERED	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG
TIROSINT-SOL SOL 200MCG	NOT COVERED	EUTHYROX TAB 200MCG, LEVO-T TAB 200 MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG
TIROSINT-SOL SOL 25MCG/ML	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
TIROSINT-SOL SOL 37.5/ML	NOT COVERED	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
TIROSINT-SOL SOL 44MCG/ML	NOT COVERED	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
TIROSINT-SOL SOL 50MCG/ML	NOT COVERED	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG
TIROSINT-SOL SOL 62.5/ML	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TIROSINT-SOL SOL 75MCG/ML	NOT COVERED	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
TIROSINT-SOL SOL 88MCG/ML	NOT COVERED	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
TIVORBEX CAP 20MG	NOT COVERED	ETODOLAC CAP 200MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG, DICLOFEN POT TAB 50MG
TLANDO CAP 112.5 MG	NONPREFERRED BRAND	TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
TOBRADEX ST SUS 0.3-0.05	NOT COVERED	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
TOBREX OIN 0.3% OP	NONPREFERRED BRAND	TOBRAMYCIN SOL 0.3% OP, GENTAMICIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, AZASITE SOL 1%
TOLSURA CAP 65MG	NOT COVERED	ITRACONAZOLE CAP 100MG
TOSYMRA SOL 10MG	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG
TRACLEER TAB 32MG	NONPREFERRED BRAND 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
TRESIBA FLEX INJ 100UNIT	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
TRESIBA FLEX INJ 200UNIT	NOT COVERED	LANTUS INJ 100/ML, TOUJEO MAX INJ 300IU/ML
TRESIBA INJ 100UNIT	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML
TRETINOIN GEL 0.04%	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
TRETINOIN GEL 0.1%	NOT COVERED	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%
TREXALL TAB 10MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 15MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 5MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 7.5MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TRINATE TAB	NOT COVERED	PRENATAL TAB 27-1MG, CO-NATAL FA TAB 29-1MG, TRINATAL RX TAB 1, VINATE ONE TAB
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 60MG, PAROXETINE TAB 40MG
TRINTELLIX TAB 5MG	NONPREFERRED BRAND	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG
TRIVEEN-DUO PAK DHA	NOT COVERED	COMPLETE NAT PAK DHA
TROKENDI XR CAP 100MG	NONPREFERRED BRAND	TOPIRAMATE CAP ER 100MG
TROKENDI XR CAP 200MG	NONPREFERRED BRAND	TOPIRAMATE CAP ER 100MG
TROKENDI XR CAP 25MG	NONPREFERRED BRAND	TOPIRAMATE CAP ER 25MG
TROKENDI XR CAP 50MG	NONPREFERRED BRAND	TOPIRAMATE CAP ER 50MG
TRUDHESA AER 0.725MG	NOT COVERED	DIHYDROERGOT SPR 4MG/ML, SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG
TRULANCE TAB 3MG	NONPREFERRED BRAND	LINZESS CAP 145MCG
TUDORZA PRES AER 400/ACT	NOT COVERED	SPIRIVA CAP HANDIHLR, ADVAIR DISKU AER 250/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 100-25
TUSSICAPS CAP 10-8MG	NONPREFERRED BRAND	BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML, PROMETH/COD SOL 6.25-10, PROMETH VC SYP 6.25-5/5
TUXARIN ER TAB 54.3-8MG	NONPREFERRED BRAND	BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML, PROMETH/COD SOL 6.25-10, PROMETH VC SYP 6.25-5/5
TUZISTRA XR SUS	NONPREFERRED BRAND	HYD POL/CPM SUS 10-8/5ML, PROMETH/COD SOL 6.25-10, PROMETH VC SYP 6.25-5/5, PROMETH VC/ SYP CODEINE
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
TYRVAYA SOL 0.03MG	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
TYVASO DPI POW 16-32-48	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
TYVASO DPI POW 16-32MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
TYVASO DPI POW 16MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TYVASO DPI POW 32-48MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
TYVASO DPI POW 32MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
TYVASO DPI POW 48MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
TYVASO DPI POW 64MCG	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
UDENYCA INJ 6MG/.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ULTRAVATE LOT 0.05%	NONPREFERRED BRAND	AMCINONIDE LOT 0.1%, BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%
UPTRAVI PACK TAB 200/800	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1000MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1200MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1400MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1600MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 200MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 400MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 600MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 800MCG	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
URSODIOL CAP 200MG	NOT COVERED	URSODIOL CAP 300MG
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VALSARTAN SOL 20MG/5ML	NOT COVERED	VALSARTAN TAB 40MG, CANDESARTAN TAB 4MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG
VALTOCO SPR 10MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 15MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 20MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 5MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VANDAZOLE GEL 0.75%	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
VARUBI TAB 90MG	NONPREFERRED BRAND	APREPITANT CAP 40MG
VECAMYL TAB 2.5MG	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG
VELTASSA POW 16.8GM	NOT COVERED	SOD POLY SUL POW, SPS SUS 15GM/60
VELTASSA POW 25.2GM	NOT COVERED	SOD POLY SUL POW, SPS SUS 15GM/60
VELTASSA POW 8.4GM	NOT COVERED	SOD POLY SUL POW, SPS SUS 15GM/60
VELTIN GEL	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, ONEXTON GEL 1.2-3.75, CLINDAMYCIN GEL 1%
VENLAFAXINE TAB 112.5MG	NOT COVERED	VENLAFAXINE TAB 37.5 ER, DESVENLAFAX TAB 25MG ER, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR
VENTAVIS SOL 10MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
VENTAVIS SOL 20MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML
VENTOLIN HFA AER	NOT COVERED	ALBUTEROL AER HFA
VERDESO AER 0.05%	NOT COVERED	DESONIDE GEL 0.05%, BETAMETH DIP LOT 0.05%, FLURANDRENOL LOT 0.05%, FLUTICASONE LOT 0.05%
VEREGEN OIN 15%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, PODOFILOX SOL 0.5%
VERKAZIA EMU 0.1% OP	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%, PREDNISOLONE SUS 1% OP, DEXAMETH PHO SOL 0.1% OP, FLUOROMETHOL SUS 0.1% OP
VERSACLOZ SUS 50MG/ML	NONPREFERRED BRAND	CLOZAPINE TAB 12.5/ODT
VESICARE LS SUS 5MG/5ML	NOT COVERED	OXYBUTYNIN SYP 5MG/5ML, MYRBETRIQ SUS 8MG/ML
VIBRAMYCIN SYP 50MG/5ML	NONPREFERRED BRAND	DOXYCYCLINE SUS 25MG/5ML
VIEKIRA PAK TAB	NOT COVERED	MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG, EPCLUSA TAB 400-100
VIGADRONE POW 500MG	NOT COVERED	VIGABATRIN PAK 500MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VIIBRYD KIT STARTER	NOT COVERED	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG
VIIBRYD TAB 10MG	NOT COVERED	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG, SERTRALINE TAB 25MG
VIIBRYD TAB 20MG	NOT COVERED	CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 20MG, SERTRALINE TAB 50MG
VIIBRYD TAB 40MG	NOT COVERED	CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG
VIJOICE TAB 250MG	NOT COVERED	VIJOICE TAB 125MG
VILAZODONE TAB 10MG	NOT COVERED	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG
VILAZODONE TAB 20MG	NOT COVERED	CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 20MG
VILAZODONE TAB 40MG	NOT COVERED	CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 60MG, PAROXETINE TAB 40MG
VIOKACE TAB 10440	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
VIOKACE TAB 20880	NONPREFERRED BRAND	ZENPEP CAP 40000UNT, CREON CAP 36000UNT
VITAFOL-OB TAB 65-1MG	NOT COVERED	PRENATAL TAB 27-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, CO-NATAL FA TAB 29-1MG
VITATHELY TAB	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
VIVJOA	NOT COVERED	FLUCONAZOLE ORAL
VOLTAREN GEL 1%	NOT COVERED	DICLOFENAC GEL 1%, ETODOLAC CAP 200MG, MELOXICAM TAB 7.5MG, 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
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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
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%
VTOL LQ SOL	NOT COVERED	BAC TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG, ASCOMP/COD CAP 30MG
VYZULTA SOL 0.024%	NONPREFERRED BRAND	BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%, TAFLUPROST SOL 0.0015%
WAKIX TAB 17.8MG	NONPREFERRED BRAND SPECIALTY	ARMODAFINIL TAB 250MG, MODAFINIL TAB 200MG, SUNOSI TAB 150MG
WAKIX TAB 4.45MG	NONPREFERRED BRAND SPECIALTY	ARMODAFINIL TAB 50MG, MODAFINIL TAB 100MG, SUNOSI TAB 75MG
WEGOVI INJ 0.25MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
WEGOVI INJ 0.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
WEGOVI INJ 1.7MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
WEGOVI INJ 1MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
WEGOVI INJ 2.4MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
WEGOVI INJ 0.25MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
WESTAB PLUS TAB 27-1MG	NOT COVERED	PRENATAL TAB 27-1MG, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
WINLEVI CRE 1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%
WYNZORA CRE	NONPREFERRED BRAND	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE CRE 0.1%
XADAGO TAB 100MG	NOT COVERED	RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
XADAGO TAB 50MG	NOT COVERED	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%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
XENICAL CAP 120MG	NONPREFERRED BRAND	PHENTERMINE CAP 37.5MG, DIETHYLPROP TAB 25MG
XEPI CRE 1%	NONPREFERRED BRAND	MUPIROCIN OIN 2%
XERESE CRE 5-1%	NONPREFERRED BRAND	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
XHANCE MIS 93MCG	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG
XIFAXAN TAB 200MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACN TAB 500MG, LEVOFLOXACIN TAB 250MG
XIFAXAN TAB 550MG	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15, VIBERZI TAB 100MG, AMITRIPTYLIN TAB 150MG, DESIPRAMINE TAB 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%
XYOSTED INJ 100/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML
XYOSTED INJ 50/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML
XYOSTED INJ 75/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML
ZCORT 7-DAY TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 6-DAY
ZELAPAR TAB 1.25MG	NOT COVERED	SELEGILINE TAB 5MG, RASAGILINE TAB 0.5MG
ZELNORM TAB 6MG	NONPREFERRED BRAND	LINZESS CAP 72MCG
ZEMBRACE SYM INJ 3/0.5ML	NONPREFERRED BRAND	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
ZEPATIER TAB 50-100MG	NOT COVERED	MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG, EPCLUSA TAB 400-100
ZEPOSIA 7DAY CAP STR PACK	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB 20MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
ZEPOSIA CAP .92MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB 20MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ZEPOSIA CAP STR KIT	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, PONVORY TAB 20MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG
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, AZELASTINE SPR 0.1%
ZILXI AER 1.5%	NONPREFERRED BRAND	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
ZOLMITRIPTAN SPR 2.5MG	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG
ZOLPIMIST SPR 5MG	NONPREFERRED BRAND	ZOLPIDEM TAB 5MG, ESZOPICLONE TAB 1MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
ZOMACTON INJ 10MG	NOT COVERED	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
ZOMACTON INJ 5MG	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
ZONTIVITY TAB 2.08MG	NONPREFERRED BRAND	CLOPIDOGREL TAB 75MG
ZORVOLEX CAP 18MG	NOT COVERED	DICLOFEN POT TAB 50MG, MEFENAM ACID CAP 250MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG
ZORVOLEX CAP 35MG	NOT COVERED	DICLOFEN POT TAB 50MG, MEFENAM ACID CAP 250MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 100MG
ZTLIDO PAD 1.8%	NOT COVERED	LIDOCAINE PAD 5%, GABAPENTIN CAP 100MG, PREGABALN ER TAB 82.5MG
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%	NOT COVERED	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

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ZYPREXA RELP INJ 210MG	NONPREFERRED BRAND	RISPERDAL INJ 12.5MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ 441MG/1., OLANZAPINE TAB 2.5MG
ZYPREXA RELP INJ 300MG	NONPREFERRED BRAND	RISPERDAL INJ 25MG, ABILIFY MAIN INJ 300MG, ARISTADA INJ INITIO, OLANZAPINE TAB 7.5MG
ZYPREXA RELP INJ 405MG	NONPREFERRED BRAND	RISPERDAL INJ 50MG, ABILIFY MAIN INJ 400MG, ARISTADA INJ 1064MG, OLANZAPINE TAB 20MG