Blue Cross Blue Shield Blue Care Network of Michigan

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Your 2025 Blue Cross Blue Shield of Michigan and Blue Care Network Preferred Drug List

If you have questions, call the number on the back of your member ID card to:

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

Blue Cross Blue Shield of Michigan and Blue Care Network Preferred Drug List

The Blue Cross Blue Shield of Michigan and Blue Care Network *Preferred Drug List* is a useful reference and educational tool forprescribers, pharmacists and members.

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

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

About this drug list

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

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

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

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

Nonformulary drugs (Drugs that aren't covered)

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. We also don't cover glucagon-like peptide-agonist drugs used for weight loss, including Saxenda®, Wegovy®, and Zepbound® for commercial members of fully insured large groups and some self-funded groups. 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.

Several drugs and drug categories are excluded altogether from coverage under this drug list and are not shown. These include:

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Note: Most Blue Cross and BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

Specialty drugs

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

Preventive drug coverage

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

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

New generics

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

Generic drug substitution

Generic drug substitution occurs when a pharmacist dispenses a generic equivalent in place of the brand-name product. Generic substitution is required for most Blue Cross and BCN members. The brand-name drug is generally not covered when there’s an available generic.

Brand-for-generic substitution

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

Prescription coverage

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

Vaccines

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

Reading your drug list

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

Tier information

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

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

Drug Tiers	3-tier plan	5-tier plan
Not covered	**Nonformulary** This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs are not covered.	
Covered $0	**No out-of-pocket cost** This tier includes select products that are covered with no out-of-pocket costs.	
Preventive	**No out-of-pocket cost** This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements are not met, the drug is not covered.	
Generic	**Generic – Lowest out-of-pocket cost** This tier includes nonspecialty generic drugs and select specialty generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	
Preferred brand	**Preferred brand – Higher out-of-pocket cost** This tier includes preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	**Preferred brand – Higher out-of-pocket cost** This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.
Nonpreferred brand	**Nonpreferred brand – Highest out-of-pocket cost** This tier includes brand-name drugs for which there are either generic alternatives or more cost-effective, preferred brand-name drugs available. Members pay more for these nonpreferred brand-name drugs.	**Nonpreferred brand – Highest out-of-pocket cost** This tier includes nonspecialty, brand-name drugs for which there’s either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
Generic specialty	**Generic – Lowest out-of-pocket cost** This tier includes select specialty generic drugs that are used to treat difficult health conditions. Members pay the lowest amount for generics, making them the most cost-effective option for treatment.	**Preferred specialty – Lower out-of-pocket cost** This tier includes brand-name and select specialty generic drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.
Preferred brand specialty	**Preferred brand – Higher out-of-pocket cost** This tier includes preferred brand-name drugs that are used to treat difficult health conditions. These drugs are more expensive than generics, and members pay more for them.	
Nonpreferred brand specialty	**Nonpreferred brand – Highestout-of-pocket cost** This tier includes brand-name drugs that are used to treat difficult health conditions for which there's either a generic alternative or a more cost-effective,preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.	**Nonpreferred specialty – Higherout-of-pocket cost** This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugsavailable.

Drug list information

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

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

How to fill a prescription

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

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

      Blue Cross Blue Shield of Michigan members, call 1-855-811-2223

      Blue Care Network members, call 1-844-642-9087

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

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** Walgreens Specialty Pharmacy® is an independent company that provides specialty pharmacy benefit management services for Blue Cross Blue Shield of Michigan and Blue Care Network.

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

How prior authorization, step therapy and quantity limits work

Prior authorization

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

Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved. For a current list of drugs requiring prior authorization or step therapy, see the **Preferred Drug List Prior Authorization and Step Therapy Coverage Criteria.**

Quantity limits

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

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

How to request authorization

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

- **To request coverage of a drug:** Fill out the **Coverage Request Form online at bcbsm.com**.
- **Write to:**
  Pharmacy Services — Mail Code 512C
  Blue Cross Blue Shield of Michigan
  600 E. Lafayette Blvd.
  Detroit, MI 48226-2998

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

Doctors can request authorization one of four ways:

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

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

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal (availity.com*), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- **Call:** 1-888-916-2616
- **Fax:** 1-800-264-6128
- **Write:**
  OncoHealth
  7000 Central Parkway, Ste 1750
  Atlanta, GA 30328

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This document is current at the time of publication and subject to change. Go to bcbsm.com/pharmacy and click on *Drug Lists* for the most up-to-date information about this drug list.

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

Send us your feedback:

Please send your comments and suggestions about this list to:

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

Table of Contents

Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	Preventive	PV1
aspirin adult low dose	Preventive	PV1
aspirin adult low strength	Preventive	PV1
aspirin childrens	Preventive	PV1
aspirin ec adult low dose	Preventive	PV1
aspirin ec low dose	Preventive	PV1
aspirin ec low strength	Preventive	PV1
aspirin low dose	Preventive	PV1
aspirin oral tablet chewable	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	Generic	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Nonpreferred brand	ABA; QL
diclofenac potassium oral capsule	Generic	PA; QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external gel 1 %	Generic	QL
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Generic	PA; QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Generic	
diflunisal oral	Generic	
DOLOBID	Not covered	
ec-naproxen	Generic	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Generic	QL
fenoprofen calcium oral tablet	Not covered	QL
FENOPRON	Not covered	
FLECTOR	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
flurbiprofen oral	Generic	
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketorolac tromethamine injection	Generic	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	
ketorolac tromethamine oral	Generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Generic	
mefenamic acid oral	Generic	
meloxicam oral capsule	Generic	PA; QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Generic	
mm aspirin	Preventive	PV1
nabumetone oral	Generic	
naproxen dr	Generic	
naproxen oral	Generic	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Generic	
naproxen-esomeprazole mg	Not covered	QL
OXAPROZIN ORAL CAPSULE	Not covered	ABA; QL
oxaprozin oral tablet	Generic	
piroxicam oral	Generic	
RELAFEN DS	Not covered	

Drug Name	Drug Tier	Notes
salsalate oral	Generic	
SPRIX	Not covered	QL
sulindac oral	Generic	
TOLECTIN 600	Not covered	
tolmetin sodium oral capsule	Not covered	
tolmetin sodium oral tablet	Generic	
XICLO	Not covered	
XICLOFEN	Not covered	
Opioid Analgesics, Long-acting		
BELBUCA	Preferred brand	PA; QL
buprenorphine	Generic	QL
CONZIP	Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Not covered	QL
hydrocodone bitartrate er	Generic	PA; QL
hydromorphone hcl er	Generic	PA; QL
levorphanol tartrate oral	Generic	PA; QL
methadone hcl intensol	Generic	
methadone hcl oral concentrate	Generic	
methadone hcl oral solution	Generic	
methadone hcl oral tablet	Generic	
morphine sulfate er	Generic	QL
morphine sulfate er beads	Generic	QL
NUCYNTA ER	Not covered	QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	Generic	PA; QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Generic	
tramadol hcl er	Generic	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL
XTAMPZA ER	Preferred brand	PA; QL
Opioid Analgesics, Short-acting		
acetaminophen-codeine	Generic	
ALLZITAL	Not covered	

Drug Name	Drug Tier	Notes
APADAZ	Not covered	QL
apap-caff-dihydrocodeine	Generic	
ascomp-codeine	Generic	
bac (butalbital-acetamin-caff)	Generic	
BENZHYDROCODONE-ACETAMINOPHEN	Not covered	ABA; QL
butalbital-acetaminophen oral capsule	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Generic	
butalbital-apap-caff-cod	Generic	
butalbital-apap-caffeine	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	Generic	
hydrocodone-acetaminophen oral tablet	Generic	
hydrocodone-ibuprofen	Generic	
hydromorphone hcl oral	Generic	
hydromorphone hcl rectal	Generic	
meperidine hcl oral	Generic	
morphine sulfate (concentrate) oral solution 100 mg/5ml	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
NUCYNTA	Not covered	QL
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	Generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG	Not covered	ABA
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	Not covered	

Drug Name	Drug Tier	Notes
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Generic	
oxymorphone hcl	Generic	QL
pentazocine-naloxone hcl	Generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
TENCON	Preferred brand	
tramadol hcl oral tablet 100 mg, 50 mg	Generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol-acetaminophen	Generic	
Anesthetics		
Local Anesthetics		
glydo	Generic	
lidocaine external ointment 5 %	Not covered	
lidocaine external patch 5 %	Generic	
lidocaine hcl external solution	Generic	
lidocaine hcl mouth/throat	Generic	
lidocaine hcl urethral/mucosal external gel	Not covered	
lidocaine hcl urethral/mucosal external prefilled syringe	Generic	
lidocaine viscous hcl	Generic	
lidocaine-prilocaine external cream	Generic	
ZTLIDO	Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	Generic	
disulfiram oral	Generic	
naltrexone hcl oral	Generic	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	Generic	QL
buprenorphine hcl-naloxone hcl	Generic	QL
lofexidine hcl	Not covered	QL

Drug Name	Drug Tier	Notes
ZUBSOLV	Preferred brand	QL
Opioid Reversal Agents		
KLOXXADO	Preferred brand	QL
naloxone hcl injection	Generic	
naloxone hcl nasal	Generic	QL
NARCAN	Preferred brand	QL
OPVEE	Preferred brand	QL
REXTOVY	Preferred brand	QL
RIVIVE	Preferred brand	QL
ZIMHI	Preferred brand	QL
Smoking Cessation Agents		
bupropion hcl er (smoking det)	Generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL	Nonpreferred brand	PV2; QL; AL (Min 18 Years)
NICOTROL NS	Nonpreferred brand	PV2; QL; AL (Min 18 Years)
varenicline tartrate	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Generic	PV2; QL; AL (Min 18 Years)
Antibacterials		
Aminoglycosides		
ARIKAYCE	Preferred brand specialty	PA; SP; QL
gentamicin sulfate external	Generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Generic	

Drug Name	Drug Tier	Notes
Antibacterials, Other		
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Generic	
clindamycin palmitate hcl	Generic	
clindamycin phosphate vaginal	Generic	
CLINDESSE	Nonpreferred brand	
fosfomycin tromethamine	Generic	
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Generic	
mafenide acetate external	Generic	
methenamine hippurate	Generic	
metronidazole oral capsule	Not covered	
metronidazole oral tablet 125 mg	Not covered	
metronidazole oral tablet 250 mg, 500 mg	Generic	
metronidazole vaginal	Generic	
mupirocin cream	Not covered	
mupirocin ointment	Generic	
NEO-SYNALAR	Nonpreferred brand	
nitrofurantoin macrocrystal	Generic	
nitrofurantoin monohydrate macrocrystals	Generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	
NUVESSA	Nonpreferred brand	
silver sulfadiazine external	Generic	
SIVEXTRO ORAL	Nonpreferred brand	QL
SOLOSEC	Preferred brand	QL
ssd	Generic	
SULFAMYLON	Nonpreferred brand	
tinidazole oral	Generic	QL
trimethoprim oral	Generic	
vancomycin hcl oral capsule	Generic	
vancomycin hcl oral solution reconstituted	Generic	QL
VANDAZOLE	Nonpreferred brand	
XACIATO	Not covered	
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL

Drug Name	Drug Tier	Notes
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins		
cefaclor	Generic	
cefaclor er	Generic	
cefadroxil	Generic	
cefdinir	Generic	
cefixime	Generic	
cefpodoxime proxetil	Generic	
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	
Beta-lactam, Penicillins		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
ampicillin	Generic	
AUGMENTIN	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
Macrolides		
azithromycin oral	Generic	
clarithromycin er	Generic	
clarithromycin oral	Generic	
DIFICID	Nonpreferred brand	QL
E.E.S. 400	Nonpreferred brand	
erythromycin base oral	Generic	
erythromycin ethylsuccinate oral suspension reconstituted	Generic	
erythromycin oral	Generic	
ZITHROMAX ORAL PACKET	Nonpreferred brand	
Quinolones		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	

Drug Name	Drug Tier	Notes
ofloxacin oral	Generic	
Sulfonamides		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	
sulfamethoxazole-trimethoprim oral tablet	Generic	
sulfatrim pediatric	Generic	
Tetracyclines		
demeclocycline hcl	Generic	
DORYX MPC	Nonpreferred brand	ST
doxycycline hyclate oral capsule	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Generic	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Generic	ST
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet	Generic	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 90 mg	Not covered	
minocycline hcl er oral tablet extended release 24 hour 55 mg, 80 mg	Generic	
minocycline hcl oral	Generic	
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Nonpreferred brand	PA
tetracycline hcl oral capsule	Generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	Nonpreferred brand	PA; QL
ELEPSIA XR	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
EPIDIOLEX	Preferred brand specialty	PA; SP; QL
FINTEPLA	Not covered	SP; QL
levetiracetam er	Generic	
levetiracetam oral solution	Generic	
levetiracetam oral tablet	Generic	
roweepra	Generic	
SPRITAM	Nonpreferred brand	PA; QL
Calcium Channel Modifying Agents		
ethosuximide oral	Generic	
methsuximide	Generic	
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	Generic	QL
clobazam oral tablet	Generic	QL
DIACOMIT	Nonpreferred brand specialty	PA; SP; QL
diazepam rectal	Generic	
gabapentin oral capsule	Generic	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
GABARONE	Not covered	
LIBERVANT	Nonpreferred brand	QL
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	
primidone oral	Generic	
SYMPAZAN	Nonpreferred brand	PA; QL
tiagabine hcl	Generic	
valproic acid oral capsule	Generic	
valproic acid oral solution 250 mg/5ml	Generic	
VALTOCO 10 MG DOSE	Preferred brand	QL
VALTOCO 15 MG DOSE	Preferred brand	QL
VALTOCO 20 MG DOSE	Preferred brand	QL
VALTOCO 5 MG DOSE	Preferred brand	QL
vigabatrin	Generic specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
VIGAFYDE	Not covered	SP; QL
vigpoder	Generic specialty	PA; SP; QL
XCOPRI	Nonpreferred brand	PA; QL
ZTALMY	Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents		
EPRONTIA	Nonpreferred brand	PA; QL
felbamate	Generic	
FYCOMPA	Preferred brand	QL
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Generic	
lamotrigine oral	Generic	
lamotrigine starter kit-blue	Generic	
lamotrigine starter kit-green	Generic	
lamotrigine starter kit-orange	Generic	
subvenite	Generic	
subvenite starter kit-blue	Generic	
subvenite starter kit-green	Generic	
subvenite starter kit-orange	Generic	
topiramate er	Generic	PA; QL
topiramate oral	Generic	
Sodium Channel Agents		
APTIOM	Not covered	QL
carbamazepine er	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet	Generic	
carbamazepine oral tablet chewable	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
epitol	Generic	
lacosamide oral solution 10 mg/ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Nonpreferred brand	PA; QL
oxcarbazepine	Generic	
oxcarbazepine er	Generic	PA; QL
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral	Generic	

Drug Name	Drug Tier	Notes
phenytoin sodium extended	Generic	
rufinamide oral suspension	Generic	
rufinamide oral tablet	Generic	PA; QL
Antidementia Agents		
Antidementia Agents, Other		
memantine hcl-donepezil hcl	Generic	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Preferred brand	QL
Cholinesterase Inhibitors		
ADLARITY	Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Generic	
donepezil hcl oral tablet 23 mg	Generic	QL
donepezil hcl oral tablet dispersible	Generic	
galantamine hydrobromide	Generic	
galantamine hydrobromide er	Generic	
rivastigmine	Generic	
rivastigmine tartrate	Generic	
ZUNVEYL	Not covered	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	Generic	QL
memantine hcl oral solution 2 mg/ml	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL
Antidepressants		
Antidepressants, Other		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	Generic	
chlordiazepoxide-amitriptyline	Generic	
FORFIVO XL	Not covered	QL
mirtazapine oral	Generic	

Drug Name	Drug Tier	Notes
olanzapine-fluoxetine hcl	Generic	
perphenazine-amitriptyline	Generic	
ZURZUVAE	Nonpreferred brand	PA; QL
Monoamine Oxidase Inhibitors		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Nonpreferred brand	
phenelzine sulfate oral	Generic	
tranylcypromine sulfate	Generic	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	Not covered	QL
citalopram hydrobromide oral solution	Generic	
citalopram hydrobromide oral tablet	Generic	
DESVENLAFAXINE ER	Nonpreferred brand	ST; QL
desvenlafaxine succinate er	Generic	
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral	Generic	
escitalopram oxalate oral	Generic	
FETZIMA	Nonpreferred brand	ST; QL
FETZIMA TITRATION	Nonpreferred brand	ST; QL
fluoxetine hcl (pmdd)	Generic	
fluoxetine hcl oral	Generic	
fluvoxamine maleate	Generic	
fluvoxamine maleate er	Generic	
nefazodone hcl	Generic	
paroxetine hcl	Generic	
paroxetine hcl er	Generic	
paroxetine mesylate	Generic	QL
PAXIL ORAL SUSPENSION	Nonpreferred brand	
SERTRALINE HCL ORAL CAPSULE	Nonpreferred brand	PA; QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL

Drug Name	Drug Tier	Notes
venlafaxine hcl	Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Generic	
Tricyclics		
amitriptyline hcl oral	Generic	
amoxapine	Generic	
clomipramine hcl oral	Generic	
desipramine hcl oral	Generic	
doxepin hcl oral capsule	Generic	
doxepin hcl oral concentrate	Generic	
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	
trimipramine maleate oral	Generic	
Antiemetics		
Antiemetics, Other		
BONJESTA	Nonpreferred brand	PA; QL
doxylamine-pyridoxine	Generic	QL
GIMOTI	Not covered	QL
meclizine hcl oral tablet 12.5 mg, 25 mg	Generic	
meclizine hcl oral tablet 50 mg	Not covered	
metoclopramide hcl oral solution 5 mg/5ml	Generic	
metoclopramide hcl oral tablet	Generic	
metoclopramide hcl oral tablet dispersible	Generic	
perphenazine oral	Generic	
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral solution 6.25 mg/5ml	Generic	
promethazine hcl oral tablet	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	

Drug Name	Drug Tier	Notes
trimethobenzamide hcl oral	Generic	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	Not covered	
ANZEMET	Nonpreferred brand	
aprepitant	Generic	QL
dronabinol	Generic	
EMEND ORAL	Not covered	QL
granisetron hcl oral	Generic	QL
ondansetron hcl oral solution	Generic	
ondansetron hcl oral tablet	Generic	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Generic	QL
SANCUSO	Nonpreferred brand	
SYNDROS	Not covered	QL
VARUBI (180 MG DOSE)	Nonpreferred brand	
Antifungals		
BREXAFEMME	Nonpreferred brand	PA; QL
ciclodan	Generic	
ciclopirox external	Generic	
ciclopirox olamine external	Generic	
clotrimazole external	Generic	
clotrimazole mouth/throat	Generic	
clotrimazole-betamethasone	Generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external	Generic	
ECOZA	Not covered	QL
ERTACZO	Nonpreferred brand	
EXELDERM	Nonpreferred brand	
fluconazole oral	Generic	
flucytosine oral	Generic	
FULVICIN P/G 165	Not covered	
FUNGIZYL AL	Not covered	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	

Drug Name	Drug Tier	Notes
GYNAZOLE-1	Nonpreferred brand	
itraconazole oral	Generic	
JUBLIA	Nonpreferred brand	ST; QL
ketoconazole external	Generic	
ketoconazole oral	Generic	
ketodan	Generic	
klayesta	Generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3	Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Nonpreferred brand	ABA; QL
naftifine hcl external cream	Generic	QL
naftifine hcl external gel	Generic	PA; QL
NOXAFIL ORAL PACKET	Nonpreferred brand	QL
nyamyc	Generic	
nystatin external	Generic	
nystatin mouth/throat	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	
ORAVIG	Nonpreferred brand	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Nonpreferred brand	PA; QL
posaconazole oral	Generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Nonpreferred brand	PA; QL
voriconazole oral	Generic	
VUSION	Nonpreferred brand	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	Generic	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral	Generic	

Drug Name	Drug Tier	Notes
colchicine-probenecid	Generic	
febuxostat	Generic	QL
GLOPERBA	Not covered	QL
probenecid	Generic	
Antimigraine Agents		
diclofenac potassium(migraine)	Not covered	QL
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred brand	PA; QL
AJOVY	Nonpreferred brand	PA; QL
EMGALITY	Preferred brand	PA; QL
NURTEC	Preferred brand	PA; QL
QULIPTA	Preferred brand	PA; QL
UBRELVY	Preferred brand	PA; QL
ZAVZPRET	Nonpreferred brand	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	Generic	QL
dihydroergotamine mesylate nasal	Generic	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	Generic	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	Generic	ST; QL
eletriptan hydrobromide	Generic	QL
frovatriptan succinate	Generic	ST; QL
naratriptan hcl	Generic	QL
ONZETRA XSAIL	Nonpreferred brand	ST; QL
REYVOW	Nonpreferred brand	PA; QL
rizatriptan benzoate	Generic	QL
sumatriptan nasal	Generic	QL
sumatriptan succinate oral	Generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Generic	QL
sumatriptan succinate subcutaneous	Generic	QL
sumatriptan-naproxen sodium	Generic	PA; QL

Drug Name	Drug Tier	Notes
TOSYMRA	Not covered	QL
ZEMBRACE SYMTOUCH	Nonpreferred brand	ST; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; ABA; QL
zolmitriptan nasal solution 5 mg	Generic	ST; QL
zolmitriptan oral	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	Generic	
pyridostigmine bromide oral solution	Generic	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	Generic	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	Generic	
rifabutin	Generic	
Antituberculars		
cycloserine oral	Generic	
ethambutol hcl oral	Generic	
isoniazid oral	Generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Nonpreferred brand	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
TRECATOR	Nonpreferred brand	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	Generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
GLEOSTINE	Preferred brand	
LEUKERAN	Nonpreferred brand	
MATULANE	Preferred brand specialty	SP
MYLERAN	Nonpreferred brand	
temozolomide	Generic specialty	SP

Drug Name	Drug Tier	Notes
VALCHLOR	Nonpreferred brand specialty	SP; OVM
Antiandrogens		
abiraterone acetate oral tablet 250 mg	Generic specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Not covered	SP; QL
abirtega	Not covered	SP; QL
bicalutamide	Generic	
ERLEADA	Preferred brand specialty	SP; OVM
EULEXIN	Nonpreferred brand specialty	15DS; SP; OVM
nilutamide	Generic	OVM
NUBEQA	Preferred brand specialty	15DS; SP; OVM
ORGOVYX	Nonpreferred brand specialty	SP; OVM
XTANDI	Preferred brand specialty	15DS; SP; OVM
YONSA	Preferred brand specialty	SP; OVM
Antiangiogenic Agents		
lenalidomide	Generic specialty	SP; QL
POMALYST	Nonpreferred brand specialty	SP; OVM
REVLIMID	Nonpreferred brand specialty	SP; QL
THALOMID	Preferred brand specialty	SP
Antiestrogens/Modifiers		
fulvestrant	Generic	
ORSERDU	Preferred brand specialty	15DS; SP; OVM
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Generic	PV3; QL
toremifene citrate	Generic	
Antimetabolites		
capecitabine	Generic specialty	SP
DROXIA	Preferred brand	
hydroxyurea oral	Generic	

Drug Name	Drug Tier	Notes
mercaptopurine oral suspension	Generic specialty	SP
mercaptopurine oral tablet	Generic	
SIKLOS	Not covered	
TABLOID	Nonpreferred brand	
Antineoplastics, Other		
AKEEGA	Preferred brand specialty	15DS; SP; OVM
AUGTYRO ORAL CAPSULE 160 MG	Nonpreferred brand specialty	15DS; SP; OVM
AUGTYRO ORAL CAPSULE 40 MG	Nonpreferred brand specialty	15DS; SP; OVM
BESREMI	Preferred brand specialty	15DS; SP; OVM
COPIKTRA	Nonpreferred brand specialty	SP; OVM
diclofenac sodium external gel 3 %	Generic	PA; QL
fluorouracil external	Generic	
INREBIC	Not covered	15DS; SP
KISQALI (200 MG DOSE)	Preferred brand specialty	SP; OVM
KISQALI (400 MG DOSE)	Preferred brand specialty	SP; OVM
KISQALI (600 MG DOSE)	Preferred brand specialty	SP; OVM
KLISYRI (250 MG)	Not covered	QL
KLISYRI (350 MG)	Not covered	QL
KRAZATI	Preferred brand specialty	15DS; SP; OVM
leucovorin calcium oral	Generic	
LONSURF	Preferred brand specialty	SP; OVM
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Preferred brand specialty	15DS; SP; OVM
LUMAKRAS ORAL TABLET 240 MG	Preferred brand specialty	15DS; SP; OVM
NINLARO	Preferred brand specialty	SP; OVM
OJJAARA	Preferred brand specialty	SP; OVM

Drug Name	Drug Tier	Notes
ONUREG	Preferred brand specialty	SP; OVM
PIQRAY	Preferred brand specialty	SP; OVM
REVUFORJ ORAL TABLET 110 MG, 160 MG	Preferred brand specialty	15DS; SP; OVM
ROZLYTREK ORAL CAPSULE	Preferred brand specialty	15DS; SP; OVM
ROZLYTREK ORAL PACKET	Nonpreferred brand specialty	SP; OVM
TAZVERIK	Preferred brand specialty	15DS; SP; OVM
TOLAK	Nonpreferred brand	QL
VERZENIO	Preferred brand specialty	15DS; SP; OVM
VONJO	Preferred brand specialty	SP; OVM
WELIREG	Preferred brand specialty	15DS; SP; OVM
XPOVIO (100 MG ONCE WEEKLY)	Not covered	SP
XPOVIO (40 MG ONCE WEEKLY)	Not covered	SP
XPOVIO (40 MG TWICE WEEKLY)	Not covered	SP
XPOVIO (60 MG ONCE WEEKLY)	Not covered	SP
XPOVIO (60 MG TWICE WEEKLY)	Not covered	SP
XPOVIO (80 MG ONCE WEEKLY)	Not covered	SP
XPOVIO (80 MG TWICE WEEKLY)	Not covered	SP
ZOLINZA	Preferred brand specialty	15DS; SP; OVM
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	Generic	PV3; QL
exemestane	Generic	PV3; QL
letrozole oral	Generic	
Enzyme Inhibitors		
BALVERSA	Preferred brand specialty	15DS; SP; OVM
etoposide oral	Generic	
HYCAMTIN ORAL	Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)	Preferred brand specialty	15DS; SP; OVM

Drug Name	Drug Tier	Notes
LYTGOBI (16 MG DAILY DOSE)	Preferred brand specialty	15DS; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	Preferred brand specialty	15DS; SP; OVM
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred brand specialty	15DS; SP; OVM
OJEMDA ORAL TABLET	Preferred brand specialty	SP; OVM
PEMAZYRE	Preferred brand specialty	SP; OVM
RUBRACA	Not covered	SP; QL
TALZENNA	Preferred brand specialty	15DS; SP; OVM
VORANIGO	Preferred brand specialty	15DS; SP; OVM
ZEJULA	Preferred brand specialty	SP; OVM
Molecular Target Inhibitors		
ALECENSA	Preferred brand specialty	SP; OVM
ALUNBRIG	Preferred brand specialty	SP; OVM
AYVAKIT	Preferred brand specialty	15DS; SP; OVM
BOSULIF ORAL CAPSULE	Preferred brand specialty	SP; OVM
BOSULIF ORAL TABLET	Preferred brand specialty	15DS; SP; OVM
BRAFTOVI	Nonpreferred brand specialty	SP; OVM
BRUKINSA	Nonpreferred brand specialty	15DS; SP; OVM
CABOMETYX	Preferred brand specialty	15DS; SP; OVM
CALQUENCE	Preferred brand specialty	15DS; SP; OVM
CAPRELSA	Preferred brand specialty	15DS; SP; OVM
COMETRIQ	Preferred brand specialty	15DS; SP; OVM
COTELLIC	Preferred brand specialty	SP; OVM

Drug Name	Drug Tier	Notes
DANZITEN	Not covered	SP
dasatinib	Generic specialty	15DS; SP; OVM
DAURISMO	Nonpreferred brand specialty	15DS; SP; OVM
ERIVEDGE	Preferred brand specialty	15DS; SP; OVM
erlotinib hcl	Generic specialty	15DS; SP; OVM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic specialty	15DS; SP; OVM
everolimus oral tablet soluble	Generic specialty	15DS; SP; OVM
FOTIVDA	Preferred brand specialty	SP; OVM
FRUZAQLA	Preferred brand specialty	SP; OVM
GAVRETO	Preferred brand specialty	15DS; SP; OVM
gefitinib	Generic specialty	SP; OVM
GILOTRIF	Preferred brand specialty	SP; OVM
IBRANCE	Preferred brand specialty	SP; OVM
ICLUSIG	Preferred brand specialty	15DS; SP; OVM
IDHIFA	Preferred brand specialty	SP; OVM
imatinib mesylate	Generic specialty	SP
IMBRUVICA ORAL CAPSULE	Preferred brand specialty	15DS; SP; OVM
IMBRUVICA ORAL SUSPENSION	Preferred brand specialty	SP; OVM
IMBRUVICA ORAL TABLET 140 MG	Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG	Preferred brand specialty	SP; OVM
IMKELDI	Not covered	SP
INLYTA	Preferred brand specialty	15DS; SP; OVM
INQOVI	Preferred brand specialty	SP; OVM
ITOVEBI	Preferred brand specialty	15DS; SP; OVM

Drug Name	Drug Tier	Notes
JAKAFI	Preferred brand specialty	15DS; SP; OVM
JAYPIRCA	Preferred brand specialty	15DS; SP; OVM
KOSELUGO	Preferred brand specialty	SP; OVM
lapatinib ditosylate	Generic specialty	SP; OVM
LAZCLUZE	Preferred brand specialty	15DS; SP; OVM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Preferred brand specialty	15DS; SP; OVM
LORBRENA	Preferred brand specialty	15DS; SP; OVM
LYNPARZA	Preferred brand specialty	SP; OVM
MEKINIST	Preferred brand specialty	SP; OVM
MEKTOVI	Nonpreferred brand specialty	SP; OVM
NERLYNX	Preferred brand specialty	15DS; SP; OVM
ODOMZO	Preferred brand specialty	15DS; SP; OVM
OGSIVEO	Preferred brand specialty	15DS; SP; OVM
pazopanib hcl	Generic specialty	15DS; SP; OVM
QINLOCK	Not covered	SP
RETEVMO	Preferred brand specialty	15DS; SP; OVM
REZLIDHIA	Preferred brand specialty	15DS; SP; OVM
RYDAPT	Preferred brand specialty	SP; OVM
SCEMBLIX	Preferred brand specialty	SP; OVM
sorafenib tosylate	Generic specialty	15DS; SP; OVM
STIVARGA	Preferred brand specialty	SP; OVM
sunitinib malate	Generic specialty	15DS; SP; OVM

Drug Name	Drug Tier	Notes
TABRECTA	Preferred brand specialty	15DS; SP; OVM
TAFINLAR	Preferred brand specialty	SP; OVM
TAGRISSO	Preferred brand specialty	15DS; SP; OVM
TASIGNA	Preferred brand specialty	15DS; SP; OVM
TEPMETKO	Preferred brand specialty	15DS; SP; OVM
TIBSOVO	Preferred brand specialty	15DS; SP; OVM
torpenz	Generic specialty	15DS; SP; OVM
TRUQAP ORAL TABLET	Preferred brand specialty	SP; OVM
TRUQAP ORAL TABLET THERAPY PACK	Preferred brand specialty	SP; OVM
TUKYSA	Nonpreferred brand specialty	SP; OVM
TURALIO	Preferred brand specialty	SP; OVM
VANFLYTA	Preferred brand specialty	15DS; SP; OVM
VENCLEXTA	Preferred brand specialty	SP; OVM
VENCLEXTA STARTING PACK	Preferred brand specialty	SP; OVM
VIJOICE ORAL PACKET	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL
VITRAKVI ORAL CAPSULE	Preferred brand specialty	15DS; SP; OVM
VITRAKVI ORAL SOLUTION	Preferred brand specialty	SP; OVM
VIZIMPRO	Preferred brand specialty	15DS; SP; OVM
XALKORI	Preferred brand specialty	15DS; SP; OVM

Drug Name	Drug Tier	Notes
XOSPATA	Preferred brand specialty	SP; OVM
ZELBORAF	Preferred brand specialty	15DS; SP; OVM
ZYDELIG	Preferred brand specialty	SP; OVM
ZYKADIA	Preferred brand specialty	15DS; SP; OVM
Retinoids		
bexarotene external	Generic specialty	SP; OVM
bexarotene oral	Generic specialty	15DS; SP; OVM
PANRETIN	Nonpreferred brand	
tretinoin oral	Generic	
Treatment Adjuncts		
mesna oral	Generic	
Antiparasitics		
Anthelmintics		
albendazole oral	Generic	QL
BILTRICIDE	Not covered	
EMVERM	Preferred brand	QL
ivermectin oral tablet 3 mg	Generic	QL
praziquantel oral	Generic	
Antiprotozoals		
ARAKODA	Nonpreferred brand	QL
atovaquone	Generic	
atovaquone-proguanil hcl	Generic	
BENZNIDAZOLE	Preferred brand	QL
chloroquine phosphate oral	Generic	
COARTEM	Preferred brand	QL
hydroxychloroquine sulfate oral	Generic	
IMPAVIDO	Preferred brand	QL
KRINTAFEL	Nonpreferred brand	QL
LAMPIT	Not covered	QL
mefloquine hcl	Generic	
nitazoxanide oral	Generic	
pentamidine isethionate inhalation	Generic	
primaquine phosphate	Generic	

Drug Name	Drug Tier	Notes
pyrimethamine oral	Generic specialty	PA; SP
quinine sulfate	Generic	
SOVUNA	Not covered	
Pediculicides/Scabicides		
CROTAN	Nonpreferred brand	
malathion	Generic	
permethrin external	Generic	
spinosad	Generic	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	Generic	
trihexyphenidyl hcl	Generic	
Antiparkinson Agents, Other		
amantadine hcl oral	Generic	
carbidopa-levodopa-entacapone	Generic	
entacapone	Generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred brand	PA; QL
ONGENTYS	Not covered	QL
OSMOLEX ER	Not covered	
tolcapone	Generic	
Dopamine Agonists		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	Generic	
INBRIJA	Preferred brand	QL
NEUPRO	Nonpreferred brand	PA; QL
pramipexole dihydrochloride	Generic	
pramipexole dihydrochloride er	Generic	QL
ropinirole hcl	Generic	
ropinirole hcl er	Generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	Generic	
carbidopa-levodopa	Generic	
carbidopa-levodopa er	Generic	
CREXONT	Nonpreferred brand	ST; QL
DHIVY	Not covered	QL

Drug Name	Drug Tier	Notes
DUOPA	Preferred brand specialty	PA; SP; QL
RYTARY	Nonpreferred brand	ST; QL
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	Generic	
selegiline hcl oral	Generic	
XADAGO	Not covered	QL
ZELAPAR	Not covered	QL
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	Generic	
fluphenazine decanoate injection	Generic	
fluphenazine hcl oral	Generic	
haloperidol decanoate intramuscular	Generic	
haloperidol lactate oral concentrate 2 mg/ml	Generic	
haloperidol oral	Generic	
loxapine succinate	Generic	
molindone hcl	Generic	QL
pimozide	Generic	
thioridazine hcl oral	Generic	
thiothixene	Generic	
trifluoperazine hcl	Generic	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	Preferred brand	QL
ABILIFY MAINTENA	Preferred brand	
aripiprazole	Generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	Generic	QL
CAPLYTA	Nonpreferred brand	ST; QL
ERZOFRI	Nonpreferred brand	QL
FANAPT	Nonpreferred brand	ST
FANAPT TITRATION PACK	Nonpreferred brand	ST
INVEGA HAFYERA	Preferred brand	QL
INVEGA SUSTENNA	Preferred brand	
INVEGA TRINZA	Preferred brand	QL
lurasidone hcl	Generic	

Drug Name	Drug Tier	Notes
LYBALVI	Nonpreferred brand	QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Generic	
OPIPZA	Not covered	QL
paliperidone er	Generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Generic	
quetiapine fumarate er	Generic	QL
REXULTI	Nonpreferred brand	QL
risperidone	Generic	
risperidone microspheres er	Generic	
RYKINDO	Preferred brand	QL
SECUADO	Nonpreferred brand	ST; QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	QL
ziprasidone hcl	Generic	
Antipsychotics, Other		
COBENFY	Not covered	QL
COBENFY STARTER PACK	Not covered	QL
Treatment-Resistant		
clozapine	Generic	
VERSACLOZ	Nonpreferred brand	
Antivirals		
LAGEVRIO	Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)	Preferred brand	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Generic	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	Generic specialty	SP
BARACLUDE ORAL SOLUTION	Preferred brand specialty	SP
entecavir	Generic specialty	SP
lamivudine oral tablet 100 mg	Generic	

Drug Name	Drug Tier	Notes
VEMLIDY	Preferred brand specialty	SP; QL
Anti-hepatitis C (HCV) Agents		
EPCLUSA	Preferred brand specialty	PA; SP; QL
HARVONI	Preferred brand specialty	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR	Not covered	ABA; SP; QL
MAVYRET	Preferred brand specialty	PA; SP; QL
PEGASYS	Preferred brand specialty	SP; QL
ribavirin oral	Generic specialty	SP
SOFOSBUVIR-VELPATASVIR	Not covered	ABA; SP; QL
SOVALDI	Not covered	SP; QL
VOSEVI	Preferred brand specialty	PA; SP; QL
ZEPATIER	Not covered	SP; QL
Antiherpetic Agents		
acyclovir external cream	Not covered	
acyclovir external ointment	Generic	
acyclovir oral capsule	Generic	
acyclovir oral suspension 200 mg/5ml	Generic	
acyclovir oral tablet	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
SITAVIG	Not covered	QL
valacyclovir hcl oral	Generic	
XERESE	Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Not covered	QL
TIVICAY	Preferred brand	

Drug Name	Drug Tier	Notes
TIVICAY PD	Preferred brand	QL
TYBOST	Nonpreferred brand	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	Not covered	QL
DELSTRIGO	Not covered	QL
EDURANT	Preferred brand	QL
efavirenz	Generic	
efavirenz-emtricitab-tenofo df	Generic	
efavirenz-lamivudine-tenofovir	Generic	QL
etravirine	Generic	
INTELENCE ORAL TABLET 25 MG	Preferred brand	
nevirapine	Generic	
nevirapine er	Generic	
PIFELTRO	Not covered	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	Generic	
abacavir sulfate-lamivudine	Generic	
CIMDUO	Preferred brand	QL
DESCOVY ORAL TABLET 120-15 MG	Preferred brand	QL
DESCOVY ORAL TABLET 200-25 MG	Preferred brand	PV2; QL
emtricitabine	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Generic	PV2; QL
EMTRIVA ORAL SOLUTION	Preferred brand	
lamivudine oral solution	Generic	
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine	Generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	Generic	
TRIUMEQ	Preferred brand	QL
TRIUMEQ PD	Preferred brand	QL
VIREAD ORAL POWDER	Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred brand	
zidovudine	Generic	

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Other		
FUZEON	Preferred brand	
maraviroc	Generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SUNLENCA ORAL	Preferred brand specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	Preferred brand	
atazanavir sulfate	Generic	
darunavir	Generic	
EVOTAZ	Nonpreferred brand	QL
fosamprenavir calcium	Generic	
lopinavir-ritonavir	Generic	
lopinavir-ritonavir oral solution 400-100 mg/5ml	Generic	
NORVIR ORAL PACKET	Preferred brand	
PREZCOBIX	Not covered	QL
PREZISTA ORAL SUSPENSION	Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred brand	
REYATAZ ORAL PACKET	Preferred brand	
ritonavir	Generic	
SYMTUZA	Preferred brand	QL
VIRACEPT	Not covered	
Anti-influenza Agents		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Nonpreferred brand	QL
rimantadine hcl	Generic	
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	Generic	
hydroxyzine hcl oral	Generic	
hydroxyzine pamoate oral	Generic	
meprobamate	Generic	
Benzodiazepines		
alprazolam er	Generic	

Drug Name	Drug Tier	Notes
alprazolam intensol	Generic	
alprazolam oral	Generic	
alprazolam xr	Generic	
chlordiazepoxide hcl	Generic	
clonazepam oral	Generic	
clorazepate dipotassium	Generic	
diazepam intensol	Generic	
diazepam oral	Generic	
estazolam	Generic	QL
lorazepam intensol	Generic	
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet	Generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Generic	
oxazepam	Generic	
quazepam	Not covered	QL
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	Generic	
divalproex sodium oral	Generic	
EQUETRO	Nonpreferred brand	
lithium	Generic	
lithium carbonate er	Generic	
lithium carbonate oral	Generic	
Blood Glucose Monitoring		
CEQUR SIMPLICITY 2U 10PK	Preferred brand	QL
CEQUR SIMPLICITY INSERTER	Preferred brand	QL
CONTOUR MONITOR DEVICE	Covered $0	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered $0	QL
CONTOUR NEXT GEN MONITOR	Covered $0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	Covered $0	QL
CONTOUR NEXT ONE KIT	Covered $0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
CONTOUR TEST STRIPS	Preferred brand	QL
DEXCOM G6 RECEIVER	Covered $0	PA; QL
DEXCOM G6 SENSOR	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
DEXCOM G6 TRANSMITTER	Covered $0	PA; QL
DEXCOM G7 RECEIVER	Covered $0	PA; QL
DEXCOM G7 SENSOR	Preferred brand	PA; QL
FREESTYLE INSULINX TEST	Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER	Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 3 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE READER	Preferred brand	PA; QL
FREESTYLE LITE TEST	Preferred brand	QL
FREESTYLE PRECISION NEO TEST	Preferred brand	QL
FREESTYLE TEST	Preferred brand	QL
LANCETS	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	Covered $0	QL
ONETOUCH ULTRA BLUE TEST	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM KIT	Covered $0	QL
ONETOUCH VERIO TEST STRIPS	Preferred brand	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	Covered $0	QL
PRECISION XTRA BLOOD GLUCOSE	Preferred brand	QL
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	Generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
CYCLOSET	Nonpreferred brand	QL
DAPAGLIFLOZIN PRO-METFORMIN ER	Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
FARXIGA	Preferred brand	QL
glimepiride	Generic	
glipizide er	Generic	
glipizide ir	Generic	
glipizide-metformin hcl	Generic	
glyburide micronized	Generic	
glyburide oral	Generic	
glyburide-metformin	Generic	
GLYXAMBI	Preferred brand	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JANUMET	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
liraglutide	Generic	ST; QL
metformin hcl er	Generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Generic	PA
metformin hcl oral solution	Generic	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
QTERN	Not covered	QL
repaglinide	Generic	
RYBELSUS	Preferred brand	ST; QL

Drug Name	Drug Tier	Notes
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYMLINPEN 120	Preferred brand	
SYMLINPEN 60	Preferred brand	
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
XIGDUO XR	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
Glycemic Agents		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Generic	
glucagon emergency kit	Generic	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYPOPEN 1-PACK	Preferred brand	QL
GVOKE HYPOPEN 2-PACK	Preferred brand	QL
GVOKE KIT	Preferred brand	QL
GVOKE PFS	Preferred brand	QL
ZEGALOGUE	Preferred brand	QL
Insulins		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Not covered	

Drug Name	Drug Tier	Notes
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
BASAGLAR KWIKPEN	Preferred brand	
FIASP	Preferred brand	
FIASP FLEXTOUCH	Preferred brand	
FIASP PENFILL	Preferred brand	
FIASP PUMPCART	Preferred brand	
HUMALOG	Not covered	
HUMALOG KWIKPEN	Not covered	
HUMALOG MIX 50/50 KWIKPEN	Not covered	
HUMALOG MIX 75/25 KWIKPEN	Not covered	
HUMALOG MIX 75/25 VIAL	Not covered	
HUMALOG U-100 JUNIOR KWIKPEN	Not covered	
HUMULIN 70/30 KWIKPEN	Not covered	
HUMULIN 70/30 VIAL	Not covered	
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	Preferred brand	
HUMULIN R U-500 VIAL	Preferred brand	
HUMULIN R VIAL	Not covered	
INSULIN ASP PROT & ASP FLEXPEN	Not covered	ABA
INSULIN ASPART	Not covered	ABA
INSULIN ASPART FLEXPEN	Not covered	ABA
INSULIN ASPART PENFILL	Not covered	ABA
INSULIN ASPART PROT & ASPART	Not covered	ABA
INSULIN DEGLUDEC	Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH	Not covered	ABA
INSULIN GLARGINE MAX SOLOSTAR	Not covered	ABA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Not covered	ABA
INSULIN GLARGINE-YFGN	Not covered	ABA
INSULIN LISPRO	Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)	Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN	Nonpreferred brand	ABA
INSULIN LISPRO PROT & LISPRO	Not covered	ABA
LANTUS SOLOSTAR	Preferred brand	

Drug Name	Drug Tier	Notes
LANTUS U-100 VIAL	Preferred brand	
LYUMJEV KWIKPEN	Not covered	
LYUMJEV VIAL	Not covered	
NOVOLIN 70/30 FLEXPEN	Preferred brand	
NOVOLIN 70/30 RELION	Not covered	
NOVOLIN 70/30 VIAL	Preferred brand	
NOVOLIN N FLEXPEN	Preferred brand	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	Preferred brand	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	Preferred brand	
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	Preferred brand	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred brand	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred brand	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred brand	
NOVOLOG PENFILL	Preferred brand	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred brand	
REZVOGLAR KWIKPEN	Preferred brand	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred brand	
TOUJEO SOLOSTAR	Preferred brand	
TRESIBA	Not covered	
TRESIBA FLEXTOUCH	Not covered	
Blood Products and Modifiers		
EMPAVELI	Preferred brand specialty	PA; SP; QL
FABHALTA	Nonpreferred brand specialty	PA; SP; QL
VOYDEYA	Nonpreferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
Anticoagulants		
dabigatran etexilate mesylate	Generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL
enoxaparin sodium	Generic	
fondaparinux sodium	Generic	
FRAGMIN	Nonpreferred brand	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) pf	Generic	
jantoven	Generic	
PRADAXA ORAL PACKET	Nonpreferred brand	QL
rivaroxaban	Generic	QL
SAVAYSA	Not covered	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
Blood Formation Modifiers		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
ARANESP (ALBUMIN FREE)	Preferred brand specialty	SP
DOPTELET	Preferred brand specialty	PA; SP; QL
EPOGEN	Not covered	SP
FULPHILA	Nonpreferred brand specialty	SP; OVM
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
LEUKINE	Nonpreferred brand specialty	SP
MIRCERA	Not covered	SP; QL
MULPLETA	Preferred brand specialty	PA; SP; QL
NEULASTA	Preferred brand specialty	SP; QL
NEUPOGEN	Not covered	SP

Drug Name	Drug Tier	Notes
NIVESTYM	Preferred brand specialty	SP; QL
NYPOZI	Not covered	SP; QL
NYVEPRIA	Nonpreferred brand specialty	SP; OVM
PROCRIT	Preferred brand specialty	SP
PROMACTA	Preferred brand specialty	PA; SP
PYRUKYND	Preferred brand specialty	PA; SP; QL
PYRUKYND TAPER PACK	Preferred brand specialty	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	Preferred brand specialty	SP
ROLVEDON	Nonpreferred brand specialty	SP; OVM
STIMUFEND	Nonpreferred brand specialty	SP; OVM
UDENYCA	Nonpreferred brand specialty	SP; OVM
VAFSEO	Nonpreferred brand specialty	SP; QL
XOLREMDI	Preferred brand specialty	PA; SP; QL
ZARXIO	Preferred brand specialty	SP
ZIEXTENZO	Preferred brand specialty	SP; QL
Hemostasis Agents		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 60 MG/1.5ML	Nonpreferred brand	PA; QL
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML	Nonpreferred brand	PA; QL
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	

Drug Name	Drug Tier	Notes
ALTUVIIIO	Preferred brand	
aminocaproic acid oral	Generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	
CORIFACT	Preferred brand	
ELOCTATE	Preferred brand	
ESPEROCT	Preferred brand	
FEIBA	Preferred brand	
HEMLIBRA	Preferred brand	PA; QL
HEMOFIL M	Preferred brand	
HUMATE-P	Preferred brand	
HYMPAVZI	Nonpreferred brand	PA; QL
IDELVION	Preferred brand	
IXINITY	Preferred brand	
JIVI	Preferred brand	
KOATE	Preferred brand	
KOATE-DVI	Preferred brand	
KOGENATE FS	Preferred brand	
KOVALTRY	Preferred brand	
NOVOEIGHT	Preferred brand	
NOVOSEVEN RT	Preferred brand	
NUWIQ	Preferred brand	
OBIZUR	Preferred brand	
PROFILNINE	Preferred brand	
REBINYN	Preferred brand	
RECOMBINATE	Preferred brand	
RIXUBIS	Preferred brand	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Preferred brand	
TAVALISSE	Nonpreferred brand specialty	PA; SP; QL
tranexamic acid oral	Generic	QL
TRETTEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	

Drug Name	Drug Tier	Notes
Platelet Modifying Agents		
aspirin-dipyridamole er	Generic	
BRILINTA	Preferred brand	QL
CABLIVI	Preferred brand specialty	PA; SP; QL
cilostazol	Generic	
clopidogrel bisulfate oral	Generic	
dipyridamole oral	Generic	
prasugrel hcl	Generic	QL
YOSPRALA	Not covered	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	Generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral	Generic	
guanfacine hcl	Generic	
methyldopa	Generic	
midodrine hcl	Generic	
NEXICLON XR	Not covered	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	Generic	
phenoxybenzamine hcl oral	Generic	PA; QL
prazosin hcl oral	Generic	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	Generic	
EDARBI	Not covered	QL
irbesartan	Generic	
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
VALSARTAN ORAL SOLUTION	Not covered	
valsartan oral tablet	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	Generic	
captopril oral	Generic	
enalapril maleate oral	Generic	

Drug Name	Drug Tier	Notes
fosinopril sodium	Generic	
lisinopril oral	Generic	
moexipril hcl	Generic	
perindopril erbumine	Generic	
QBRELIS	Not covered	QL
quinapril hcl	Generic	
ramipril	Generic	
trandolapril	Generic	
Antiarrhythmics		
amiodarone hcl oral	Generic	
disopyramide phosphate	Generic	
dofetilide	Generic	
flecainide acetate	Generic	
mexiletine hcl oral	Generic	
MULTAQ	Nonpreferred brand	QL
NORPACE CR	Nonpreferred brand	
propafenone hcl	Generic	
propafenone hcl er	Generic	
quinidine gluconate er	Generic	
quinidine sulfate	Generic	
sotalol hcl (af)	Generic	
sotalol hcl oral	Generic	
SOTYLIZE	Nonpreferred brand	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	Generic	
atenolol oral	Generic	
betaxolol hcl oral	Generic	
bisoprolol fumarate oral	Generic	
carvedilol	Generic	
carvedilol phosphate er	Generic	QL
HEMANGEOL	Nonpreferred brand	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KAPSPARGO SPRINKLE	Not covered	
labetalol hcl oral	Generic	
metoprolol succinate er	Generic	
metoprolol tartrate oral	Generic	

Drug Name	Drug Tier	Notes
nadolol oral	Generic	
nebivolol hcl	Generic	QL
pindolol	Generic	
propranolol hcl er	Generic	
propranolol hcl oral	Generic	
timolol maleate oral	Generic	
Calcium Channel Blocking Agents		
amlodipine besylate oral	Generic	
cartia xt	Generic	
CONJUPRI	Not covered	
diltiazem hcl er	Generic	
diltiazem hcl er beads	Generic	
diltiazem hcl er coated beads	Generic	
diltiazem hcl oral	Generic	
dilt-xr	Generic	
felodipine er	Generic	
isradipine	Generic	
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Generic	
nicardipine hcl oral	Generic	
nifedipine er	Generic	
nifedipine er osmotic release	Generic	
nifedipine oral	Generic	
nimodipine oral capsule	Generic	
NIMODIPINE ORAL SOLUTION	Nonpreferred brand	QL
nisoldipine er	Generic	
NORLIQVA	Nonpreferred brand	QL
NYMALIZE	Nonpreferred brand	QL
tiadylt er	Generic	
verapamil hcl er	Generic	
verapamil hcl oral	Generic	
Cardiovascular Agents, Other		
aliskiren fumarate	Generic	
amiloride-hydrochlorothiazide	Generic	
amlodipine besylate-benazepril hcl	Generic	
amlodipine besylate-valsartan	Generic	

Drug Name	Drug Tier	Notes
amlodipine-atorvastatin	Generic	QL
amlodipine-olmesartan	Generic	
amlodipine-valsartan-hctz	Generic	
ASPRUZYO SPRINKLE	Nonpreferred brand	QL
atenolol-chlorthalidone	Generic	
ATTRUBY	Not covered	SP; QL
benazepril-hydrochlorothiazide	Generic	
bisoprolol-hydrochlorothiazide	Generic	
CAMZYOS	Preferred brand specialty	PA; SP; QL
candesartan cilexetil-hctz	Generic	
captopril-hydrochlorothiazide	Generic	
CORLANOR ORAL SOLUTION	Not covered	QL
digoxin oral	Generic	
droxidopa	Generic specialty	SP; QL
EDARBYCLOR	Not covered	QL
enalapril-hydrochlorothiazide	Generic	
ENTRESTO	Preferred brand	QL
fosinopril sodium-hctz	Generic	
INPEFA	Not covered	QL
irbesartan-hydrochlorothiazide	Generic	
isosorb dinitrate-hydralazine	Generic	
ivabradine hcl	Generic	QL
lisinopril-hydrochlorothiazide	Generic	
LODOCO	Not covered	QL
losartan potassium-hctz	Generic	
metoprolol-hydrochlorothiazide	Generic	
metyrosine	Generic	
olmesartan medoxomil-hctz	Generic	
olmesartan-amlodipine-hctz	Generic	QL
pentoxifylline er	Generic	
PRESTALIA	Nonpreferred brand	QL
quinapril-hydrochlorothiazide	Generic	
ranolazine er	Generic	
spironolactone-hctz	Generic	
telmisartan-amlodipine	Generic	
telmisartan-hctz	Generic	

Drug Name	Drug Tier	Notes
trandolapril-verapamil hcl er	Generic	
triamterene-hctz	Generic	
TRYVIO	Not covered	QL
valsartan-hydrochlorothiazide	Generic	
VECAMYL	Nonpreferred brand	PA; QL
VERQUVO	Nonpreferred brand	PA; QL
VYNDAMAX	Preferred brand specialty	PA; SP; QL
VYNDAQEL	Preferred brand specialty	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	Generic	
acetazolamide oral	Generic	
dichlorphenamide	Generic specialty	PA; SP; QL
methazolamide oral	Generic	
Diuretics, Loop		
bumetanide oral	Generic	
ethacrynic acid	Generic	
FUROSCIX	Nonpreferred brand specialty	PA; SP; QL
furosemide oral	Generic	
SOAANZ	Not covered	
torsemide	Generic	
Diuretics, Potassium-sparing		
amiloride hcl oral	Generic	
eplerenone	Generic	
spironolactone oral	Generic	
triamterene oral	Generic	
Diuretics, Thiazide		
chlorthalidone	Generic	
DIURIL	Nonpreferred brand	
hydrochlorothiazide oral	Generic	
indapamide	Generic	
INZIRQO	Not covered	
metolazone	Generic	
THALITONE	Not covered	

Drug Name	Drug Tier	Notes
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized	Generic	
fenofibrate oral	Generic	
fenofibric acid oral capsule delayed release	Generic	
fenofibric acid oral tablet	Not covered	
gemfibrozil oral	Generic	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV	Not covered	QL
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Generic	QL
EZALLOR SPRINKLE	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
lovastatin oral	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Generic	ST; QL
pravastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Generic	QL
ZYPITAMAG	Not covered	
Dyslipidemics, Other		
cholestyramine light	Generic	
cholestyramine oral	Generic	
colesevelam hcl	Generic	
colestipol hcl	Generic	
ezetimibe	Generic	QL
ezetimibe-simvastatin	Generic	QL
icosapent ethyl	Generic	QL

Drug Name	Drug Tier	Notes
JUXTAPID	Nonpreferred brand specialty	PA; SP; QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REPATHA	Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL
TRYNGOLZA	Preferred brand specialty	PA; SP; QL
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
NITRO-BID	Preferred brand	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	
nitroglycerin transdermal	Generic	
nitroglycerin translingual	Generic	
NITRO-TIME	Preferred brand	
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	Generic	
minoxidil oral	Generic	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	Nonpreferred brand	QL
ADZENYS XR-ODT	Nonpreferred brand	PA; QL
amphetamine sulfate	Generic	PA; QL
amphetamine-dextroamphetamine	Generic	QL
amphetamine-dextroamphetamine er	Generic	QL

Drug Name	Drug Tier	Notes
amphet-dextroamphet 3-bead er	Generic	QL
dextroamphetamine sulfate	Generic	QL
dextroamphetamine sulfate er	Generic	QL
DYANAVEL XR	Nonpreferred brand	PA; QL
lisdexamfetamine dimesylate	Generic	QL
methamphetamine hcl	Generic	QL
VYVANSE	Nonpreferred brand	QL
XELSTRYM	Nonpreferred brand	PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	Generic	QL
AZSTARYS	Preferred brand	PA; QL
clonidine hcl er	Generic	QL
CONCERTA	Nonpreferred brand	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	Generic	QL
dexmethylphenidate hcl er	Generic	QL
guanfacine hcl er	Generic	QL
JORNAY PM	Nonpreferred brand	PA; QL
methylphenidate	Generic	QL
methylphenidate hcl er	Generic	QL
methylphenidate hcl er (cd)	Generic	QL
methylphenidate hcl er (la)	Generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	Generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Not covered	QL
methylphenidate hcl er (xr)	Generic	QL
methylphenidate hcl oral	Generic	QL
ONYDA XR	Not covered	QL
QELBREE	Nonpreferred brand	PA; QL
QUILLICHEW ER	Nonpreferred brand	PA; QL
QUILLIVANT XR	Nonpreferred brand	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	Not covered	QL

Drug Name	Drug Tier	Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	Nonpreferred brand	QL
Central Nervous System, Other		
ADDYI	Nonpreferred brand	PA; QL
AUSTEDO	Preferred brand specialty	PA; SP; QL
AUSTEDO XR	Preferred brand specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Preferred brand specialty	PA; SP; QL
benzphetamine hcl	Generic	
caffeine citrate oral	Generic	
CONTRAVE	Nonpreferred brand	PA; QL
DAYBUE	Preferred brand specialty	PA; SP; QL
diethylpropion hcl er	Generic	
diethylpropion hcl oral	Generic	
gabapentin (once-daily)	Generic	ST; QL
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	Nonpreferred brand	ST; QL
HORIZANT	Nonpreferred brand	ST; QL
IMCIVREE	Preferred brand specialty	PA; SP; QL
INGREZZA	Nonpreferred brand specialty	PA; SP; QL
LOMAIRA	Nonpreferred brand	
NUEDEXTA	Preferred brand	PA; QL
phendimetrazine tartrate	Generic	
phendimetrazine tartrate er	Generic	
phentermine hcl oral	Generic	
QSYMIA	Nonpreferred brand	PA; QL
RADICAVA ORS	Nonpreferred brand specialty	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred brand specialty	PA; SP; QL
riluzole	Generic	
SKYCLARYS	Preferred brand specialty	PA; SP; QL
TEGLUTIK	Nonpreferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
tetrabenazine	Generic specialty	SP; QL
TIGLUTIK	Nonpreferred brand specialty	PA; SP; QL
VYLEESI	Nonpreferred brand	PA; QL
Fibromyalgia Agents		
pregabalin er	Generic	QL
pregabalin oral	Generic	QL
SAVELLA	Nonpreferred brand	ST; QL
SAVELLA TITRATION PACK	Nonpreferred brand	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	Preferred brand specialty	SP; QL
AVONEX PREFILLED	Preferred brand specialty	SP; QL
BAFIERTAM	Preferred brand specialty	SP; QL
BETASERON	Preferred brand specialty	SP; QL
dalfampridine er	Generic specialty	SP; QL
dimethyl fumarate oral	Generic specialty	SP; QL
dimethyl fumarate starter pack	Generic specialty	SP; QL
fingolimod hcl	Generic specialty	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred brand specialty	SP; QL
glatiramer acetate	Generic specialty	SP; QL
glatopa	Generic specialty	SP; QL
KESIMPTA	Preferred brand specialty	SP; QL
MAVENCLAD	Nonpreferred brand specialty	ST; SP; QL
MAYZENT	Nonpreferred brand specialty	SP; QL
MAYZENT STARTER PACK	Nonpreferred brand specialty	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred brand specialty	SP; QL
PONVORY STARTER PACK	Nonpreferred brand specialty	SP; QL

Drug Name	Drug Tier	Notes
REBIF	Nonpreferred brand specialty	ST; SP; QL
REBIF REBIDOSE	Nonpreferred brand specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK	Nonpreferred brand specialty	ST; SP; QL
REBIF TITRATION PACK	Nonpreferred brand specialty	ST; SP; QL
TASCENSO ODT	Nonpreferred brand specialty	PA; SP; QL
teriflunomide	Generic specialty	SP; QL
VUMERITY	Preferred brand specialty	SP; QL
ZEPOSIA	Nonpreferred brand specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred brand specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred brand specialty	PA; SP; QL
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand specialty	PA; SP; QL
LIVMARLI	Preferred brand specialty	PA; SP; QL
Dental and Oral Agents		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	
CLINPRO 5000	Nonpreferred brand	
DENTA 5000 PLUS	Nonpreferred brand	
DENTA 5000 PLUS SENSITIVE	Nonpreferred brand	
DENTAGEL	Nonpreferred brand	
FLUORIDEX	Nonpreferred brand	
FLUORIDEX ENHANCED WHITENING	Nonpreferred brand	
FLUORIMAX 5000	Nonpreferred brand	
FLUORIMAX 5000 SENSITIVE	Nonpreferred brand	
FRAICHE 5000 DENTAL	Not covered	

Drug Name	Drug Tier	Notes
JUST RIGHT 5000	Nonpreferred brand	
periogard	Generic	
pilocarpine hcl oral	Generic	
PREVIDENT	Nonpreferred brand	
PREVIDENT 5000 BOOSTER PLUS	Nonpreferred brand	
PREVIDENT 5000 DRY MOUTH	Nonpreferred brand	
PREVIDENT 5000 ENAMEL PROTECT	Nonpreferred brand	
PREVIDENT 5000 KIDS	Nonpreferred brand	
PREVIDENT 5000 ORTHO DEFENSE	Nonpreferred brand	
PREVIDENT 5000 PLUS	Nonpreferred brand	
PREVIDENT 5000 SENSITIVE	Nonpreferred brand	
sf gel 1.1%	Generic	
sf 5000 plus	Generic	
sod fluoride-potassium nitrate	Generic	
sodium fluoride 5000 enamel	Generic	
sodium fluoride 5000 plus	Generic	
sodium fluoride 5000 ppm	Generic	
sodium fluoride 5000 sensitive	Generic	
sodium fluoride dental	Generic	
sodium fluoride mouth/throat	Generic	
triamcinolone acetonide mouth/throat	Generic	
Dermatological Agents		
ABSORICA LD	Nonpreferred brand	PA; QL
accutane	Generic	QL
acitretin	Generic	
adapalene external cream	Generic	
adapalene external gel	Generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Generic	PA; QL
ADBRY	Preferred brand specialty	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL

Drug Name	Drug Tier	Notes
ammonium lactate external	Generic	
amnesteem	Generic	QL
AMZEEQ	Preferred brand	QL
ARAZLO	Not covered	QL
azelaic acid external	Generic	
AZELEX	Nonpreferred brand	
benzoyl peroxide-erythromycin	Generic	
BIMZELX	Nonpreferred brand specialty	PA; SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	Generic	
CALCIPOTRIENE EXTERNAL FOAM	Nonpreferred brand	ABA
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop external ointment	Generic	
calcipotriene-betameth diprop external suspension	Not covered	
calcitriol external	Generic	
CIBINQO	Preferred brand specialty	PA; SP; QL
claravis	Generic	QL
clindacin	Not covered	
clindacin etz external swab	Generic	
clindacin-p	Generic	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external gel 1 %	Generic	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	Generic	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	Not covered	SP; QL
COSENTYX SENSOREADY (300 MG)	Not covered	SP; QL
COSENTYX SENSOREADY PEN	Not covered	SP; QL

Drug Name	Drug Tier	Notes
COSENTYX UNOREADY	Not covered	SP; QL
dapsone external gel 5 %	Generic	QL
dapsone external gel 7.5 %	Not covered	
DIFFERIN EXTERNAL LOTION	Nonpreferred brand	
doxepin hcl external	Generic	PA; QL
doxycycline	Generic	ST
DRYSOL	Preferred brand	
DUOBRII	Nonpreferred brand	QL
DUPIXENT	Preferred brand specialty	PA; SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Not covered	SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	SP
EMROSI	Not covered	QL
ENSTILAR	Preferred brand	QL
EPIFOAM	Nonpreferred brand	
EPSOLAY	Not covered	QL
ery pad 2%	Generic	
erythromycin external	Generic	
EUCRISA	Preferred brand	ST; QL
FABIOR	Nonpreferred brand	ST; QL
FILSUVEZ	Preferred brand specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Preferred brand	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
HYFTOR	Preferred brand specialty	PA; SP; QL
imiquimod external cream 3.75 %	Generic	PA; QL
imiquimod external cream 5 %	Generic	QL
imiquimod pump	Generic	PA; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	Not covered	QL
LITFULO	Nonpreferred brand specialty	PA; SP; QL
methoxsalen rapid	Generic	

Drug Name	Drug Tier	Notes
metronidazole external	Generic	
NEMLUVIO	Not covered	SP; QL
neuac	Generic	
NORITATE	Nonpreferred brand	
OPZELURA	Nonpreferred brand	PA; QL
pimecrolimus	Generic	
podofilox external	Generic	
PRAMOSONE	Nonpreferred brand	
QBREXZA	Nonpreferred brand	PA; QL
REGRANEX	Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Nonpreferred brand	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	Generic	
SOFDRA	Not covered	QL
SOOLANTRA	Generic	QL
SORILUX	Nonpreferred brand	
SOTYKTU	Nonpreferred brand specialty	PA; SP; QL
SPEVIGO SUBCUTANEOUS	Nonpreferred brand specialty	PA; SP; QL
sss 10-5 external cream	Generic	
sulfacetamide sodium (acne)	Generic	
sulfacetamide sodium external	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Generic	
TACLONEX	Generic	
tacrolimus external	Generic	

Drug Name	Drug Tier	Notes
TALTZ	Nonpreferred brand specialty	PA; SP; QL
tazarotene external cream	Generic	
TAZAROTENE EXTERNAL FOAM	Nonpreferred brand	ST; ABA; QL
tazarotene external gel	Generic	
tretinoin external	Generic	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
TWYNEO	Preferred brand	QL
VEREGEN	Nonpreferred brand	
VTAMA	Nonpreferred brand	PA; QL
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
zenatane	Generic	QL
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.15 %	Not covered	QL
ZORYVE EXTERNAL CREAM 0.3 %	Nonpreferred brand	PA; QL
ZORYVE EXTERNAL FOAM	Nonpreferred brand	PA; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Not covered	QL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
ACCRUFER	Nonpreferred brand	PA; QL
carglumic acid	Generic specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Nonpreferred brand	
effer-k oral tablet effervescent 25 meq	Generic	
GALZIN	Nonpreferred brand	
iodine strong oral	Generic	
klor-con	Generic	
klor-con 10	Generic	
klor-con m10	Generic	
klor-con m15	Generic	
klor-con m20	Generic	
klor-con/ef	Generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Nonpreferred brand	
K-PRIME	Preferred brand	

Drug Name	Drug Tier	Notes
levocarnitine oral solution	Generic	
levocarnitine oral tablet	Generic	
levocarnitine sf	Generic	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Generic	
potassium chloride er	Generic	
potassium chloride oral	Generic	
potassium citrate er	Generic	
sodium fluoride oral	Generic	PV2; AL (Min 6 Months and Max 16 Years)
Electrolyte/Mineral/Metal Modifiers		
CHEMET	Preferred brand	
CUVRIOR	Not covered	SP; QL
deferasirox	Generic specialty	15DS; SP
deferasirox granules	Generic specialty	15DS; SP
deferiprone	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred brand specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY	Nonpreferred brand specialty	PA; SP; QL
JYNARQUE	Nonpreferred brand specialty	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Generic specialty	PA; SP; QL
trientine hcl	Generic specialty	PA; SP; QL
VELTASSA	Not covered	QL
Phosphate Binders		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Generic	
sevelamer carbonate	Generic	
sevelamer hcl	Generic	

Drug Name	Drug Tier	Notes
VELPHORO	Preferred brand	
Vitamins		
ATABEX OB	Preferred brand	
AZESCO	Not covered	
CITRANATAL MEDLEY	Not covered	
cyanocobalamin injection solution 1000 mcg/ml	Generic	
cyanocobalamin nasal	Not covered	
DERMACINRX PRETRATE	Not covered	
ELITE-OB	Not covered	
ENBRACE HR	Not covered	
ergocalciferol oral capsule	Generic	
folate	Preventive	PV1
folic acid oral tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Generic	
JENLIVA PRENATAL/POSTNATAL	Not covered	
MATERNACEL	Not covered	
M-NATAL PLUS	Preferred brand	
NATAL PNV	Not covered	
NEONATAL COMPLETE	Not covered	
NEONATAL PLUS	Preferred brand	
NEO-VITAL RX	Not covered	
NESTABS	Not covered	
NESTABS ONE	Not covered	
ONE VITE WOMENS PLUS	Preferred brand	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
pnv prenatal plus multivit+dha	Not covered	
PNV TABS 20-1	Not covered	
PREGEN DHA	Not covered	
PREGENNA	Not covered	
PREMESISRX	Not covered	
PRENAISSANCE	Not covered	
prenatal oral tablet 27-1 mg	Generic	
prenatal plus vitamin/mineral	Generic	
PRENATE	Not covered	

Drug Name	Drug Tier	Notes
PRENATE DHA	Not covered	
PRENATE ELITE	Not covered	
PRENATE ENHANCE	Not covered	
PRENATE ESSENTIAL	Not covered	
PRENATE MINI	Not covered	
PRENATE PIXIE	Not covered	
PRENATE RESTORE	Not covered	
PRENATOL-M	Not covered	
PRENATRIX	Not covered	
PRENATRYL	Not covered	
PRIMACARE	Not covered	
RELNATE DHA	Not covered	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	Not covered	
TRINATE	Preferred brand	
TRISTART DHA	Not covered	
VITAFOL FE+	Not covered	
VITAFOL-OB+DHA	Not covered	
VITALARA	Not covered	
VITAMEDMD ONE RX/QUATREFOLIC	Not covered	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Generic	
vitamin k1 injection	Generic	
VITAPEARL	Not covered	
VITATHELY WITH GINGER	Not covered	
WESCAP-C DHA	Preferred brand	
WESCAP-PN DHA	Not covered	
WESNATAL DHA COMPLETE	Preferred brand	
WESNATE DHA	Not covered	
WESTAB PLUS	Preferred brand	
WESTGEL DHA	Not covered	
yl folic acid	Preventive	PV1
ZALVIT	Not covered	
ZIPHEX	Not covered	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	Generic	

Drug Name	Drug Tier	Notes
dicyclomine hcl oral capsule	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	
dicyclomine hcl oral tablet	Generic	
GLYCATE	Not covered	
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Generic	
hyoscyamine sulfate oral	Generic	
hyoscyamine sulfate sublingual	Generic	
hyosyne	Generic	
LEVBID	Nonpreferred brand	
LEVSIN	Nonpreferred brand	
LEVSIN/SL	Nonpreferred brand	
methscopolamine bromide oral	Generic	
NULEV	Nonpreferred brand	
OSCIMIN	Nonpreferred brand	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	Generic	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
chenodal	Nonpreferred brand specialty	PA; SP
chlordiazepoxide-clidinium	Generic	
cromolyn sodium oral	Generic	
diphenoxylate-atropine	Generic	
GATTEX	Nonpreferred brand specialty	PA; SP; QL
HELIDAC THERAPY	Not covered	
LIVDELZI	Not covered	SP; QL
loperamide hcl oral capsule	Generic	
MOTOFEN	Nonpreferred brand	
MOVANTIK	Preferred brand	QL
MYTESI	Not covered	QL
OMECLAMOX-PAK	Nonpreferred brand	
prucalopride succinate	Generic	ST; QL
RELISTOR	Not covered	QL
RELTONE	Not covered	

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

Drug Name	Drug Tier	Notes
enulose	Generic	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	Generic	
gentle laxative oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE	Not covered	
lactulose encephalopathy	Generic	
lactulose oral packet	Not covered	
lactulose oral solution	Generic	
magnesium citrate oral solution	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
MOVIPREP	Nonpreferred brand	QL
na sulfate-k sulfate-mg sulf	Generic	QL

Drug Name	Drug Tier	Notes
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU	Nonpreferred brand	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE	Nonpreferred brand	QL
SUPREP BOWEL PREP KIT	Nonpreferred brand	QL
SUTAB	Nonpreferred brand	QL
true laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
Protectants		
misoprostol oral	Generic	
sucralfate oral	Generic	
Proton Pump Inhibitors		
dexlansoprazole	Generic	ST
esomeprazole magnesium oral capsule delayed release	Generic	
esomeprazole magnesium oral packet	Generic	
KONVOMEP	Not covered	
lansoprazole oral	Generic	
omeprazole oral capsule delayed release	Generic	
omeprazole-sodium bicarbonate oral capsule	Generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral	Generic	
PRILOSEC	Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	Generic specialty	SP

Drug Name	Drug Tier	Notes
CERDELGA	Preferred brand specialty	PA; SP; QL
CHOLBAM	Preferred brand specialty	PA; SP; QL
CREON	Preferred brand	
CYSTAGON	Preferred brand specialty	SP
DUVYZAT	Nonpreferred brand specialty	PA; SP; QL
EVRYSDI ORAL SOLUTION RECONSTITUTED	Preferred brand specialty	PA; SP; QL
GALAFOLD	Nonpreferred brand specialty	PA; SP; QL
GLASSIA	Preferred brand specialty	PA; SP; QL
miglustat	Generic specialty	PA; SP; QL
MYALEPT	Nonpreferred brand specialty	PA; SP; QL
nitisinone	Generic specialty	PA; SP
NITYR	Preferred brand specialty	PA; SP
OCALIVA	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (2 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (3 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (4 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (5 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (6 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)	Nonpreferred brand specialty	PA; SP; QL
OPFOLDA	Nonpreferred brand specialty	SP; QL
ORFADIN ORAL SUSPENSION	Nonpreferred brand specialty	PA; SP
PALYNZIQ	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
PANCREAZE	Nonpreferred brand	ST
PERTZYE	Not covered	
PHEBURANE	Nonpreferred brand specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Not covered	SP
PROCYSBI ORAL PACKET	Not covered	SP; QL
RAVICTI	Nonpreferred brand specialty	PA; SP; QL
REVCOVI	Preferred brand specialty	PA; SP; QL
sapropterin dihydrochloride	Generic specialty	PA; SP
sodium phenylbutyrate oral powder	Generic	
sodium phenylbutyrate oral tablet	Generic	QL
STRENSIQ	Preferred brand specialty	PA; SP; QL
SUCRAID	Nonpreferred brand specialty	SP; QL
VIOKACE	Nonpreferred brand	ST
VOXZOGO	Preferred brand specialty	PA; SP; QL
WAINUA	Nonpreferred brand specialty	PA; SP; QL
XURIDEN	Preferred brand specialty	PA; SP; QL
yargesa	Generic specialty	PA; SP; QL
ZENPEP	Preferred brand	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	Generic	QL
fesoterodine fumarate er	Generic	QL
flavoxate hcl	Generic	
GEMTESA	Nonpreferred brand	QL
mirabegron er	Generic	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Preferred brand	QL
oxybutynin chloride er	Generic	

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

Drug Name	Drug Tier	Notes
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Generic	PA; QL
sodium chloride irrigation	Generic	
tadalafil oral	Generic	PA; QL
tiopronin	Generic	PA
TODAY SPONGE	Preventive	PV1; QL
vardenafil hcl oral	Generic	PA; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE	Nonpreferred brand specialty	PA; SP; QL
ALA SCALP	Nonpreferred brand	
ala-cort	Generic	
alclometasone dipropionate	Generic	
ALKINDI SPRINKLE	Not covered	QL
amcinonide	Generic	
betamethasone dipropionate aug	Generic	
betamethasone dipropionate external	Generic	
betamethasone valerate external	Generic	
BRYHALI	Nonpreferred brand	QL
clobetasol propionate e	Generic	
clobetasol propionate emulsion	Generic	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	Not covered	ABA
clobetasol propionate external cream 0.05 %	Generic	
clobetasol propionate external foam	Generic	
clobetasol propionate external gel	Generic	
clobetasol propionate external liquid	Generic	
clobetasol propionate external lotion	Generic	
clobetasol propionate external ointment	Generic	
clobetasol propionate external shampoo	Generic	
clobetasol propionate external solution	Generic	
clocortolone pivalate	Generic	
clodan	Generic	
CORDRAN	Nonpreferred brand	
CORTISONE ACETATE ORAL	Not covered	

Drug Name	Drug Tier	Notes
deflazacort oral suspension	Not covered	SP
deflazacort oral tablet	Generic specialty	PA; SP
desonide external	Generic	
desoximetasone external	Generic	
DEXABLISS	Not covered	
dexamethasone intensol	Generic	
dexamethasone oral	Generic	
diflorasone diacetate	Generic	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	
fluocinonide emulsified base	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	QL
fluocinonide external gel	Generic	
fluocinonide external ointment	Generic	
fluocinonide external solution	Generic	
flurandrenolide	Generic	
fluticasone propionate external	Generic	
halcinonide external cream	Generic	
HALCINONIDE EXTERNAL SOLUTION	Nonpreferred brand	
halobetasol propionate external cream	Generic	
halobetasol propionate external foam	Not covered	
halobetasol propionate external ointment	Generic	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
hydrocortisone butyrate	Generic	
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	Generic	
hydrocortisone sod suc (pf)	Generic	
hydrocortisone valerate	Generic	
HYDROXYM EXTERNAL CREAM	Not covered	

Drug Name	Drug Tier	Notes
IMPOYZ	Not covered	
MEDROL ORAL TABLET 2 MG	Nonpreferred brand	
methylprednisolone oral	Generic	
mometasone furoate external	Generic	
prednisolone oral	Generic	
prednisolone sodium phosphate oral	Generic	
prednisone intensol	Generic	
prednisone oral	Generic	
RAYOS	Nonpreferred brand	PA; QL
SERNIVO	Not covered	QL
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	
TAPERDEX 7-DAY	Not covered	
TEXACORT	Nonpreferred brand	
tovet	Generic	
triamcinolone acetonide external aerosol solution	Generic	QL
triamcinolone acetonide external cream	Generic	
triamcinolone acetonide external lotion	Generic	
triamcinolone acetonide external ointment	Generic	
triamcinolone in absorbase	Generic	
triderm	Generic	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	Nonpreferred brand specialty	PA; SP; QL
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Not covered	SP; QL
cabergoline	Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Nonpreferred brand specialty	PA; SP
CORTROPHIN	Not covered	SP; QL
CORTROPHIN GEL	Not covered	
CRENESSITY	Preferred brand specialty	PA; SP; QL
desmopressin ace spray refrig	Generic	
desmopressin acetate injection	Generic	

Drug Name	Drug Tier	Notes
desmopressin acetate oral	Generic	
desmopressin acetate pf	Generic	
desmopressin acetate spray	Generic	
EGRIFTA SV	Nonpreferred brand specialty	PA; SP; QL
FOLLISTIM AQ	Not covered	SP
GENOTROPIN	Preferred brand specialty	PA; SP
GENOTROPIN MINIQUICK	Preferred brand specialty	PA; SP
GONAL-F	Preferred brand specialty	SP
GONAL-F RFF	Preferred brand specialty	SP
GONAL-F RFF REDIJECT	Preferred brand specialty	SP
HUMATROPE	Not covered	SP
INCRELEX	Nonpreferred brand specialty	PA; SP
ISTURISA	Not covered	SP; QL
MENOPUR	Nonpreferred brand specialty	SP
NGENLA	Nonpreferred brand specialty	PA; SP
NOCDURNA	Nonpreferred brand	PA; QL
NORDITROPIN FLEXPRO	Preferred brand specialty	PA; SP
NOVAREL	Nonpreferred brand specialty	PA; SP
NUTROPIN AQ NUSPIN 10	Not covered	SP
NUTROPIN AQ NUSPIN 20	Not covered	SP
NUTROPIN AQ NUSPIN 5	Not covered	SP
OMNITROPE	Not covered	SP
OVIDREL	Preferred brand specialty	SP
PREGNYL	Preferred brand specialty	PA; SP
RECORLEV	Nonpreferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
SKYTROFA	Nonpreferred brand specialty	PA; SP
SOGROYA	Nonpreferred brand specialty	PA; SP; QL
ZOMACTON	Not covered	SP
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate oral	Generic	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 300 mg	Generic specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
AZMIRO	Not covered	
danazol oral	Generic	
INTRAROSA	Not covered	
JATENZO	Nonpreferred brand	PA; QL
KYZATREX	Nonpreferred brand	PA; QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Generic	QL
NATESTO	Nonpreferred brand	PA; QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	Generic	
testosterone enanthate intramuscular	Generic	
testosterone transdermal	Generic	PA; QL
TLANDO	Nonpreferred brand	PA; QL
UNDECATREX	Not covered	ABA; QL
XYOSTED	Nonpreferred brand	PA; QL
Estrogens		
afirmelle	Generic	PV2
ALORA	Nonpreferred brand	
altavera	Generic	PV2
alyacen 1/35	Generic	PV2
alyacen 7/7/7	Generic	PV2
amethyst	Generic	PV2

Drug Name	Drug Tier	Notes
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Generic	PV2
aranelle	Generic	PV2
ashlyna	Generic	PV2; QL
aubra eq	Generic	PV2
aurovela 1.5/30	Generic	PV2
aurovela 1/20	Generic	PV2
aurovela 24 fe	Generic	PV2
aurovela fe 1.5/30	Generic	PV2
aurovela fe 1/20	Generic	PV2
aviane	Generic	PV2
ayuna	Generic	PV2
azurette	Generic	PV2
balziva	Generic	PV2
BIJUVA	Not covered	QL
blisovi 24 fe	Generic	PV2
blisovi fe 1.5/30	Generic	PV2
blisovi fe 1/20	Generic	PV2
briellyn	Generic	PV2
camrese	Generic	PV2; QL
camrese lo	Generic	PV2; QL
charlotte 24 fe	Generic	PV2
chateal eq	Generic	PV2
CLIMARA PRO	Not covered	
COMBIPATCH	Nonpreferred brand	
COVARYX	Nonpreferred brand	
COVARYX HS	Nonpreferred brand	
cryselle-28	Generic	PV2
cyred eq	Generic	PV2
dasetta 1/35 (28)	Generic	PV2
dasetta 7/7/7	Generic	PV2
daysee	Generic	PV2; QL
delyla	Generic	PV2
DEPO-ESTRADIOL	Nonpreferred brand	
desogestrel-ethinyl estradiol	Generic	PV2
dolishale	Generic	PV2

Drug Name	Drug Tier	Notes
dotti	Not covered	
drospiren-eth estrad-levomefol	Generic	PV2
drospirenone-ethinyl estradiol	Generic	PV2
DUAVEE	Preferred brand	
EEMT	Nonpreferred brand	
EEMT HS	Nonpreferred brand	
ELESTRIN	Not covered	
elinest	Generic	PV2
eluryng	Generic	PV2; QL
enilloring	Generic	PV2; QL
enpresse-28	Generic	PV2
enskyce	Generic	PV2
est estrogens-methyltest	Generic	
est estrogens-methyltest ds	Generic	
est estrogens-methyltest hs	Generic	
estarylla	Generic	PV2
estradiol oral	Generic	
estradiol transdermal gel	Generic	
estradiol transdermal patch twice weekly	Not covered	
estradiol transdermal patch weekly	Generic	
estradiol vaginal	Generic	
estradiol valerate intramuscular	Generic	
estradiol-norethindrone acet	Generic	
estratest f.s.	Generic	
ESTRATEST H.S.	Nonpreferred brand	
ESTRING	Not covered	
ethynodiol diac-eth estradiol	Generic	PV2
etonogestrel-ethinyl estradiol	Generic	PV2; QL
EVAMIST	Not covered	
falmina	Generic	PV2
feirza 1.5/30	Generic	PV2
feirza 1/20	Generic	PV2
FEMLYV	Nonpreferred brand	QL
FEMRING	Not covered	
finzala	Generic	PV2
fyavolv	Generic	
gemmily	Generic	PV2

Drug Name	Drug Tier	Notes
hailey 1.5/30	Generic	PV2
hailey 24 fe	Generic	PV2
hailey fe 1.5/30	Generic	PV2
hailey fe 1/20	Generic	PV2
haloette	Generic	PV2; QL
iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Not covered	
IMVEXXY STARTER PACK	Not covered	
introvale	Generic	PV2; QL
isibloom	Generic	PV2
jaimiess	Generic	PV2; QL
jasmiel	Generic	PV2
jinteli	Generic	
jolessa	Generic	PV2; QL
joyeaux	Generic	PV2
juleber	Generic	PV2
junel 1.5/30	Generic	PV2
junel 1/20	Generic	PV2
junel fe 1.5/30	Generic	PV2
junel fe 1/20	Generic	PV2
junel fe 24	Generic	PV2
kaitlib fe	Generic	PV2
kalliga	Generic	PV2
kariva	Generic	PV2
kelnor 1/35	Generic	PV2
kelnor 1/50	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2
larin fe 1/20	Generic	PV2
layolis fe	Generic	PV2
leena	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est	Generic	PV2; QL

Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethinyl estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
levora 0.15/30 (28)	Generic	PV2
LO LOESTRIN FE	Not covered	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
lutera	Generic	PV2
lyllana	Not covered	
marlissa	Generic	PV2
MENEST	Nonpreferred brand	
MENOSTAR	Nonpreferred brand	
merzee	Generic	PV2
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2
mili	Generic	PV2
mimvey	Generic	
minzoya	Generic	PV2
mono-linyah	Generic	PV2
MYFEMBREE	Preferred brand	PA; QL
NATAZIA	Not covered	
necon 0.5/35 (28)	Generic	PV2
NEXTSTELLIS	Not covered	
nikki	Generic	PV2
norelgestromin-eth estradiol	Generic	PV2; QL
norethin ace-eth estrad-fe	Generic	PV2
norethindrone acet-ethinyl est	Generic	PV2
norethindrone-eth estradiol	Generic	
norethin-eth estradiol-fe	Generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	PV2

Drug Name	Drug Tier	Notes
norgestimate-ethinyl estradiol triphasic	Generic	PV2
nortrel 0.5/35 (28)	Generic	PV2
nortrel 1/35 (21)	Generic	PV2
nortrel 1/35 (28)	Generic	PV2
nortrel 7/7/7	Generic	PV2
nylia 1/35	Generic	PV2
nylia 7/7/7	Generic	PV2
ocella	Generic	PV2
ORIAHNN	Preferred brand	PA; QL
philith	Generic	PV2
pimtrea	Generic	PV2
portia-28	Generic	PV2
PREMARIN ORAL	Not covered	
PREMARIN VAGINAL	Preferred brand	
PREMPHASE	Not covered	
PREMPRO	Not covered	
reclipsen	Generic	PV2
rivelsa	Generic	PV2; QL
setlakin	Generic	PV2; QL
simliya	Generic	PV2
simpesse	Generic	PV2; QL
sprintec 28	Generic	PV2
sronyx	Generic	PV2
syeda	Generic	PV2
tarina 24 fe	Generic	PV2
tarina fe 1/20 eq	Generic	PV2
taysofy	Generic	PV2
tilia fe	Generic	PV2
tri-estarylla	Generic	PV2
tri-legest fe	Generic	PV2
tri-linyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-sprintec	Generic	PV2

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

Drug Name	Drug Tier	Notes
incassia	Generic	PV2
jencycla	Generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Generic	PV2
lyza	Generic	PV2
medroxyprogesterone acetate intramuscular	Generic	PV2
medroxyprogesterone acetate oral	Generic	
megestrol acetate oral	Generic	
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Generic	PV2
norethindrone acetate oral	Generic	
norethindrone oral	Generic	PV2
norlyroc	Generic	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
progesterone intramuscular	Generic	
progesterone oral	Generic	
react	Preventive	PV1; QL
sharobel	Generic	PV2
SLYND	Not covered	QL
take action	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents		
OSPHENA	Not covered	
raloxifene hcl	Generic	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA	Nonpreferred brand	
ARMOUR THYROID	Preferred brand	
ERMEZA	Not covered	
euthyrox	Generic	
levo-t	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Not covered	ABA
levothyroxine sodium oral tablet	Generic	

Drug Name	Drug Tier	Notes
levoxyl	Generic	
liothyronine sodium oral	Generic	
NIVA THYROID	Preferred brand	
np thyroid	Generic	
SYNTHROID	Nonpreferred brand	
THYQUIDITY	Not covered	
thyroid oral	Generic	
TIROSINT	Nonpreferred brand	
TIROSINT-SOL	Nonpreferred brand	
unithroid	Generic	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	Preferred brand	
Hormonal Agents, Suppressant (Pituitary)		
cetrorelix acetate	Generic specialty	SP
ganirelix acetate	Generic specialty	SP
leuprolide acetate injection	Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (6-MONTH)	Preferred brand specialty	SP
MYCAPSSA	Not covered	SP; QL
octreotide acetate injection	Generic specialty	SP
octreotide acetate subcutaneous	Generic specialty	SP
ORILISSA	Preferred brand	PA; QL
SIGNIFOR	Preferred brand specialty	PA; SP; QL
SOMAVERT	Preferred brand specialty	PA; SP
SYNAREL	Nonpreferred brand	

Drug Name	Drug Tier	Notes
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	Generic	
propylthiouracil oral	Generic	
Immunological Agents		
Angioedema Agents		
HAEGARDA	Nonpreferred brand specialty	PA; SP; QL
icatibant acetate	Generic specialty	PA; SP; QL
ORLADEYO	Preferred brand specialty	PA; SP; QL
RUCONEST	Preferred brand specialty	PA; SP; QL
TAKHZYRO	Preferred brand specialty	PA; SP; QL
Immune Suppressants		
ABRILADA (1 PEN)	Not covered	SP; QL
ABRILADA (2 PEN)	Not covered	SP; QL
ABRILADA (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Not covered	SP
ADALIMUMAB-ADBM(PS/UV STARTER)	Not covered	SP
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP

Drug Name	Drug Tier	Notes
ASTAGRAF XL	Nonpreferred brand specialty	SP
azathioprine oral	Generic	
CIMZIA (2 SYRINGE)	Nonpreferred brand specialty	PA; SP; QL
CIMZIA-STARTER	Nonpreferred brand specialty	PA; SP; QL
cyclosporine modified	Generic specialty	SP
cyclosporine oral	Generic specialty	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
CYLTEZO-CD/UC/HS STARTER	Not covered	SP
CYLTEZO-PSORIASIS/UV STARTER	Not covered	SP
ENBREL	Preferred brand specialty	PA; SP; QL
ENBREL MINI	Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK	Preferred brand specialty	PA; SP; QL
ENVARSUS XR	Not covered	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic specialty	SP
gengraf	Generic specialty	SP
HADLIMA	Not covered	SP
HADLIMA PUSHTOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Preferred brand specialty	PA; SP; QL
HUMIRA (2 SYRINGE)	Preferred brand specialty	PA; SP; QL
HUMIRA-CD/UC/HS STARTER	Preferred brand specialty	PA; SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER	Preferred brand specialty	PA; SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP

Drug Name	Drug Tier	Notes
HYRIMOZ-PLAQ PSOR/UVEIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
JYLAMVO	Nonpreferred brand specialty	SP
KINERET	Nonpreferred brand specialty	PA; SP; QL
LUPKYNIS	Not covered	SP; QL
methotrexate sodium (pf)	Generic	
methotrexate sodium injection solution	Generic	
methotrexate sodium oral	Generic	
mycophenolate mofetil oral	Generic specialty	SP
mycophenolate sodium	Generic specialty	SP
mycophenolic acid	Generic specialty	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred brand specialty	PA; SP; QL
OMVOH (300 MG DOSE)	Not covered	SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred brand specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred brand specialty	PA; SP; QL
OTREXUP	Not covered	SP; QL
OTULFI SUBCUTANEOUS	Not covered	SP
PROGRAF ORAL PACKET	Nonpreferred brand specialty	SP
RASUVO	Preferred brand specialty	PA; SP; QL
REZUROCK	Preferred brand specialty	SP; OVM
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Not covered	SP; QL
SIMLANDI (1 SYRINGE)	Not covered	SP; QL
SIMLANDI (2 PEN)	Not covered	SP; QL
SIMLANDI (2 SYRINGE)	Not covered	SP; QL
SIMPONI	Preferred brand specialty	PA; SP; QL
sirolimus oral	Generic specialty	SP

Drug Name	Drug Tier	Notes
SKYRIZI PEN	Preferred brand specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
STEQEYMA SUBCUTANEOUS	Not covered	SP; QL
tacrolimus oral	Generic specialty	SP
TREXALL	Nonpreferred brand	
XATMEP	Nonpreferred brand specialty	SP
XELJANZ	Preferred brand specialty	PA; SP; QL
XELJANZ XR	Preferred brand specialty	PA; SP; QL
YESINTEK SUBCUTANEOUS	Not covered	SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
Immunoglobulins		
CUTAQUIG	Not covered	SP
CUVITRU	Nonpreferred brand specialty	PA; SP
GAMMAGARD	Preferred brand specialty	PA; SP
GAMMAKED	Nonpreferred brand specialty	PA; SP
GAMUNEX-C	Nonpreferred brand specialty	PA; SP
HIZENTRA	Preferred brand specialty	PA; SP
HYQVIA	Nonpreferred brand specialty	PA; SP
XEMBIFY	Nonpreferred brand specialty	PA; SP

Drug Name	Drug Tier	Notes
Immunomodulators		
ACTEMRA ACTPEN	Nonpreferred brand specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS	Nonpreferred brand specialty	PA; SP; QL
ACTIMMUNE	Preferred brand specialty	SP
ARCALYST	Nonpreferred brand specialty	PA; SP; QL
AURANOFIN	Nonpreferred brand	ABA
BENLYSTA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENSPRYNG	Preferred brand specialty	PA; SP; QL
ENTYVIO PEN	Not covered	SP; QL
KEVZARA	Nonpreferred brand specialty	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand specialty	PA; SP; QL
PYZCHIVA SUBCUTANEOUS	Not covered	SP
RIDAURA	Nonpreferred brand	
RINVOQ	Preferred brand specialty	PA; SP; QL
RINVOQ LQ	Preferred brand specialty	PA; SP; QL
SELARSDI SUBCUTANEOUS	Not covered	SP
STELARA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
TYENNE SUBCUTANEOUS	Not covered	SP; QL
VELSIPITY	Not covered	SP; QL
WEZLANA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
Immunosuppressants		
JOENJA	Preferred brand specialty	PA; SP; QL
Vaccines		
ABRYSVO	Preventive	PV1; QL
ACTHIB	Preventive	PV1; QL
ADACEL	Preventive	PV1; QL
AFLURIA	Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE	Preventive	PV1; QL
AREXVY	Preventive	PV1; QL
BEXSERO	Preventive	PV1; QL
BOOSTRIX	Preventive	PV1; QL
CAPVAXIVE	Preventive	PV1; QL
COMIRNATY	Preventive	PV1; QL
DAPTACEL	Preventive	PV1; QL
DENGVAXIA	Preventive	PV1; QL
ENGERIX-B	Preventive	PV1; QL
FLUAD	Preventive	PV1; QL
FLUARIX	Preventive	PV1; QL
FLUBLOK	Preventive	PV1; QL
FLUCELVAX	Preventive	PV1; QL
FLULAVAL	Preventive	PV1; QL
FLUMIST	Preventive	PV1; QL
FLUZONE HIGH-DOSE	Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preventive	PV1; QL
GARDASIL 9	Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION	Preventive	PV1; QL
HEPLISAV-B	Preventive	PV1; QL
HIBERIX	Preventive	PV1; QL
INFANRIX	Preventive	PV1; QL
IPOL	Preventive	PV1; QL
JYNNEOS	Preventive	PV1; QL
KINRIX	Preventive	PV1; QL
MENQUADFI	Preventive	PV1; QL
MENVEO	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
M-M-R II	Preventive	PV1; QL
MODERNA COVID-19 VAC 6M-11Y	Preventive	PV1; QL
MRESVIA	Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
TDVAX	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL
VAXELIS	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	Generic	
balsalazide disodium	Generic	
DIPENTUM	Not covered	
mesalamine er oral capsule 0.375 gm	Not covered	
mesalamine oral capsule delayed release 400 mg	Generic	
mesalamine oral tablet delayed release 1.2 gm	Generic	QL

Drug Name	Drug Tier	Notes
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA	Preferred brand	
SFROWASA	Nonpreferred brand	
Glucocorticoids		
ANALPRAM HC	Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION	Nonpreferred brand	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	Not covered	QL
budesonide oral	Generic	
budesonide rectal	Generic	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred brand specialty	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Generic	
hydrocortisone acetate rectal	Generic	
hydrocortisone rectal	Generic	
hydrocort-pramoxine (perianal)	Generic	
lidocaine-hydrocort (perianal)	Generic	
LIDOCORT	Nonpreferred brand	
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	Preferred brand	
procto-med hc	Generic	
TARPEYO	Nonpreferred brand specialty	PA; SP; QL
UCERIS ORAL	Generic	QL
Sulfonamides		
sulfasalazine oral	Generic	
Metabolic Bone Disease Agents		
alendronate sodium	Generic	QL
BINOSTO	Not covered	QL
calcitonin (salmon)	Generic	
calcitriol oral	Generic	

Drug Name	Drug Tier	Notes
cinacalcet hcl	Generic specialty	SP
doxercalciferol oral	Generic	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	Generic	QL
paricalcitol oral	Generic	
RAYALDEE	Nonpreferred brand	QL
risedronate sodium oral tablet	Generic	QL
risedronate sodium oral tablet delayed release	Generic	ST; QL
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	Generic specialty	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Not covered	SP; QL
TYMLOS	Preferred brand specialty	PA; SP; QL
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	Preferred brand	QL
AEROCHAMBER MINI CHAMBER	Preferred brand	QL
AEROCHAMBER MV	Preferred brand	QL
AEROCHAMBER PLS FLOVU MTHPIECE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU INTERM	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLOW VU	Preferred brand	QL
AEROCHAMBER W/FLOWSIGNAL	Preferred brand	QL
AQNEURSA	Preferred brand specialty	PA; SP; QL
AQUASTAT	Nonpreferred brand	
AQUASTAT SFR	Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES	Preferred brand	
BD POSIFLUSH	Nonpreferred brand	
BD POSIFLUSH SAFESCRUB	Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES	Preferred brand	
BD ULTRA-FINE PEN NEEDLES	Preferred brand	
BREATHE COMFORT CHAMBER/ADULT	Nonpreferred brand	QL

Drug Name	Drug Tier	Notes
BREATHE COMFORT CHAMBER/CHILD	Nonpreferred brand	QL
BREATHE EASE LARGE	Nonpreferred brand	QL
BREATHE EASE MEDIUM	Nonpreferred brand	QL
BREATHE EASE SMALL	Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER	Nonpreferred brand	QL
CAYA	Nonpreferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK	Nonpreferred brand	QL
CONDOMS	Preventive	PV1; QL
deferoxamine mesylate	Generic	
DOJOLVI	Preferred brand specialty	PA; SP
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL
EASIVENT	Nonpreferred brand	QL
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	Nonpreferred brand	PV2; QL
FIRDAPSE	Preferred brand specialty	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Nonpreferred brand	PA; QL
IWILFIN	Preferred brand specialty	15DS; SP; OVM
KERENDIA	Preferred brand	PA; QL
l-glutamine oral packet	Generic	PA; QL
methylergonovine maleate oral	Generic	PA; QL
MICROCHAMBER DEVICE	Nonpreferred brand	QL
MIPLYFFA	Not covered	SP; QL
MONOJECT FLUSH SYRINGE	Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	
normal saline flush	Generic	
NOVOFINE PEN NEEDLE	Preferred brand	
NOVOFINE PLUS PEN NEEDLE	Preferred brand	
ODACTRA	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
OMNIPOD 5 DEXCOM INTRO KIT	Preferred brand	QL
OMNIPOD 5 DEXCOM PODS	Preferred brand	QL
OMNIPOD 5 LIBRE INTRO KIT	Preferred brand	QL
OMNIPOD 5 LIBRE PODS	Preferred brand	QL
OMNIPOD DASH INTRO KIT	Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)	Preferred brand	
OMNIPOD DASH PODS	Preferred brand	QL
OPTICHAMBER DIAMOND	Preferred brand	QL
OPTICHAMBER DIAMOND-LG MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-MD MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-SM MASK	Preferred brand	QL
ORLISTAT ORAL	Nonpreferred brand	PA; ABA; QL
PALFORZIA ORAL PACKET 300 MG	Preferred brand specialty	PA; SP; QL
PHEXXI	Preventive	PV1; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
RADIOGARDASE	Preferred brand	
RAGWITEK	Nonpreferred brand	PA; QL
saline flush	Generic	
SAXENDA	Nonpreferred brand	PA; QL
sodium chloride flush solution 0.9 % intravenous	Generic	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	
SOHONOS	Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred brand specialty	PA; SP; QL
TIS-U-SOL	Not covered	
TRUE COVER	Preventive	PV1; QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL

Drug Name	Drug Tier	Notes
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred brand specialty	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	Nonpreferred brand	QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
water for irrigation, sterile	Generic	
WEGOVY	Nonpreferred brand	PA; QL
WIDE-SEAL DIAPHRAGM 60	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95	Nonpreferred brand	PV2; QL
XENICAL	Nonpreferred brand	PA; QL
XPHOZAH	Preferred brand	PA; QL
YORVIPATH	Preferred brand specialty	PA; SP; QL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Nonpreferred brand	PA; QL
ZILBRYSQ	Nonpreferred brand specialty	PA; SP; QL
ZOKINVY	Preferred brand specialty	PA; SP; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Not covered	
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBREX	Nonpreferred brand	
Antibacterials, Other		
bacitracin ophthalmic	Generic	
bacitracin-polymyxin b	Generic	

Drug Name	Drug Tier	Notes
bacitra-neomycin-polymyxin-hc	Generic	
neomycin-bacitracin zn-polymyx	Generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Generic	
neomycin-polymyxin-hc ophthalmic	Generic	
NEO-POLYCIN HC	Nonpreferred brand	
polymyxin b-trimethoprim	Generic	
XDEMVY	Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	Nonpreferred brand	
Antifungals		
NATACYN	Preferred brand	
Antiherpetic Agents		
trifluridine	Generic	
Macrolides		
AZASITE	Preferred brand	
erythromycin ophthalmic	Generic	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	Generic	
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Generic	
cyclosporine ophthalmic	Generic	
CYSTADROPS	Not covered	SP; QL
CYSTARAN	Preferred brand specialty	PA; SP; QL
HOMATROPAIRE	Nonpreferred brand	
MIEBO	Preferred brand	QL
OXERVATE	Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TYRVAYA	Nonpreferred brand	QL
VERKAZIA	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
ZYLET	Not covered	
Ophthalmic Anti-allergy Agents		
ALOCRIL	Not covered	
altafrin	Generic	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Nonpreferred brand	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
COSOPT PF	Nonpreferred brand	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	
IOPIDINE	Nonpreferred brand	
levobunolol hcl	Generic	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic	Generic	
RHOPRESSA	Nonpreferred brand	QL
ROCKLATAN	Nonpreferred brand	QL
SIMBRINZA	Nonpreferred brand	
timolol hemihydrate	Generic	
timolol maleate (once-daily)	Generic	

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

Drug Name	Drug Tier	Notes
VYZULTA	Nonpreferred brand	PA
XELPROS	Nonpreferred brand	PA; QL
Quinolones		
BESIVANCE	Not covered	
CILOXAN	Not covered	
ciprofloxacin hcl ophthalmic	Generic	
gatifloxacin ophthalmic	Generic	
levofloxacin ophthalmic	Generic	
moxifloxacin hcl (2x day)	Generic	
moxifloxacin hcl ophthalmic	Generic	
ofloxacin ophthalmic	Generic	
Sulfonamides		
sulfacetamide sodium ophthalmic	Generic	
Otic Agents		
acetic acid otic	Generic	
CIPRO HC	Nonpreferred brand	
ciprofloxacin hcl otic	Generic	
ciprofloxacin-dexamethasone	Generic	
CIPROFLOXACIN-FLUOCINOLONE PF	Not covered	
CORTISPORIN-TC	Nonpreferred brand	
flac	Generic	
fluocinolone acetonide otic	Generic	
hydrocortisone-acetic acid	Generic	
neomycin-polymyxin-hc otic	Generic	
ofloxacin otic	Generic	
OTOVEL	Preferred brand	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
24hr allergy & congestion reli	Not covered	QL
allergy relief d oral tablet extended release 24 hour 180-240 mg	Not covered	QL
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	Not covered	QL
azelastine hcl nasal	Generic	QL
CARBINOXAMINE MALEATE ER	Nonpreferred brand	ST; ABA; QL
carbinoxamine maleate oral solution	Generic	
carbinoxamine maleate oral tablet 4 mg	Generic	

Drug Name	Drug Tier	Notes
carbinoxamine maleate oral tablet 6 mg	Not covered	
cetirizine hcl oral solution	Generic	
CLARINEX-D 12 HOUR	Nonpreferred brand	QL
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	Generic	
cyproheptadine hcl oral	Generic	
desloratadine	Generic	QL
fexofenadine-pseudoephed er	Not covered	QL
ft allergy & congestion-d 12hr	Not covered	QL
KARBINAL ER	Nonpreferred brand	ST; QL
levocetirizine dihydrochloride oral	Generic	QL
olopatadine hcl nasal	Generic	QL
promethazine vc	Generic	
promethazine-phenylephrine	Generic	
RYCLORA	Not covered	
ryvent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	Preferred brand	QL
AIRDUO RESPICLICK 113/14	Not covered	QL
AIRDUO RESPICLICK 232/14	Not covered	QL
AIRDUO RESPICLICK 55/14	Not covered	QL
ALVESCO	Not covered	QL
ARNUITY ELLIPTA	Not covered	QL
ASMANEX (120 METERED DOSES)	Preferred brand	QL
ASMANEX (30 METERED DOSES)	Preferred brand	QL
ASMANEX (60 METERED DOSES)	Preferred brand	QL
ASMANEX HFA	Preferred brand	QL
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	Preferred brand	QL
breyna	Not covered	QL
budesonide inhalation	Generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Generic	QL

Drug Name	Drug Tier	Notes
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDIHALER	Not covered	QL
SYMBICORT	Generic	QL
wixela inhub	Generic	QL
XHANCE	Nonpreferred brand	ST; QL
Antileukotrienes		
montelukast sodium oral	Generic	QL
zafirlukast	Generic	QL
zileuton er	Generic	QL
ZYFLO	Not covered	QL
Bronchodilators, Anticholinergic		
ATROVENT HFA	Nonpreferred brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA HANDIHALER	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide monohydrate	Not covered	QL
TUDORZA PRESSAIR	Not covered	QL
YUPELRI	Preferred brand	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	Generic	QL

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

Drug Name	Drug Tier	Notes
tobramycin inhalation	Generic specialty	SP; QL
TRIKAFTA	Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers		
cromolyn sodium inhalation	Generic	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	Generic	
OHTUVAYRE	Nonpreferred brand specialty	PA; SP; QL
roflumilast	Generic	QL
THEO-24	Nonpreferred brand	
theophylline er	Generic	
theophylline oral	Generic	
Pulmonary Antihypertensives		
ADEMPAS	Preferred brand specialty	PA; SP; QL
alyq	Generic specialty	PA; SP; QL
ambrisentan	Generic specialty	PA; SP; QL
bosentan	Generic specialty	PA; SP; QL
OPSUMIT	Preferred brand specialty	PA; SP; QL
OPSYNVI	Nonpreferred brand specialty	PA; SP; QL
ORENITRAM	Nonpreferred brand specialty	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred brand specialty	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred brand specialty	PA; SP; QL
ORENITRAM MONTH 3	Nonpreferred brand specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Generic	QL
tadalafil (pah)	Generic specialty	PA; SP; QL
TADLIQ	Nonpreferred brand specialty	PA; SP; QL
TRACLEER 32 MG	Nonpreferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
TYVASO	Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred brand specialty	PA; SP; QL
TYVASO REFILL KIT	Preferred brand specialty	PA; SP; QL
TYVASO STARTER KIT	Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL	Nonpreferred brand specialty	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred brand specialty	PA; SP; QL
VENTAVIS	Nonpreferred brand specialty	PA; SP; QL
WINREVAIR	Nonpreferred brand specialty	PA; SP; QL
Pulmonary Fibrosis Agents		
OFEV	Preferred brand specialty	PA; SP; QL
pirfenidone	Generic specialty	PA; SP; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	Generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Generic	QL
benzonatate	Generic	
BREZTRI AEROSPHERE	Preferred brand	QL
bromphen-pseudoeph-dm	Generic	
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred brand specialty	PA; SP; QL
guaifenesin-codeine	Generic	
hydrocod poli-chlorphe poli er	Generic	
hydrocodone bit-homatrop mbr	Generic	
hydromet	Generic	
HYPERSAL	Nonpreferred brand	

Drug Name	Drug Tier	Notes
ipratropium-albuterol	Generic	
maxi-tuss ac	Generic	
mometasone furoate nasal	Generic	QL
NEBUSAL	Nonpreferred brand	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
ORALAIR	Nonpreferred brand	PA; QL
potassium iodide (expectorant)	Generic	
promethazine-codeine oral solution	Generic	
promethazine-dm	Generic	
pseudoephedrine-bromphen-dm	Generic	
PULMOSAL	Nonpreferred brand	
RYALTRIS	Nonpreferred brand	QL
sodium chloride inhalation	Generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL
TUXARIN ER	Nonpreferred brand	
Skeletal Muscle Relaxants		
BACLOFEN ORAL SOLUTION 10 MG/5ML	Nonpreferred brand	PA; ABA; QL
baclofen oral solution 5 mg/5ml	Generic	PA; QL
baclofen oral suspension	Generic	PA; QL
baclofen oral tablet	Generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral	Generic	
dantrolene sodium oral	Generic	
LYVISPAH	Nonpreferred brand	PA; QL
metaxalone oral tablet 400 mg, 800 mg	Generic	
metaxalone oral tablet 640 mg	Not covered	

Drug Name	Drug Tier	Notes
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Not covered	QL
ORPHENGESIC FORTE	Not covered	
OZOBAX DS	Nonpreferred brand	PA; QL
tizanidine hcl oral	Generic	
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR	Nonpreferred brand	ST; QL
eszopiclone	Generic	QL
flurazepam hcl	Generic	QL
temazepam	Generic	QL
triazolam	Generic	QL
zaleplon	Generic	QL
zolpidem tartrate er	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Generic	QL
zolpidem tartrate sublingual	Generic	PA; QL
Sleep Disorders, Other		
BELSOMRA	Nonpreferred brand	ST; QL
DAYVIGO	Nonpreferred brand	ST; QL
doxepin hcl oral tablet	Generic	QL
HETLIOZ LQ	Nonpreferred brand specialty	PA; SP; QL
QUVIVIQ	Nonpreferred brand	ST; QL
ramelteon	Generic	QL
tasimelteon	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents		
armodafinil	Generic	QL
LUMRYZ	Nonpreferred brand specialty	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred brand specialty	PA; SP; QL
modafinil oral	Generic	QL

Drug Name	Drug Tier	Notes
SODIUM OXYBATE	Not covered	ABA; SP; QL
SUNOSI	Preferred brand	PA; QL
WAKIX	Nonpreferred brand specialty	PA; SP; QL
XYREM	Preferred brand specialty	PA; SP; QL
XYWAV	Nonpreferred brand specialty	PA; SP; QL

Index of Drugs

We Speak Your Language

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

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

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

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ܙܘܗܪܐ: ܐܢ ܐܚܬܘܢ ܟܡ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܝܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܕ ܗܘܝܐ ܦܪܝܣܐ ܩܠܘܒܘܢ ܕܠܐ ܐܓܪܐ. ܐܦ ܬܫܡܫܝܬܐ ܘܡܥܝܢܬܐ ܠܣܝܥܐ ܠܡܫܠܡܬܐ ܕܡܘܕܥܢܘܬܐ ܒܙܘܪܩܐ ܡܬܡܛܝܢܐ ܝܠܗܘܢ، ܦܪܝܣܐ ܕܠܐ ܐܓܪܐ. ܡܩܪܘܢ ܥܠ ܡܢܝܢܐ 877-469-2583 TTY: 711 ܐܘ ܡܡܠܠܘܢ ܥܡ ܡܦܪܢܣܢܘܟܘܢ.

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

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

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

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

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

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