Blue Cross Blue Shield Blue Care Network of Michigan

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Your 2024 Blue Cross Blue Shield of Michigan Clinical 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

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Blue Cross Blue Shield of Michigan Clinical Drug List

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

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. 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 respects the judgment of dispensing pharmacists and expects them to contact the prescribing health care professional when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a prescription is written for a nonpreferred or excluded drug.

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

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

Nonformulary 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. For the most recent list of drugs that aren't covered with suggested alternatives, refer to **Custom and Clinical Drug Lists - Alternatives for nonpreferred and nonformulary (not covered) drugs.** If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross member ID card.

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

- 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 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

Preferred alternatives for nonpreferred and nonformulary (not covered) drugs

Refer to **Custom and Clinical Drug Lists - Alternatives for nonpreferred and nonformulary (not covered) drugs** for a list of suggested covered preferred alternatives for nonpreferred and nonformulary drugs that can be dispensed with lower out-of-pocket costs. Alternatives may represent a different drug class, contain different ingredients or may be available in strengths or dosage forms that differ from the prescribed branded products. When pharmacies fill prescriptions for preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Specialty drugs

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

Preventive drug coverage

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

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

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original branded version will move to a nonpreferred brand tier.

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 members.. Members are encouraged to receive the generic equivalent if available. Some Blue Cross members, depending on their plan, may be required to pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay, if they opt to not fill their prescription with the generic equivalent.

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 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 prescription drug coverage at **bcbsm.com/pharmacy**.

Vaccines

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

Reading your drug list

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

Tier information

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

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

Drug Tiers	2-tier plan
Not covered	**Nonformulary** This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternativeswith similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs 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 generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.
Preferred brand	**Brand – Higher out-of-pocket cost** This tier includes preferred specialty and nonspecialty brand-name drugs. These drugs are more expensive than generics, and members pay more for them.
Nonpreferred brand	**Brand – Higher out-of-pocket cost** This tier includes nonpreferred brand-name specialty and nonspecialty drugs for which there’s a more cost-effective generic alternative or preferred brand-name drug available.

Drug list information

In this drug list, some medications are noted with letters next to them to indicate which ones may have coverage requirements or limits. Your drug plan determines how these medications may be 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.
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 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
    - AllianceRx Walgreens Pharmacy**
    - Website: **alliancerxwp.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: 1-855-811-2223

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**.

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

** AllianceRx Walgreens 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 **Prior Authorization and Step Therapy Coverage Criteria** and refer to the column labeled *Blue Cross Clinical Drug List*.

Quantity limits

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

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

How to request authorization

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

- **To request coverage of a drug:** Fill out the **Coverage Request Form online at bcbsm.com**.
- **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

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

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

Send us your feedback:

Please send your comments and suggestions about this list to:

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

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Drug Name	Brand Reference	Drug Tier	Notes
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
aspirin 81 oral tablet delayed release	Aspir-Low	Preventive	PV1
aspirin adult low dose	Aspir-Low	Preventive	PV1
aspirin adult low strength	Aspir-Low	Preventive	PV1
aspirin childrens	Bayer Low Dose	Preventive	PV1
aspirin ec low dose	Aspir-Low	Preventive	PV1
aspirin ec low strength	Aspir-Low	Preventive	PV1
aspirin low dose	Aspir-Low	Preventive	PV1
aspirin oral tablet chewable	Bayer Low Dose	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Aspir-Low	Preventive	PV1
aspirin regimen	Aspir-Low	Preventive	PV1
celecoxib oral	CeleBREX	Generic	
COXANTO		Not covered	QL
DICLOFENAC PATCH 1.3%		Nonpreferred brand	PA; ABA; QL
diclofenac potassium oral capsule	Zipsor	Generic	PA; QL
diclofenac potassium oral tablet 25 mg	Lofena	Not covered	
diclofenac potassium oral tablet 50 mg		Generic	
diclofenac sodium er		Generic	
diclofenac sodium external gel 1 %	Aleve Arthritis Pain	Generic	QL
diclofenac sodium external solution 1.5 %		Generic	
diclofenac sodium external solution 2 %	Pennsaid	Generic	PA; QL
diclofenac sodium oral		Generic	
diclofenac-misoprostol	Arthrotec	Generic	
diflunisal oral		Generic	
ec-naproxen	EC-Naprosyn	Generic	
ELYXYB		Not covered	
etodolac	Lodine	Generic	
etodolac er		Generic	
fenoprofen calcium oral capsule 200 mg		Not covered	QL
fenoprofen calcium oral capsule 400 mg	Nalfon	Generic	QL
fenoprofen calcium oral tablet	Nalfon	Not covered	QL
FLECTOR		Nonpreferred brand	PA; QL
flurbiprofen oral		Generic	
ft aspirin low dose	Aspir-Low	Preventive	PV1

Drug Name	Brand Reference	Drug Tier	Notes
goodsense aspirin low dose	Aspir-Low	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBUPROFEN	Generic	
ibuprofen-famotidine	Duexis	Not covered	QL
indomethacin er		Generic	
indomethacin oral capsule		Generic	
indomethacin oral suspension	Indocin	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG		Nonpreferred brand	QL
indomethacin rectal suppository 50 mg	Indocin	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		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 tablet		Generic	
MELOXICAM SUSPENSION 7.5 MG/5ML ORAL		Not covered	
MELOXICAM SUSPENSION 7.5 MG/5ML ORAL		Not covered	ABA
mm aspirin	Aspir-Low	Preventive	PV1
nabumetone oral		Generic	
naproxen dr	EC-Naprosyn	Generic	
naproxen oral	EC-Naprosyn	Generic	
naproxen sodium er	Naprelan	Not covered	
naproxen sodium oral tablet 275 mg		Generic	
naproxen sodium oral tablet 550 mg	Anaprox DS	Generic	
naproxen-esomeprazole mg	Vimovo	Not covered	QL
OXAPROZIN ORAL CAPSULE		Not covered	QL
oxaprozin oral tablet	Daypro	Generic	
piroxicam oral	Feldene	Generic	
RELAFEN DS		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
salsalate oral		Generic	
SPRIX		Not covered	QL
sulindac oral		Generic	
Opioid Analgesics, Long-acting			
BELBUCA		Nonpreferred brand	PA; QL
buprenorphine	Butrans	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	Hysingla ER	Generic	PA; QL
hydromorphone hcl er		Generic	PA; QL
levorphanol tartrate oral		Generic	PA; QL
methadone hcl intensol	Methadone HCl Intensol	Generic	
methadone hcl oral concentrate	Methadone HCl Intensol	Generic	
methadone hcl oral solution		Generic	
methadone hcl oral tablet		Generic	
morphine sulfate er	MS Contin	Generic	QL
morphine sulfate er beads		Generic	QL
NUCYNTA ER		Nonpreferred brand	PA; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	ABA; QL

Drug Name	Brand Reference	Drug Tier	Notes
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	ABA; QL
OXYCONTIN		Not covered	QL
oxymorphone hcl er		Generic	PA; QL
QDOLO		Not covered	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 SOLUTION 5 MG/ML ORAL		Not covered	QL
TRAMADOL HCL SOLUTION 5 MG/ML ORAL		Not covered	ABA; QL
XTAMPZA ER		Preferred brand	PA; QL
Opioid Analgesics, Short-acting			
acetaminophen-codeine		Generic	
ALLZITAL		Not covered	
APADAZ		Not covered	QL
apap-caff-dihydrocodeine	Trezix	Generic	
ascomp-codeine	Ascomp-Codeine	Generic	
bac	Bac	Generic	
BENZHYDROCODONE-ACETAMINOPHEN		Not covered	ABA; QL
butalbital-acetaminophen capsule 50-300 mg oral		Not covered	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL		Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Bupap	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	Generic	
butalbital-apap-caff-cod	Fioricet/Codeine	Generic	
butalbital-apap-caffeine	Bac	Generic	
butalbital-asa-caff-codeine	Ascomp-Codeine	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
butalbital-aspirin-caffeine		Generic	
butorphanol tartrate nasal		Generic	
codeine sulfate		Generic	
endocet	Endocet	Generic	
fentanyl citrate buccal lozenge on a handle		Generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET		Nonpreferred brand	PA; ABA; QL
FENTORA		Nonpreferred brand	PA; QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		Generic	
hydrocodone-acetaminophen oral tablet	Xodol	Generic	
hydrocodone-ibuprofen		Generic	
hydromorphone hcl oral	Dilaudid	Generic	
hydromorphone hcl rectal		Generic	
meperidine hcl oral		Generic	
morphine sulfate (concentrate)		Generic	
morphine sulfate oral		Generic	
morphine sulfate rectal		Generic	
nalbuphine hcl injection		Generic	
NALOCET		Not covered	
NUCYNTA		Preferred brand	PA; QL
oxycodone hcl oral	Roxicodone	Generic	QL
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	Endocet	Generic	
oxymorphone hcl		Generic	QL
pentazocine-naloxone hcl		Generic	
PROLATE		Not covered	
ROXYBOND		Not covered	
SEGLENTIS		Not covered	
TENCON		Preferred brand	
tramadol hcl oral tablet 100 mg, 50 mg		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
tramadol hcl oral tablet 25 mg		Not covered	
tramadol-acetaminophen		Generic	
Anesthetics			
Local Anesthetics			
glydo	Glydo	Generic	
lidocaine external ointment 5 %		Not covered	
lidocaine external patch 5 %	Lidocan	Generic	
lidocaine hcl external solution		Generic	
lidocaine hcl mouth/throat		Generic	
lidocaine hcl urethral/mucosal prefilled syringe	Glydo	Generic	
lidocaine viscous hcl		Generic	
lidocaine-prilocaine external cream		Generic	
PLIAGLIS EXTERNAL CREAM		Not covered	
ZTLIDO		Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
acamprosate calcium		Generic	
disulfiram oral		Generic	
naltrexone hcl oral		Generic	
Opioid Dependence Treatments			
buprenorphine hcl sublingual		Generic	QL
buprenorphine hcl-naloxone hcl	Suboxone	Generic	QL
LUCEMYRA		Preferred brand	QL
ZUBSOLV		Preferred brand	QL
Opioid Reversal Agents			
KLOXXADO		Preferred brand	QL
naloxone hcl injection		Generic	
naloxone hcl nasal	Narcan	Generic	QL
NARCAN		Preferred brand	QL
OPVEE		Preferred brand	QL
ZIMHI		Preferred brand	QL
Smoking Cessation Agents			
bupropion hcl er (smoking det)		Generic	PV2; QL; AL (Min 18 Years)
ft nicotine	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Brand Reference	Drug Tier	Notes
goodsense nicotine mouth/throat lozenge 4 mg	KLS Quit4	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Nicoderm CQ	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Nicoderm CQ	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	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL		Preferred brand	PV2; QL; AL (Min 18 Years)
NICOTROL NS		Preferred 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	PA; SP; QL
gentamicin sulfate external		Generic	
HUMATIN		Nonpreferred brand	
neomycin sulfate oral		Generic	
Antibacterials, Other			
AEMCOLO		Nonpreferred brand	QL
ALTABAX		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
CLEOCIN VAGINAL SUPPOSITORY		Nonpreferred brand	
clindamycin hcl oral	Cleocin	Generic	
clindamycin palmitate hcl	Cleocin	Generic	
clindamycin phosphate vaginal	Cleocin	Generic	
CLINDESSE		Nonpreferred brand	
fosfomycin tromethamine		Generic	
LIKMEZ		Nonpreferred brand	QL
linezolid oral	Zyvox	Generic	
mafenide acetate external	Sulfamylon	Generic	
methenamine hippurate	Hiprex	Generic	
metronidazole oral	Flagyl	Generic	
metronidazole vaginal	Vandazole	Generic	
mupirocin calcium		Not covered	
mupirocin external		Generic	
NEO-SYNALAR		Nonpreferred brand	
nitrofurantoin macrocrystal	Macrodantin	Generic	
nitrofurantoin monohydrate macrocrystals	Macrobid	Generic	
nitrofurantoin oral suspension 25 mg/5ml		Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML		Not covered	
NUVESSA		Nonpreferred brand	
silver sulfadiazine external	SSD	Generic	
SIVEXTRO ORAL		Preferred brand	QL
SOLOSEC		Not covered	QL
ssd	SSD	Generic	
SULFAMYLON EXTERNAL CREAM		Nonpreferred brand	
tinidazole oral		Generic	QL
trimethoprim oral		Generic	
vancomycin hcl oral capsule	Vancocin	Generic	
vancomycin hcl oral solution reconstituted	Firvanq	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
VANDAZOLE		Nonpreferred brand	
XACIATO		Not covered	
XEPI		Nonpreferred brand	PA; QL
XIFAXAN ORAL TABLET 200 MG		Preferred brand	QL
XIFAXAN ORAL TABLET 550 MG		Preferred 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	Augmentin	Generic	
amoxicillin-potassium clavulanate er		Generic	
ampicillin		Generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25MG/5ML		Preferred brand	
dicloxacillin sodium		Generic	
penicillin v potassium		Generic	
Macrolides			
azithromycin oral	Zithromax	Generic	
clarithromycin er		Generic	
clarithromycin oral		Generic	
DIFICID		Nonpreferred brand	QL
E.E.S. 400		Preferred brand	
ERYTHROCIN STEARATE		Preferred brand	
erythromycin base oral	Ery-Tab	Generic	
erythromycin ethylsuccinate oral	E.E.S. 400	Generic	
erythromycin oral	Ery-Tab	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Quinolones			
BAXDELA ORAL		Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED		Nonpreferred brand	
ciprofloxacin hcl oral	Cipro	Generic	
levofloxacin oral		Generic	
moxifloxacin hcl oral		Generic	
ofloxacin oral		Generic	
Sulfonamides			
sulfadiazine oral		Generic	
sulfamethoxazole-trimethoprim oral	Bactrim	Generic	
sulfatrim pediatric	Sulfatrim Pediatric	Generic	
Tetracyclines			
avidoxy		Generic	
demeclocycline hcl		Generic	
DORYX MPC		Nonpreferred brand	ST
doxycycline hyclate oral capsule	Vibramycin	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg		Generic	
doxycycline hyclate oral tablet 150 mg		Generic	QL
doxycycline hyclate oral tablet 50 mg	TargaDOX	Not covered	
doxycycline hyclate oral tablet 75 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	Mondoxyne NL	Generic	
doxycycline monohydrate oral capsule 150 mg		Generic	ST
doxycycline monohydrate oral capsule 50 mg, 75 mg		Generic	
doxycycline monohydrate oral suspension reconstituted	Vibramycin	Generic	
doxycycline monohydrate oral tablet		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR		Not covered	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 65 mg	Solodyn	Not covered	
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg		Not covered	
minocycline hcl er oral tablet extended release 24 hour 55 mg, 80 mg	Solodyn	Generic	
minocycline hcl oral		Generic	
MINOLIRA		Not covered	
mondoxyne nl	Mondoxyne NL	Generic	
NUZYRA ORAL		Nonpreferred brand	QL
SEYSARA		Not covered	
tetracycline hcl oral capsule		Generic	
TETRACYCLINE HCL ORAL TABLET		Not covered	
XIMINO		Not covered	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL		Nonpreferred brand	PA; QL
ELEPSIA XR		Nonpreferred brand	PA; QL
EPIDIOLEX		Nonpreferred brand	PA; SP; QL
FINTEPLA		Nonpreferred brand	PA; SP; QL
levetiracetam er	Keppra XR	Generic	
levetiracetam oral	Keppra	Generic	
roweepra	Roweepra	Generic	
SPRITAM		Nonpreferred brand	PA; QL
Calcium Channel Modifying Agents			
ethosuximide oral	Zarontin	Generic	
methsuximide	Celontin	Generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
clobazam	Onfi	Generic	QL
DIACOMIT		Nonpreferred brand	PA; SP; QL
diazepam rectal		Generic	
gabapentin oral capsule	Neurontin	Generic	
gabapentin oral solution	Neurontin	Generic	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	Generic	
NAYZILAM		Preferred brand	QL
phenobarbital oral		Generic	
primidone oral	Mysoline	Generic	
SYMPAZAN		Nonpreferred brand	PA; QL
tiagabine hcl		Generic	
valproic acid oral		Generic	
VALTOCO		Preferred brand	QL
vigabatrin	Sabril	Generic	PA; SP; QL
vigadrone	Vigadrone	Not covered	SP; QL
vigpoder	Vigpoder	Generic	PA; SP; QL
XCOPRI		Nonpreferred brand	PA; QL
ZTALMY		Preferred brand	PA; SP; QL
Glutamate Reducing Agents			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Generic	
FYCOMPA		Nonpreferred brand	QL
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICtal XR	Generic	
lamotrigine oral	LaMICtal	Generic	
lamotrigine starter kit-blue	Subvenite Starter Kit-Blue	Generic	
lamotrigine starter kit-green	Subvenite Starter Kit-Green	Generic	
lamotrigine starter kit-orange	Subvenite Starter Kit-Orange	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
subvenite	Subvenite	Generic	
subvenite starter kit-blue	Subvenite Starter Kit-Blue	Generic	
subvenite starter kit-green	Subvenite Starter Kit-Green	Generic	
subvenite starter kit-orange	Subvenite Starter Kit-Orange	Generic	
TOPAMAX		Nonpreferred brand	
topiramate er	Qudexy XR	Generic	PA; QL
topiramate oral	Topamax	Generic	
Sodium Channel Agents			
APTIOM		Nonpreferred brand	PA; QL
carbamazepine er	Carbatrol	Generic	
carbamazepine oral	Epitol	Generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Generic	
lacosamide oral solution	Vimpat	Generic	
lacosamide oral tablet	Vimpat	Generic	QL
MOTPOLY XR		Nonpreferred brand	PA; QL
oxcarbazepine	Trileptal	Generic	
OXTELLAR XR		Nonpreferred brand	PA; QL
phenytek	Phenytek	Generic	
phenytoin infatabs	Phenytoin Infatabs	Generic	
phenytoin oral suspension 125 mg/5ml	Dilantin	Generic	
phenytoin oral tablet chewable	Phenytoin Infatabs	Generic	
phenytoin sodium extended	Dilantin	Generic	
rufinamide oral suspension	Banzel	Generic	
rufinamide oral tablet	Banzel	Generic	PA; QL
Antidementia Agents			
Antidementia Agents, Other			
NAMZARIC		Nonpreferred brand	ST; QL
Cholinesterase Inhibitors			
ADLARITY		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	Generic	
donepezil hcl oral tablet 23 mg	Aricept	Generic	QL
donepezil hcl oral tablet dispersible		Generic	
galantamine hydrobromide		Generic	
galantamine hydrobromide er		Generic	
rivastigmine	Exelon	Generic	
rivastigmine tartrate		Generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
memantine hcl er	Namenda XR	Generic	QL
memantine hcl oral solution		Generic	
memantine hcl oral tablet 10 mg		Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	Generic	QL
memantine hcl oral tablet 5 mg	Namenda	Generic	
Antidepressants			
Antidepressants, Other			
APLENZIN		Not covered	
AUVELITY		Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Wellbutrin SR	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	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
LYBALVI		Nonpreferred brand	ST; QL
mirtazapine oral	Remeron	Generic	
olanzapine-fluoxetine hcl	Symbyax	Generic	
perphenazine-amitriptyline		Generic	
ZURZUVAE		Nonpreferred brand	PA; QL
Monoamine Oxidase Inhibitors			
EMSAM		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
MARPLAN		Nonpreferred brand	
phenelzine sulfate oral	Nardil	Generic	
tranylcypromine sulfate	Parnate	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	CeleXA	Generic	
DESVENLAFAXINE ER		Nonpreferred brand	ST; QL
desvenlafaxine succinate er	Pristiq	Generic	QL
duloxetine hcl oral	Cymbalta	Generic	
escitalopram oxalate oral	Lexapro	Generic	
FETZIMA		Nonpreferred brand	ST; QL
FETZIMA TITRATION		Nonpreferred brand	ST; QL
fluoxetine hcl (pmdd)		Generic	
fluoxetine hcl oral	PROzac	Generic	
fluvoxamine maleate		Generic	
fluvoxamine maleate er		Generic	
nefazodone hcl		Generic	
paroxetine hcl	Paxil	Generic	
paroxetine hcl er	Paxil CR	Generic	
paroxetine mesylate		Generic	QL
SERTRALINE HCL ORAL CAPSULE		Nonpreferred brand	PA; QL
sertraline hcl oral concentrate	Zoloft	Generic	
sertraline hcl oral tablet	Zoloft	Generic	
trazodone hcl oral		Generic	
TRINTELLIX		Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER		Not covered	QL
venlafaxine hcl		Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
venlafaxine hcl er oral tablet extended release 24 hour		Not covered	
vilazodone hcl	Viibryd	Generic	QL
Tricyclics			
amitriptyline hcl oral		Generic	
amoxapine		Generic	
clomipramine hcl oral	Anafranil	Generic	
desipramine hcl oral	Norpramin	Generic	
doxepin hcl oral capsule		Generic	
doxepin hcl oral concentrate		Generic	
imipramine hcl oral		Generic	
imipramine pamoate		Generic	
nortriptyline hcl oral	Pamelor	Generic	
protriptyline hcl		Generic	
trimipramine maleate oral		Generic	
Antiemetics			
Antiemetics, Other			
BONJESTA		Nonpreferred brand	PA; QL
compro	Compro	Generic	
doxylamine-pyridoxine	Diclegis	Generic	QL
GIMOTI		Not covered	QL
meclizine hcl oral tablet 12.5 mg		Generic	
meclizine hcl oral tablet 25 mg	Dramamine	Generic	
meclizine hcl oral tablet 50 mg	Antivert	Not covered	
metoclopramide hcl oral	Reglan	Generic	
perphenazine oral		Generic	
prochlorperazine	Compro	Generic	
prochlorperazine maleate oral		Generic	
promethazine hcl oral		Generic	
promethazine hcl rectal	Promethegan	Generic	
promethegan	Promethegan	Generic	
scopolamine	Transderm-Scop	Generic	
trimethobenzamide hcl oral		Generic	
Emetogenic Therapy Adjuncts			
AKYNZEO ORAL		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
ANZEMET		Nonpreferred brand	
aprepitant	Emend	Generic	QL
dronabinol	Marinol	Generic	
EMEND ORAL SUSPENSION RECONSTITUTED		Preferred brand	QL
granisetron hcl oral		Generic	QL
ondansetron hcl oral solution		Generic	
ondansetron hcl oral tablet		Generic	QL
ondansetron odt		Generic	QL
SANCUSO		Nonpreferred brand	PA; QL
SYNDROS		Not covered	QL
VARUBI (180 MG DOSE)		Nonpreferred brand	PA; QL
Antifungals			
BREXAFEMME		Nonpreferred brand	PA; QL
ciclodan	Ciclodan	Generic	
ciclopirox external	Ciclodan	Generic	
ciclopirox olamine external		Generic	
clotrimazole external	Desenex	Generic	
clotrimazole mouth/throat		Generic	
clotrimazole-betamethasone		Generic	
CRESEMBA ORAL		Preferred brand	QL
econazole nitrate external		Generic	
ECOZA		Nonpreferred brand	PA; QL
ERTACZO		Nonpreferred brand	
EXELDERM		Nonpreferred brand	
fluconazole oral	Diflucan	Generic	
flucytosine oral	Ancobon	Generic	
griseofulvin microsize oral		Generic	
griseofulvin ultramicrosize		Generic	
GYNAZOLE-1		Preferred brand	
itraconazole oral	Sporanox	Generic	
JUBLIA		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
ketoconazole external	Ketodan	Generic	
ketoconazole oral		Generic	
ketodan	Ketodan	Generic	
klayesta	Klayesta	Generic	
LULICONAZOLE		Nonpreferred brand	PA; QL
LUZU		Not covered	QL
miconazole 3		Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT		Nonpreferred brand	ABA; QL
naftifine hcl	Naftin	Generic	PA; QL
NAFTIN EXTERNAL GEL 1 %		Nonpreferred brand	PA; QL
NOXAFIL ORAL PACKET		Nonpreferred brand	QL
nyamyc	Klayesta	Generic	
nystatin external	Klayesta	Generic	
nystatin mouth/throat		Generic	
nystatin oral		Generic	
nystatin-triamcinolone		Generic	
nystop	Klayesta	Generic	
ORAVIG		Nonpreferred brand	QL
oxiconazole nitrate	Oxistat	Generic	PA; QL
OXISTAT EXTERNAL LOTION		Nonpreferred brand	PA; QL
posaconazole oral	Noxafil	Generic	QL
SULCONAZOLE NITRATE		Nonpreferred brand	
tavaborole		Not covered	QL
terbinafine hcl oral		Generic	
terconazole		Generic	
TOLSURA		Not covered	
VIVJOA		Nonpreferred brand	PA; QL
voriconazole oral	Vfend	Generic	
VUSION		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg		Generic	
ALLOPURINOL ORAL TABLET 200 MG		Not covered	ABA
colchicine oral	Mitigare	Generic	
colchicine-probenecid		Generic	
febuxostat	Uloric	Generic	QL
GLOPERBA		Not covered	QL
probenecid		Generic	
Antimigraine Agents			
diclofenac potassium(migraine)	Cambia	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		Preferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Nonpreferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Preferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Nonpreferred 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	Migranal	Generic	QL
ERGOMAR		Preferred brand	QL
ergotamine-caffeine		Generic	QL
MIGERGOT		Not covered	QL
TRUDHESA		Not covered	QL
Serotonin (5-HT) Receptor Agonists			
almotriptan malate		Generic	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
eletriptan hydrobromide	Relpax	Generic	ST; QL
frovatriptan succinate	Frova	Generic	ST; QL
naratriptan hcl		Generic	QL
ONZETRA XSAIL		Nonpreferred brand	ST; QL
REYVOW		Nonpreferred brand	PA; QL
rizatriptan benzoate	Maxalt	Generic	QL
sumatriptan nasal		Generic	QL
sumatriptan succinate oral	Imitrex	Generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Imitrex STATdose Refill	Generic	QL
sumatriptan succinate subcutaneous	Imitrex STATdose System	Generic	QL
sumatriptan-naproxen sodium	Treximet	Generic	PA; QL
TOSYMRA		Not covered	QL
ZEMBRACE SYMTOUCH		Nonpreferred brand	ST; QL
zolmitriptan nasal	Zomig	Generic	ST; QL
zolmitriptan oral	Zomig	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
Antimyasthenic Agents			
Parasympathomimetics			
pyridostigmine bromide er	Mestinon	Generic	
pyridostigmine bromide oral solution	Mestinon	Generic	
pyridostigmine bromide oral tablet 30 mg		Not covered	
pyridostigmine bromide oral tablet 60 mg	Mestinon	Generic	
Antimycobacterials			
Antimycobacterials, Other			
dapsone oral		Generic	
rifabutin	Mycobutin	Generic	
Antituberculars			
cycloserine oral		Generic	
ethambutol hcl oral	Myambutol	Generic	
isoniazid oral		Generic	
PRETOMANID		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
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 25 MG		Nonpreferred brand	ABA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		Nonpreferred brand	
GLEOSTINE		Preferred brand	
LEUKERAN		Nonpreferred brand	
MATULANE		Preferred brand	SP
melphalan		Generic	
MYLERAN		Nonpreferred brand	
temozolomide		Generic	SP
VALCHLOR		Nonpreferred brand	PA; SP; QL
Antiandrogens			
abiraterone acetate oral tablet 250 mg	Zytiga	Generic	SP; QL
abiraterone acetate oral tablet 500 mg	Zytiga	Not covered	SP; QL
bicalutamide	Casodex	Generic	
ERLEADA		Preferred brand	PA; SP; QL
EULEXIN		Nonpreferred brand	PA; 15DS; SP; QL
nilutamide	Nilandron	Generic	PA; QL
NUBEQA		Preferred brand	PA; 15DS; SP; QL
ORGOVYX		Nonpreferred brand	PA; SP; QL
XTANDI		Preferred brand	PA; 15DS; SP; QL
YONSA		Not covered	SP; QL
Antiangiogenic Agents			
lenalidomide	Revlimid	Generic	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
POMALYST		Nonpreferred brand	PA; SP; QL
REVLIMID		Nonpreferred brand	SP; QL
THALOMID		Preferred brand	SP
Antiestrogens/Modifiers			
EMCYT		Preferred brand	
fulvestrant	Faslodex	Generic	
ORSERDU		Preferred brand	PA; 15DS; SP; QL
SOLTAMOX		Nonpreferred brand	
tamoxifen citrate oral		Generic	PV3; QL
toremifene citrate	Fareston	Generic	
Antimetabolites			
capecitabine	Xeloda	Generic	SP
DROXIA		Preferred brand	
hydroxyurea oral	Hydrea	Generic	
mercaptopurine oral		Generic	
PURIXAN		Nonpreferred brand	SP
SIKLOS		Nonpreferred brand	PA
TABLOID		Nonpreferred brand	
Antineoplastics, Other			
AKEEGA		Preferred brand	PA; 15DS; SP; QL
AUGTYRO		Nonpreferred brand	PA; 15DS; SP; QL
BESREMI		Preferred brand	PA; 15DS; SP; QL
CARAC		Not covered	QL
COPIKTRA		Preferred brand	PA; SP; QL
diclofenac sodium external gel 3 %		Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %		Not covered	ABA; QL
fluorouracil external cream 5 %	Efudex	Generic	
fluorouracil external solution		Generic	
INREBIC		Nonpreferred brand	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
KISQALI ORAL TABLET THERAPY PACK 200 MG		Preferred brand	PA; SP; QL
KLISYRI		Nonpreferred brand	PA; QL
KRAZATI		Preferred brand	PA; 15DS; SP; QL
leucovorin calcium oral		Generic	
LONSURF		Preferred brand	PA; SP; QL
LUMAKRAS		Preferred brand	PA; 15DS; SP; QL
NINLARO		Preferred brand	PA; SP; QL
OJJAARA		Preferred brand	PA; SP; QL
ONUREG		Preferred brand	PA; SP; QL
PIQRAY		Preferred brand	PA; SP; QL
ROZLYTREK ORAL CAPSULE		Preferred brand	PA; 15DS; SP; QL
ROZLYTREK ORAL PACKET		Nonpreferred brand	PA; SP; QL
TAZVERIK		Preferred brand	PA; 15DS; SP; QL
TOLAK		Nonpreferred brand	QL
VERZENIO		Preferred brand	PA; 15DS; SP; QL
VONJO		Preferred brand	PA; SP; QL
WELIREG		Preferred brand	PA; SP; QL
XPOVIO (100 MG ONCE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (40 MG ONCE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (40 MG TWICE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (60 MG ONCE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (60 MG TWICE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (80 MG ONCE WEEKLY)		Preferred brand	PA; SP; QL
XPOVIO (80 MG TWICE WEEKLY)		Preferred brand	PA; SP; QL
ZOLINZA		Preferred brand	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation			
anastrozole oral	Arimidex	Generic	PV3; QL
exemestane	Aromasin	Generic	PV3; QL
letrozole oral	Femara	Generic	
Enzyme Inhibitors			
BALVERSA		Preferred brand	PA; 15DS; SP; QL
etoposide oral		Generic	
HYCAMTIN ORAL		Preferred brand	SP
LYTGOBI (12 MG DAILY DOSE)		Preferred brand	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
LYTGOBI (16 MG DAILY DOSE)		Preferred brand	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)		Preferred brand	PA; 15DS; SP; QL
PEMAZYRE		Preferred brand	PA; SP; QL
RUBRACA		Not covered	SP; QL
TALZENNA		Preferred brand	PA; 15DS; SP; QL
ZEJULA		Preferred brand	PA; SP; QL
Molecular Target Inhibitors			
ALECENSA		Preferred brand	PA; SP; QL
ALUNBRIG		Preferred brand	PA; SP; QL
AYVAKIT		Preferred brand	PA; 15DS; SP; QL
BOSULIF ORAL CAPSULE		Preferred brand	PA; SP; QL
BOSULIF ORAL TABLET		Preferred brand	PA; 15DS; SP; QL
BRAFTOVI		Preferred brand	PA; SP; QL
BRUKINSA		Nonpreferred brand	PA; 15DS; SP; QL
CABOMETYX		Preferred brand	PA; 15DS; SP; QL
CALQUENCE		Preferred brand	PA; 15DS; SP; QL
CAPRELSA		Preferred brand	PA; 15DS; SP; QL
COMETRIQ		Preferred brand	PA; 15DS; SP; QL
COTELLIC		Preferred brand	PA; SP; QL
DAURISMO		Preferred brand	PA; 15DS; SP; QL
ERIVEDGE		Preferred brand	PA; 15DS; SP; QL
erlotinib hcl	Tarceva	Generic	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Afinitor	Generic	PA; 15DS; SP; QL
everolimus oral tablet soluble	Afinitor Disperz	Generic	PA; 15DS; SP; QL
FOTIVDA		Preferred brand	PA; SP; QL
FRUZAQLA		Preferred brand	PA; SP; QL
GAVRETO		Preferred brand	PA; 15DS; SP; QL
gefitinib	Iressa	Generic	PA; SP; QL
GILOTRIF		Preferred brand	PA; SP; QL
IBRANCE		Preferred brand	PA; SP; QL
ICLUSIG		Preferred brand	PA; 15DS; SP; QL
IDHIFA		Preferred brand	PA; SP; QL
imatinib mesylate	Gleevec	Generic	SP
IMBRUVICA ORAL CAPSULE		Preferred brand	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION		Preferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
IMBRUVICA ORAL TABLET 140 MG		Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG		Preferred brand	PA; SP; QL
INLYTA		Preferred brand	PA; 15DS; SP; QL
INQOVI		Preferred brand	PA; SP; QL
JAKAFI		Preferred brand	PA; 15DS; SP; QL
JAYPIRCA		Preferred brand	PA; 15DS; SP; QL
KISQALI FEMARA		Preferred brand	PA; SP; QL
KOSELUGO		Preferred brand	PA; SP; QL
lapatinib ditosylate	Tykerb	Generic	PA; SP
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	PA; 15DS; SP; QL
LORBRENA		Preferred brand	PA; 15DS; SP; QL
LYNPARZA		Preferred brand	PA; SP; QL
MEKINIST		Preferred brand	PA; SP; QL
MEKTOVI		Preferred brand	PA; SP; QL
NERLYNX		Preferred brand	PA; 15DS; SP; QL
ODOMZO		Preferred brand	PA; 15DS; SP; QL
OGSIVEO		Preferred brand	PA; 15DS; SP; QL
pazopanib hcl	Votrient	Generic	PA; 15DS; SP
QINLOCK		Preferred brand	PA; SP; QL
RETEVMO		Preferred brand	PA; 15DS; SP; QL
REZLIDHIA		Preferred brand	PA; 15DS; SP; QL
RYDAPT		Preferred brand	PA; SP; QL
SCEMBLIX		Preferred brand	PA; SP; QL
sorafenib tosylate	NexAVAR	Generic	PA; 15DS; SP; QL
SPRYCEL		Preferred brand	PA; 15DS; SP
STIVARGA		Preferred brand	PA; SP; QL
sunitinib malate	Sutent	Generic	PA; 15DS; SP; QL
TABRECTA		Preferred brand	PA; 15DS; SP; QL
TAFINLAR		Preferred brand	PA; SP; QL
TAGRISSO		Preferred brand	PA; 15DS; SP; QL
TASIGNA		Preferred brand	PA; 15DS; SP; QL
TEPMETKO		Preferred brand	PA; 15DS; SP; QL
TIBSOVO		Preferred brand	PA; 15DS; SP; QL
TUKYSA		Preferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
TURALIO		Preferred brand	PA; SP; QL
VANFLYTA		Preferred brand	PA; 15DS; SP; QL
VENCLEXTA		Preferred brand	PA; SP; QL
VENCLEXTA STARTING PACK		Preferred brand	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		Preferred brand	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		Not covered	SP; QL
VITRAKVI ORAL CAPSULE		Preferred brand	PA; 15DS; SP; QL
VITRAKVI ORAL SOLUTION		Preferred brand	PA; SP; QL
VIZIMPRO		Preferred brand	PA; 15DS; SP; QL
XALKORI		Preferred brand	PA; 15DS; SP; QL
XOSPATA		Preferred brand	PA; SP; QL
ZELBORAF		Preferred brand	PA; 15DS; SP; QL
ZYDELIG		Preferred brand	PA; SP; QL
ZYKADIA		Preferred brand	PA; 15DS; SP; QL
Retinoids			
bexarotene external	Targretin	Generic	PA; SP
bexarotene oral	Targretin	Generic	PA; 15DS; SP
PANRETIN		Preferred brand	
tretinoin oral		Generic	
Treatment Adjuncts			
MESNEX ORAL		Preferred brand	
Antiparasitics			
Anthelmintics			
albendazole oral		Generic	QL
EMVERM		Nonpreferred brand	QL
ivermectin oral	Stromectol	Generic	QL
praziquantel oral	Biltricide	Generic	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED		Preferred brand	
ARAKODA		Nonpreferred brand	QL
atovaquone	Mepron	Generic	
atovaquone-proguanil hcl	Malarone	Generic	
BENZNIDAZOLE		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
chloroquine phosphate oral		Generic	
COARTEM		Preferred brand	QL
hydroxychloroquine sulfate oral	Plaquenil	Generic	
IMPAVIDO		Preferred brand	QL
KRINTAFEL		Preferred brand	QL
LAMPIT		Nonpreferred brand	QL
mefloquine hcl		Generic	
nitazoxanide oral	Alinia	Generic	
pentamidine isethionate inhalation	Nebupent	Generic	
primaquine phosphate		Generic	
pyrimethamine oral	Daraprim	Generic	PA; SP
quinine sulfate	Qualaquin	Generic	
Pediculicides/Scabicides			
CROTAN		Nonpreferred brand	
malathion	Ovide	Generic	
permethrin external		Generic	
spinosad	Natroba	Generic	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral		Generic	
trihexyphenidyl hcl		Generic	
Antiparkinson Agents, Other			
amantadine hcl oral		Generic	
carbidopa-levodopa-entacapone	Stalevo	Generic	
entacapone	Comtan	Generic	
GOCOVRI		Not covered	QL
NOURIANZ		Nonpreferred brand	PA; QL
ONGENTYS		Nonpreferred brand	PA; QL
OSMOLEX ER		Not covered	
tolcapone	Tasmar	Generic	
Dopamine Agonists			
apomorphine hcl subcutaneous	Apokyn	Not covered	SP; QL
bromocriptine mesylate oral	Parlodel	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
INBRIJA		Nonpreferred brand	PA; QL
NEUPRO		Nonpreferred brand	PA; QL
pramipexole dihydrochloride		Generic	
pramipexole dihydrochloride er	Mirapex ER	Generic	QL
ropinirole hcl		Generic	
ropinirole hcl er		Generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral	Lodosyn	Generic	
carbidopa-levodopa	Sinemet	Generic	
carbidopa-levodopa er		Generic	
DHIVY		Not covered	QL
DUOPA		Preferred brand	PA; SP; QL
RYTARY		Nonpreferred brand	ST; QL
Monoamine Oxidase B (MAO-B) Inhibitors			
rasagiline mesylate oral	Azilect	Generic	
selegiline hcl oral		Generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Nonpreferred brand	QL
Antipsychotics			
1st Generation/Typical			
chlorpromazine hcl oral tablet		Generic	
fluphenazine decanoate injection		Generic	
fluphenazine hcl oral		Generic	
haloperidol decanoate intramuscular	Haldol Decanoate	Generic	
haloperidol lactate oral		Generic	
haloperidol oral		Generic	
loxapine succinate		Generic	
molindone hcl		Generic	QL
pimozide		Generic	
thioridazine hcl oral		Generic	
thiothixene		Generic	
trifluoperazine hcl		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
2nd Generation/Atypical			
ABILIFY ASIMTUFII		Preferred brand	QL
ABILIFY MAINTENA		Preferred brand	
aripiprazole	Abilify	Generic	
ARISTADA		Preferred brand	QL
ARISTADA INITIO		Preferred brand	
asenapine maleate	Saphris	Generic	QL
CAPLYTA		Nonpreferred brand	ST; 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	Latuda	Generic	
NUPLAZID		Nonpreferred brand	PA; QL
olanzapine oral	ZyPREXA	Generic	
paliperidone er	Invega	Generic	QL
PERSERIS		Preferred brand	QL
quetiapine fumarate	SEROquel	Generic	
quetiapine fumarate er	SEROquel XR	Generic	QL
REXULTI		Nonpreferred brand	PA; QL
risperidone	RisperDAL	Generic	
risperidone microspheres er	RisperDAL Consta	Generic	
RYKINDO		Preferred brand	QL
SECUADO		Nonpreferred brand	ST; QL
UZEDY		Preferred brand	QL
VRAYLAR		Nonpreferred brand	ST; QL
ziprasidone hcl	Geodon	Generic	
ZYPREXA RELPREVV		Preferred brand	
Treatment-Resistant			
clozapine	Clozaril	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
VERSACLOZ		Nonpreferred brand	
Antivirals			
LAGEVRIO CAPSULE 200 MG ORAL (govt supply)		Covered $0	QL; AL (Min 18 Years)
LAGEVRIO CAPSULE 200 MG ORAL		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	PA; SP; QL
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Generic	
Anti-hepatitis B (HBV) Agents			
adefovir dipivoxil		Generic	SP
BARACLUDE ORAL SOLUTION		Preferred brand	SP
entecavir	Baraclude	Generic	SP
lamivudine oral tablet 100 mg		Generic	
VEMLIDY		Preferred brand	SP; QL
Anti-hepatitis C (HCV) Agents			
EPCLUSA		Preferred brand	PA; SP; QL
HARVONI		Nonpreferred brand	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR		Preferred brand	PA; ABA; SP; QL
MAVYRET		Nonpreferred brand	PA; SP; QL
PEGASYS		Preferred brand	SP; QL
ribavirin oral		Generic	SP
SOFOSBUVIR-VELPATASVIR		Preferred brand	PA; ABA; SP; QL
SOVALDI		Nonpreferred brand	PA; SP; QL
VOSEVI		Nonpreferred brand	PA; SP; QL
ZEPATIER		Preferred brand	PA; SP; QL
Antiherpetic Agents			
acyclovir external cream	Zovirax	Not covered	
acyclovir external ointment	Zovirax	Generic	
acyclovir oral		Generic	
famciclovir oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
penciclovir	Denavir	Not covered	
SITAVIG		Nonpreferred brand	ST; QL
valacyclovir hcl oral	Valtrex	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		Preferred brand	QL
TIVICAY		Preferred brand	
TIVICAY PD		Preferred brand	QL
TYBOST		Preferred brand	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
COMPLERA		Preferred brand	QL
DELSTRIGO		Preferred brand	QL
EDURANT		Preferred brand	QL
efavirenz	Sustiva	Generic	
efavirenz-emtricitab-tenofo df	Atripla	Generic	
efavirenz-lamivudine-tenofovir	Symfi	Generic	QL
etravirine	Intelence	Generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Generic	
nevirapine er		Generic	
PIFELTRO		Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
abacavir sulfate	Ziagen	Generic	
abacavir sulfate-lamivudine	Epzicom	Generic	
CIMDUO		Preferred brand	QL
DESCOVY		Preferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
emtricitabine	Emtriva	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	Generic	PV2; QL
EMTRIVA ORAL SOLUTION		Preferred brand	
lamivudine oral solution	Epivir	Generic	
lamivudine oral tablet 150 mg, 300 mg	Epivir	Generic	
lamivudine-zidovudine		Generic	
ODEFSEY		Preferred brand	QL
tenofovir disoproxil fumarate	Viread	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	Retrovir	Generic	
Anti-HIV Agents, Other			
FUZEON		Preferred brand	
maraviroc	Selzentry	Generic	
RUKOBIA		Preferred brand	QL
SELZENTRY ORAL SOLUTION		Preferred brand	
SUNLENCA ORAL		Preferred brand	SP; QL
Anti-HIV Agents, Protease Inhibitors			
APTIVUS		Preferred brand	
atazanavir sulfate	Reyataz	Generic	
darunavir	Prezista	Generic	
EVOTAZ		Preferred brand	QL
fosamprenavir calcium	Lexiva	Generic	
lopinavir-ritonavir	Kaletra	Generic	
NORVIR ORAL PACKET		Preferred brand	
PREZCOBIX		Preferred brand	QL
PREZISTA ORAL SUSPENSION		Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG		Preferred brand	
REYATAZ ORAL PACKET		Preferred brand	
ritonavir	Norvir	Generic	
SYMTUZA		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
VIRACEPT		Not covered	
Anti-influenza Agents			
oseltamivir phosphate oral	Tamiflu	Generic	QL
RELENZA DISKHALER		Preferred brand	QL
rimantadine hcl		Generic	
XOFLUZA (40 MG DOSE)		Preferred brand	QL
XOFLUZA (80 MG DOSE)		Preferred brand	QL
Anxiolytics			
Anxiolytics, Other			
buspirone hcl oral		Generic	
hydroxyzine hcl oral		Generic	
hydroxyzine pamoate oral	Vistaril	Generic	
meprobamate		Generic	
Benzodiazepines			
alprazolam er	Xanax XR	Generic	
alprazolam intensol		Generic	
alprazolam oral	Xanax	Generic	
alprazolam xr	Xanax XR	Generic	
chlordiazepoxide hcl		Generic	
clonazepam oral	KlonoPIN	Generic	
clorazepate dipotassium		Generic	
diazepam intensol	diazePAM Intensol	Generic	
diazepam oral	diazePAM Intensol	Generic	
estazolam		Generic	QL
lorazepam intensol	LORazepam Intensol	Generic	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	Generic	
lorazepam oral tablet	Ativan	Generic	
LOREEV XR		Not covered	QL
midazolam hcl oral		Generic	
oxazepam		Generic	
quazepam	Doral	Not covered	QL
Bipolar Agents			
Mood Stabilizers			
divalproex sodium er	Depakote ER	Generic	
divalproex sodium oral	Depakote	Generic	
EQUETRO		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
lithium		Generic	
lithium carbonate er	Lithobid	Generic	
lithium carbonate oral		Generic	
Blood Glucose Monitoring			
ACCU-CHEK AVIVA PLUS TEST STRIPS		Preferred brand	QL
ACCU-CHEK GUIDE TEST STRIPS		Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS		Preferred brand	QL
AGAMATRIX PRESTO TEST		Preferred brand	QL
ASSURE PLATINUM		Preferred brand	QL
BLOOD GLUCOSE TEST		Preferred brand	QL
BLULINK GLUCOSE TEST		Preferred brand	QL
CARESENS LANCETS 30G		Preferred brand	QL
CARETOUCH TEST		Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK		Preferred brand	QL
CEQUR SIMPLICITY INSERTER		Preferred brand	QL
CLEVER CHOICE COMFORT EZ		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
DEXCOM G6 TRANSMITTER		Covered $0	PA; QL
DEXCOM G7 RECEIVER		Covered $0	PA; QL
DEXCOM G7 SENSOR		Preferred brand	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST		Preferred brand	QL
DIATHRIVE GLUCOSE TEST		Preferred brand	QL
DIATHRIVE+ GLUCOSE TEST		Preferred brand	QL
EASY TALK PLUS II TEST STRIPS		Preferred brand	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO		Preferred brand	QL
EASY TRAK II GLUCOSE TEST		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
EMBRACE TALK GLUCOSE TEST		Preferred brand	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO		Preferred brand	QL
FORA 6 CONNECT IN VITRO		Preferred brand	QL
FORA 6 CONNECT/GTEL TEST		Preferred brand	QL
FORA GTEL BLOOD GLUCOSE TEST		Preferred brand	QL
FORA TN'G ADVANCE PRO IN VITRO		Preferred brand	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 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 2 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
GLUCOCARD 01 SENSOR PLUS		Preferred brand	QL
GLUCOCARD EXPRESSION TEST		Preferred brand	QL
GLUCOCARD SHINE TEST		Preferred brand	QL
GLUCOCARD VITAL TEST		Preferred brand	QL
GOJJI BLOOD GLUCOSE TEST		Preferred brand	QL
HW EMBRACE PRO GLUCOSE TEST		Preferred brand	QL
HW EMBRACE TALK GLUCOSE TEST		Preferred brand	QL
INFINITY BLOOD GLUCOSE TEST		Preferred brand	QL
KROGER HEALTHPRO GLUCOSE TEST		Preferred brand	QL
LANCETS		Preferred brand	QL
LANCETS IN VITRO STRIP		Nonpreferred brand	QL
MICRODOT TEST		Preferred brand	QL
MM BLULINK GLUCOSE TEST		Preferred brand	QL
ONE DROP TEST		Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE		Covered $0	QL
ONETOUCH ULTRA IN VITRO STRIP		Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM KIT		Covered $0	QL
ONETOUCH VERIO TEST STRIPS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
ONETOUCH VERIO REFLECT KIT W/DEVICE		Covered $0	QL
PRECISION XTRA BLOOD GLUCOSE		Preferred brand	QL
RELION PREMIER TEST		Preferred brand	QL
TECHLITE LANCETS 26G		Preferred brand	QL
TRUE METRIX BLOOD GLUCOSE TEST		Preferred brand	QL
TRUETRACK TEST		Preferred brand	QL
VERIFINE SAFE LANCET MINI 21G		Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G		Preferred brand	QL
VERIFINE SAFE LANCET MINI 28G		Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G		Preferred brand	QL
VIVAGUARD INO TEST STRIPS		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	QL
BRENZAVVY		Not covered	QL
BYDUREON BCISE AUTOINJECTOR		Not covered	QL
BYETTA 10 MCG PEN		Not covered	QL
BYETTA 5 MCG PEN		Not covered	QL
CYCLOSET		Nonpreferred brand	PA; QL
DAPAGLIFLOZIN PRO-METFORMIN ER		Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL		Not covered	ABA; QL
FARXIGA		Preferred brand	QL
glimepiride		Generic	
glipizide er	Glucotrol XL	Generic	
glipizide ir		Generic	
glipizide xl	Glucotrol XL	Generic	
glipizide-metformin hcl		Generic	
glyburide micronized		Generic	
glyburide oral		Generic	
glyburide-metformin		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
metformin hcl er		Generic	
metformin hcl er (mod)	Glumetza	Not covered	
metformin hcl er (osm)		Generic	PA
metformin hcl oral solution	Riomet	Generic	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		Generic	
metformin hcl oral tablet 625 mg		Not covered	
miglitol		Generic	
MOUNJARO		Preferred brand	ST; QL
nateglinide		Generic	
OZEMPIC		Preferred brand	ST; QL
pioglitazone hcl	Actos	Generic	
pioglitazone hcl-glimepiride	Duetact	Generic	
pioglitazone hcl-metformin hcl	Actoplus Met	Generic	
QTERN		Not covered	QL
repaglinide		Generic	
RYBELSUS		Preferred brand	ST; QL
saxagliptin hcl	Onglyza	Not covered	QL
saxagliptin-metformin er	Kombiglyze XR	Not covered	
SEGLUROMET		Not covered	QL
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

Drug Name	Brand Reference	Drug Tier	Notes
TRADJENTA		Preferred brand	QL
TRIJARDY XR		Preferred brand	QL
TRULICITY		Preferred brand	ST; QL
VICTOZA		Preferred brand	ST; QL
XIGDUO XR		Preferred brand	QL
XULTOPHY		Preferred brand	QL
ZITUVIO		Not covered	QL
Glycemic Agents			
BAQSIMI ONE PACK		Preferred brand	QL
BAQSIMI TWO PACK		Preferred brand	QL
diazoxide oral	Proglycem	Generic	
GLUCAGEN HYPOKIT		Not covered	
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		Nonpreferred brand	PA
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 50/50 VIAL		Not covered	
HUMALOG MIX 75/25 KWIKPEN		Not covered	
HUMALOG MIX 75/25 VIAL		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
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	
LANTUS U-100 VIAL		Preferred brand	
LEVEMIR FLEXPEN		Preferred brand	
LEVEMIR 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		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
NOVOLIN R RELION		Not covered	
NOVOLIN R VIAL		Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION		Not covered	
NOVOLOG FLEXPEN		Preferred brand	
NOVOLOG FLEXPEN RELION		Not covered	
NOVOLOG MIX 70/30 FLEXPEN		Preferred brand	
NOVOLOG MIX 70/30 RELION		Not covered	
NOVOLOG MIX 70/30 VIAL		Preferred brand	
NOVOLOG PENFILL		Preferred brand	
NOVOLOG RELION		Not covered	
NOVOLOG U-100 VIAL		Preferred brand	
REZVOGLAR KWIKPEN		Preferred brand	
SEMGLEE (YFGN)		Not covered	
TOUJEO MAX SOLOSTAR		Preferred brand	
TOUJEO SOLOSTAR		Preferred brand	
TRESIBA		Preferred brand	
TRESIBA FLEXTOUCH		Preferred brand	
Blood Products and Modifiers			
EMPAVELI		Preferred brand	PA; SP; QL
FABHALTA		Nonpreferred brand	PA; SP; QL
Anticoagulants			
dabigatran etexilate mesylate	Pradaxa	Generic	QL
DEFENCATH		Not covered	
ELIQUIS		Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK		Preferred brand	QL
enoxaparin sodium	Lovenox	Generic	
fondaparinux sodium	Arixtra	Generic	
FRAGMIN		Nonpreferred brand	
heparin sodium (porcine)		Generic	
heparin sodium (porcine) pf		Generic	
jantoven	Jantoven	Generic	
PRADAXA ORAL CAPSULE		Preferred brand	QL
PRADAXA ORAL PACKET		Nonpreferred brand	QL
SAVAYSA		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
warfarin sodium oral	Jantoven	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	Agrylin	Generic	
ARANESP (ALBUMIN FREE)		Nonpreferred brand	SP
DOPTELET		Preferred brand	PA; SP; QL
EPOGEN		Nonpreferred brand	SP
FULPHILA		Nonpreferred brand	ST; SP; QL
FYLNETRA		Not covered	SP
GRANIX		Not covered	SP
JESDUVROQ		Nonpreferred brand	SP; QL
LEUKINE		Nonpreferred brand	SP
MIRCERA		Nonpreferred brand	SP; QL
MULPLETA		Not covered	SP; QL
NEULASTA		Preferred brand	SP; QL
NEUPOGEN		Not covered	SP
NIVESTYM		Preferred brand	SP; QL
NYVEPRIA		Nonpreferred brand	ST; SP; QL
OXBRYTA		Nonpreferred brand	PA; SP; QL
PROCRIT		Preferred brand	SP
PROMACTA		Preferred brand	PA; SP
PYRUKYND		Preferred brand	PA; SP; QL
PYRUKYND TAPER PACK		Preferred brand	PA; SP; QL
RELEUKO		Not covered	SP; QL
RETACRIT		Preferred brand	SP
ROLVEDON		Nonpreferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
STIMUFEND		Nonpreferred brand	ST; SP; QL
UDENYCA		Nonpreferred brand	ST; SP; QL
ZARXIO		Preferred brand	SP
ZIEXTENZO		Preferred brand	SP; QL
Hemostasis Agents			
ADVATE		Preferred brand	
ADYNOVATE		Preferred brand	
AFSTYLA		Preferred brand	
ALPHANATE		Preferred brand	
ALPHANINE SD		Preferred brand	
ALPROLIX		Preferred brand	
ALTUVIIIO		Preferred brand	
aminocaproic acid oral		Generic	
BENEFIX		Preferred brand	
COAGADEX		Preferred brand	
CORIFACT		Preferred brand	
ELOCTATE		Preferred brand	
ESPEROCT		Preferred brand	
FEIBA		Preferred brand	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML		Preferred brand	PA; QL
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML		Preferred brand	PA; QL
HEMOFIL M		Preferred brand	
HUMATE-P		Preferred brand	
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	

Drug Name	Brand Reference	Drug Tier	Notes
OBIZUR		Preferred brand	
PROFILNINE		Preferred brand	
REBINYN		Preferred brand	
RECOMBINATE		Preferred brand	
RIXUBIS		Preferred brand	
SEVENFACT		Preferred brand	
TAVALISSE		Nonpreferred brand	PA; SP; QL
tranexamic acid oral		Generic	QL
TRETTEN		Preferred brand	
VONVENDI		Preferred brand	
WILATE		Preferred brand	
XYNTHA		Preferred brand	
XYNTHA SOLOFUSE		Preferred brand	
Platelet Modifying Agents			
aspirin-dipyridamole er		Generic	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred brand	PA; SP; QL
cilostazol		Generic	
clopidogrel bisulfate oral	Plavix	Generic	
dipyridamole oral		Generic	
prasugrel hcl	Effient	Generic	QL
YOSPRALA		Not covered	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
clonidine	Catapres-TTS-1	Generic	
CLONIDINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL		Not covered	
CLONIDINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL		Not covered	ABA
clonidine hcl oral		Generic	
guanfacine hcl		Generic	
METHYLDOPA		Nonpreferred brand	
midodrine hcl		Generic	
NEXICLON XR		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
Alpha-adrenergic Blocking Agents			
doxazosin mesylate oral	Cardura	Generic	
phenoxybenzamine hcl oral	Dibenzyline	Generic	PA; QL
prazosin hcl oral	Minipress	Generic	
Angiotensin II Receptor Antagonists			
candesartan cilexetil	Atacand	Generic	
EDARBI		Nonpreferred brand	ST; QL
irbesartan	Avapro	Generic	
losartan potassium oral	Cozaar	Generic	
olmesartan medoxomil oral	Benicar	Generic	
telmisartan	Micardis	Generic	
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors			
benazepril hcl oral	Lotensin	Generic	
captopril oral		Generic	
enalapril maleate oral	Epaned	Generic	
fosinopril sodium		Generic	
lisinopril oral	Zestril	Generic	
moexipril hcl		Generic	
perindopril erbumine		Generic	
QBRELIS		Nonpreferred brand	QL
quinapril hcl	Accupril	Generic	
ramipril	Altace	Generic	
trandolapril		Generic	
Antiarrhythmics			
amiodarone hcl oral	Pacerone	Generic	
disopyramide phosphate	Norpace	Generic	
dofetilide	Tikosyn	Generic	
flecainide acetate		Generic	
mexiletine hcl oral		Generic	
MULTAQ		Preferred brand	QL
NORPACE CR		Preferred brand	
propafenone hcl		Generic	
propafenone hcl er		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
quinidine gluconate er		Generic	
quinidine sulfate		Generic	
sotalol hcl (af)	Betapace AF	Generic	
sotalol hcl oral	Betapace	Generic	
SOTYLIZE		Nonpreferred brand	
Beta-adrenergic Blocking Agents			
acebutolol hcl oral		Generic	
atenolol oral	Tenormin	Generic	
betaxolol hcl oral		Generic	
bisoprolol fumarate oral		Generic	
carvedilol	Coreg	Generic	
carvedilol phosphate er	Coreg CR	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	Toprol XL	Generic	
metoprolol tartrate oral	Lopressor	Generic	
nadolol oral	Corgard	Generic	
nebivolol hcl	Bystolic	Generic	QL
pindolol		Generic	
propranolol hcl er	Inderal LA	Generic	
propranolol hcl oral		Generic	
timolol maleate oral		Generic	
Calcium Channel Blocking Agents			
amlodipine besylate oral	Norvasc	Generic	
cartia xt	Cartia XT	Generic	
CONJUPRI		Not covered	
diltiazem hcl er	Cardizem LA	Generic	
diltiazem hcl er beads	Taztia XT	Generic	
diltiazem hcl er coated beads	Cardizem CD	Generic	
diltiazem hcl oral	Cardizem	Generic	
dilt-xr		Generic	
felodipine er		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
isradipine		Generic	
KATERZIA		Nonpreferred brand	QL
LEVAMLODIPINE MALEATE		Not covered	ABA
matzim la	Matzim LA	Generic	
nicardipine hcl oral		Generic	
nifedipine er		Generic	
nifedipine er osmotic release	Procardia XL	Generic	
nifedipine oral		Generic	
nimodipine oral		Generic	
nisoldipine er	Sular	Generic	
NORLIQVA		Nonpreferred brand	QL
NYMALIZE		Nonpreferred brand	QL
taztia xt	Taztia XT	Generic	
tiadylt er	Taztia XT	Generic	
verapamil hcl er	Verelan	Generic	
verapamil hcl oral		Generic	
Cardiovascular Agents, Other			
ACCURETIC ORAL TABLET 10-12.5 MG		Nonpreferred brand	
aliskiren fumarate	Tekturna	Generic	
amiloride-hydrochlorothiazide		Generic	
amlodipine besylate-benazepril hcl	Lotrel	Generic	
amlodipine besylate-valsartan	Exforge	Generic	
amlodipine-atorvastatin	Caduet	Generic	QL
amlodipine-olmesartan	Azor	Generic	
amlodipine-valsartan-hctz	Exforge HCT	Generic	
ASPRUZYO SPRINKLE		Nonpreferred brand	QL
atenolol-chlorthalidone	Tenoretic 100	Generic	
benazepril-hydrochlorothiazide	Lotensin HCT	Generic	
bisoprolol-hydrochlorothiazide		Generic	
CAMZYOS		Preferred brand	PA; SP; QL
candesartan cilexetil-hctz	Atacand HCT	Generic	
captopril-hydrochlorothiazide		Generic	
CORLANOR		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
digoxin oral	Digox	Generic	
droxidopa	Northera	Generic	PA; SP; QL
EDARBYCLOR		Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Vaseretic	Generic	
ENTRESTO		Preferred brand	QL
fosinopril sodium-hctz		Generic	
INPEFA		Not covered	QL
irbesartan-hydrochlorothiazide	Avalide	Generic	
isosorb dinitrate-hydralazine	BiDil	Generic	
lisinopril-hydrochlorothiazide	Zestoretic	Generic	
LODOCO		Not covered	QL
losartan potassium-hctz	Hyzaar	Generic	
metoprolol-hydrochlorothiazide		Generic	
metyrosine	Demser	Generic	
olmesartan medoxomil-hctz	Benicar HCT	Generic	
olmesartan-amlodipine-hctz	Tribenzor	Generic	QL
pentoxifylline er		Generic	
PRESTALIA		Nonpreferred brand	QL
quinapril-hydrochlorothiazide	Accuretic	Generic	
ranolazine er		Generic	
spironolactone-hctz		Generic	
telmisartan-amlodipine		Generic	
telmisartan-hctz	Micardis HCT	Generic	
trandolapril-verapamil hcl er		Generic	
triamterene-hctz	Maxzide	Generic	
valsartan-hydrochlorothiazide	Diovan HCT	Generic	
VECAMYL		Nonpreferred brand	PA; QL
VERQUVO		Nonpreferred brand	PA; QL
VYNDAMAX		Preferred brand	PA; SP; QL
VYNDAQEL		Preferred brand	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide er		Generic	
acetazolamide oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
dichlorphenamide	Keveyis	Generic	PA; SP; QL
methazolamide oral		Generic	
Diuretics, Loop			
bumetanide oral	Bumex	Generic	
ethacrynic acid	Edecrin	Generic	
FUROSCIX		Nonpreferred brand	PA; SP; QL
furosemide oral	Lasix	Generic	
SOAANZ		Not covered	
torsemide		Generic	
Diuretics, Potassium-sparing			
amiloride hcl oral		Generic	
eplerenone	Inspra	Generic	
spironolactone oral	Aldactone	Generic	
triamterene oral	Dyrenium	Generic	
Diuretics, Thiazide			
chlorthalidone		Generic	
DIURIL		Nonpreferred brand	
hydrochlorothiazide oral		Generic	
indapamide		Generic	
metolazone		Generic	
THALITONE		Not covered	
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized		Generic	
fenofibrate oral	Fenoglide	Generic	
fenofibric acid oral capsule delayed release	Trilipix	Generic	
fenofibric acid oral tablet	Fibricor	Not covered	
FIBRICOR		Not covered	
gemfibrozil oral	Lopid	Generic	
Dyslipidemics, HMG CoA Reductase Inhibitors			
ALTOPREV		Not covered	QL
ATORVALIQ		Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Lipitor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)

Drug Name	Brand Reference	Drug Tier	Notes
atorvastatin calcium oral tablet 40 mg, 80 mg	Lipitor	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	Lescol XL	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	Livalo	Generic	ST; QL
pravastatin sodium		Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Crestor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Crestor	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 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	Prevalite	Generic	
cholestyramine oral	Questran	Generic	
colesevelam hcl	Welchol	Generic	
colestipol hcl	Colestid	Generic	
ezetimibe	Zetia	Generic	QL
EZETIMIBE-ROSUVASTATIN		Not covered	ABA
ezetimibe-simvastatin	Vytorin	Generic	QL
icosapent ethyl	Vascepa	Generic	QL
JUXTAPID		Nonpreferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
NEXLETOL		Preferred brand	PA; QL
NEXLIZET		Preferred brand	PA; QL
niacin (antihyperlipidemic)	Niacor	Not covered	
niacin er (antihyperlipidemic)		Generic	
niacor	Niacor	Not covered	
omega-3-acid ethyl esters	Lovaza	Generic	QL
PRALUENT		Not covered	QL
prevalite	Prevalite	Generic	
REPATHA		Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM		Preferred brand	PA; QL
REPATHA SURECLICK		Preferred brand	PA; QL
ROSZET		Not covered	
Vasodilators, Direct-acting Arterial/Venous			
isosorbide dinitrate	Isordil Titradose	Generic	
isosorbide mononitrate		Generic	
isosorbide mononitrate er		Generic	
NITRO-BID		Preferred brand	
NITRO-DUR		Not covered	
nitroglycerin sublingual	Nitrostat	Generic	
nitroglycerin transdermal	Nitro-Dur	Generic	
nitroglycerin translingual	Nitrolingual	Generic	
NITRO-TIME		Preferred brand	
RECTIV		Nonpreferred brand	QL
Vasodilators, Direct-acting Arterial			
hydralazine hcl oral		Generic	
minoxidil oral		Generic	
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
ADDERALL		Nonpreferred brand	QL
ADDERALL XR		Nonpreferred brand	QL
ADZENYS XR-ODT		Nonpreferred brand	PA; QL
amphetamine sulfate	Evekeo	Generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
amphetamine-dextroamphetamine	Adderall	Generic	QL
amphetamine-dextroamphetamine er	Adderall XR	Generic	QL
amphet-dextroamphet 3-bead er	Mydayis	Generic	QL
dextroamphetamine sulfate	ProCentra	Generic	QL
dextroamphetamine sulfate er	Dexedrine	Generic	QL
DYANAVEL XR		Nonpreferred brand	PA; QL
EVEKEO ODT		Not covered	QL
lisdexamfetamine dimesylate	Vyvanse	Generic	QL
methamphetamine hcl	Desoxyn	Generic	QL
VYVANSE		Preferred brand	QL
XELSTRYM		Nonpreferred brand	PA; QL
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG		Nonpreferred brand	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
atomoxetine hcl	Strattera	Generic	QL
AZSTARYS		Nonpreferred brand	PA; QL
clonidine hcl er oral tablet extended release 12 hour		Generic	QL
CONCERTA		Nonpreferred brand	QL
COTEMPLA XR-ODT		Not covered	QL
dexmethylphenidate hcl	Focalin	Generic	QL
dexmethylphenidate hcl er	Focalin XR	Generic	QL
guanfacine hcl er	Intuniv	Generic	QL
JORNAY PM		Nonpreferred brand	PA; QL
methylphenidate	Daytrana	Generic	QL
methylphenidate hcl er		Generic	QL
methylphenidate hcl er (cd)	Metadate CD	Generic	QL
methylphenidate hcl er (la)	Ritalin LA	Generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	Generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Relexxii	Generic	QL
methylphenidate hcl er (xr)	Aptensio XR	Generic	QL
methylphenidate hcl oral	Methylin	Generic	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
Central Nervous System, Other			
ADDYI		Nonpreferred brand	PA; QL
AUSTEDO		Preferred brand	PA; SP; QL
AUSTEDO XR		Nonpreferred brand	PA; SP; QL
AUSTEDO XR PATIENT TITRATION		Nonpreferred brand	PA; SP; QL
benzphetamine hcl		Generic	
caffeine citrate oral		Generic	
CONTRAVE		Nonpreferred brand	PA; QL
DAYBUE		Preferred brand	PA; SP; QL
diethylpropion hcl er		Generic	
diethylpropion hcl oral		Generic	
EXSERVAN		Nonpreferred brand	PA; SP; QL
gabapentin (once-daily)	Gralise	Generic	PA; QL
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG		Nonpreferred brand	PA; QL
HORIZANT		Nonpreferred brand	PA; QL
IMCIVREE		Preferred brand	PA; SP; QL
INGREZZA		Nonpreferred brand	PA; SP; QL
LOMAIRA		Nonpreferred brand	
NUEDEXTA		Preferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
phendimetrazine tartrate		Generic	
phendimetrazine tartrate er		Generic	
phentermine hcl oral	Adipex-P	Generic	
QSYMIA		Nonpreferred brand	PA; QL
RADICAVA ORS		Nonpreferred brand	PA; SP; QL
RADICAVA ORS STARTER KIT		Nonpreferred brand	PA; SP; QL
RELYVRIO		Nonpreferred brand	PA; SP; QL
riluzole	Rilutek	Generic	
SKYCLARYS		Preferred brand	PA; SP; QL
TEGLUTIK		Nonpreferred brand	PA; SP; QL
tetrabenazine	Xenazine	Generic	PA; SP; QL
VYLEESI		Nonpreferred brand	PA; QL
Fibromyalgia Agents			
pregabalin	Lyrica	Generic	QL
pregabalin er	Lyrica CR	Generic	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL
Multiple Sclerosis Agents			
AVONEX PEN		Preferred brand	SP; QL
AVONEX PREFILLED		Preferred brand	SP; QL
BAFIERTAM		Preferred brand	SP; QL
BETASERON		Preferred brand	SP; QL
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML		Preferred brand	SP; QL
dalfampridine er	Ampyra	Generic	SP; QL
dimethyl fumarate oral	Tecfidera	Generic	SP; QL
dimethyl fumarate starter pack	Tecfidera	Generic	SP; QL
EXTAVIA		Not covered	SP; QL
fingolimod hcl	Gilenya	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG		Nonpreferred brand	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
glatiramer acetate	Glatopa	Generic	SP; QL
glatopa	Glatopa	Generic	SP; QL
KESIMPTA		Preferred brand	SP; QL
MAVENCLAD		Nonpreferred brand	ST; SP; QL
MAYZENT		Nonpreferred brand	SP; QL
MAYZENT STARTER PACK		Nonpreferred brand	SP; QL
PLEGRIDY		Not covered	SP; QL
PLEGRIDY STARTER PACK		Not covered	SP; QL
PONVORY		Nonpreferred brand	SP; QL
PONVORY STARTER PACK		Nonpreferred brand	SP; QL
REBIF		Nonpreferred brand	ST; SP; QL
REBIF REBIDOSE		Nonpreferred brand	ST; SP; QL
REBIF REBIDOSE TITRATION PACK		Nonpreferred brand	ST; SP; QL
REBIF TITRATION PACK		Nonpreferred brand	ST; SP; QL
TASCENSO ODT		Nonpreferred brand	PA; SP; QL
teriflunomide	Aubagio	Generic	SP; QL
VUMERITY		Preferred brand	SP; QL
ZEPOSIA		Nonpreferred brand	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK		Nonpreferred brand	PA; SP; QL
ZEPOSIA STARTER KIT		Nonpreferred brand	PA; SP; QL
Cholestatic Pruritus Agent			
Ileal Bile Acid Transporter Inhibitor			
BYLVAY		Preferred brand	PA; SP; QL
BYLVAY (PELLETS)		Preferred brand	PA; SP; QL
LIVMARLI		Preferred brand	PA; SP; QL
Dental and Oral Agents			
cevimeline hcl	Evoxac	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
chlorhexidine gluconate mouth/throat	Periogard	Generic	
CLINPRO 5000		Nonpreferred brand	
DENTA 5000 PLUS		Nonpreferred brand	
DENTAGEL		Nonpreferred brand	
FLUORIDEX		Nonpreferred brand	
FLUORIDEX ENHANCED WHITENING		Nonpreferred brand	
FLUORIDEX SENSITIVITY RELIEF		Nonpreferred brand	
FLUORIMAX 5000		Nonpreferred brand	
FLUORIMAX 5000 SENSITIVE		Nonpreferred brand	
JUST RIGHT 5000		Nonpreferred brand	
kourzeq	Kourzeq	Generic	
oralone	Kourzeq	Generic	
periogard	Periogard	Generic	
pilocarpine hcl oral	Salagen	Generic	
PREVIDENT		Nonpreferred brand	
PREVIDENT 5000 BOOSTER PLUS		Nonpreferred brand	
PREVIDENT 5000 DRY MOUTH		Nonpreferred brand	
PREVIDENT 5000 ENAMEL PROTECT		Nonpreferred brand	
PREVIDENT 5000 ORTHO DEFENSE		Nonpreferred brand	
PREVIDENT 5000 PLUS		Nonpreferred brand	
PREVIDENT 5000 SENSITIVE		Nonpreferred brand	
sf	DentaGel	Generic	
sf 5000 plus	Denta 5000 Plus	Generic	
sodium fluoride 5000 plus	Denta 5000 Plus	Generic	
sodium fluoride 5000 ppm	Clinpro 5000	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
sodium fluoride dental	Denta 5000 Plus	Generic	
triamcinolone acetonide mouth/throat	Kourzeq	Generic	
Dermatological Agents			
ABSORICA LD		Not covered	QL
accutane	Accutane	Generic	QL
acitretin		Generic	
adapalene external cream	Differin	Generic	
adapalene external gel	Differin	Generic	
ADAPALENE EXTERNAL PAD		Not covered	
ADAPALENE EXTERNAL SOLUTION		Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Epiduo Forte	Generic	PA; QL
ADBRY		Preferred brand	PA; SP; QL
AKLIEF		Not covered	QL
ALTRENO		Nonpreferred brand	QL
ammonium lactate external	AL12	Generic	
amnesteem	Accutane	Generic	QL
AMZEEQ		Nonpreferred brand	QL
ARAZLO		Not covered	QL
azelaic acid external	Finacea	Generic	
AZELEX		Nonpreferred brand	
benzoyl peroxide-erythromycin	Benzamycin	Generic	
BIMZELX		Not covered	SP; QL
CABTREO		Not covered	QL
calcipotriene external	Calcitrene	Generic	
calcipotriene-betameth diprop	Taclonex	Generic	PA
calcitriol external	Vectical	Generic	
CIBINQO		Preferred brand	PA; SP; QL
claravis	Accutane	Generic	QL
clindacin	Clindacin	Not covered	
clindacin etz external swab	Clindacin ETZ	Generic	
clindacin-p	Clindacin ETZ	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	Generic	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Onexton	Not covered	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	Generic	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %		Generic	
clindamycin phosphate external foam	Clindacin	Not covered	
clindamycin phosphate external gel	Clindagel	Generic	
clindamycin phosphate external lotion	Cleocin-T	Generic	
clindamycin phosphate external solution		Generic	
clindamycin phosphate external swab	Clindacin ETZ	Generic	
clindamycin-tretinoin	Veltin	Not covered	
COSENTYX (300 MG DOSE)		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		Not covered	SP
COSENTYX SENSOREADY (300 MG)		Not covered	SP; QL
COSENTYX SENSOREADY PEN		Not covered	SP; QL
COSENTYX UNOREADY		Not covered	SP
dapsone external gel 5 %	Aczone	Generic	QL
dapsone external gel 7.5 %	Aczone	Not covered	
DIFFERIN EXTERNAL LOTION		Nonpreferred brand	
doxepin hcl external	Prudoxin	Generic	PA; QL
doxycycline	Oracea	Generic	ST
DRYSOL		Preferred brand	
DUOBRII		Preferred brand	QL
DUPIXENT		Preferred brand	PA; SP; QL
ENSTILAR		Nonpreferred brand	PA; QL
EPIFOAM		Preferred brand	
EPSOLAY		Not covered	QL
ery		Generic	
erythromycin external	Erygel	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
EUCRISA		Preferred brand	ST; QL
FABIOR		Nonpreferred brand	ST; QL
FINACEA EXTERNAL FOAM		Nonpreferred brand	ST; QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Pramosone	Generic	
HYFTOR		Preferred brand	PA; SP; QL
imiquimod external cream 3.75 %	Zyclara	Generic	PA; QL
imiquimod external cream 5 %		Generic	QL
imiquimod pump	Zyclara	Generic	PA; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Accutane	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Absorica	Not covered	QL
ivermectin external cream	Soolantra	Generic	ST; QL
LITFULO		Nonpreferred brand	PA; SP; QL
methoxsalen rapid		Generic	
metronidazole external	MetroCream	Generic	
MICURADERM		Not covered	
neuac	Neuac	Generic	
NORITATE		Nonpreferred brand	
OPZELURA		Nonpreferred brand	PA; QL
pimecrolimus	Elidel	Generic	
podofilox external	Condylox	Generic	
PRAMOSONE EXTERNAL CREAM		Nonpreferred brand	
PRAMOSONE EXTERNAL LOTION		Preferred brand	
PRAMOSONE EXTERNAL OINTMENT		Nonpreferred brand	
QBREXZA		Preferred brand	PA; QL
REGRANEX		Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %		Not covered	
SANTYL		Preferred brand	
selenium sulfide external lotion		Generic	
SILIQ		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		Preferred brand	PA; SP; QL
sodium sulfacetamide wash	Ovace Plus Wash	Generic	
SORILUX		Nonpreferred brand	
SOTYKTU		Nonpreferred brand	PA; SP; QL
sss 10-5 external cream	Avar-e Emollient	Generic	
STELARA SUBCUTANEOUS		Preferred brand	PA; SP; QL
sulfacetamide sodium (acne)	Klaron	Generic	
sulfacetamide sodium external	Ovace Plus Wash	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Generic	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Sumadan Wash	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	SulfaCleanse 8/4	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Sumadan Wash	Generic	
tacrolimus external		Generic	
TALTZ		Nonpreferred brand	PA; SP; QL
tazarotene external cream	Tazorac	Generic	
TAZAROTENE EXTERNAL FOAM		Nonpreferred brand	ST; ABA; QL
tazarotene external gel	Tazorac	Generic	
TAZORAC EXTERNAL CREAM 0.05 %		Preferred brand	
TREMFYA		Preferred brand	PA; SP; QL
tretinoin external	Atralin	Generic	
tretinoin microsphere	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
tretinoin microsphere pump	RETIN-A MICRO GEL 0.04 %, 0.08%, 0.1 %	Not covered	
TWYNEO		Not covered	QL
VEREGEN		Nonpreferred brand	
VTAMA		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
WINLEVI		Nonpreferred brand	PA; QL
WYNZORA		Not covered	QL
zenatane	Accutane	Generic	QL
ZILXI		Not covered	QL
ZORYVE		Nonpreferred brand	PA; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %		Nonpreferred brand	PA; QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
ACCRUFER		Nonpreferred brand	PA; QL
carglumic acid	Carbaglu	Generic	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ		Preferred brand	
effer-k oral tablet effervescent 25 meq		Generic	
GALZIN		Nonpreferred brand	
iodine strong oral		Generic	
klor-con	Klor-Con	Generic	
klor-con 10	Klor-Con 10	Generic	
klor-con m10	Klor-Con M10	Generic	
klor-con m15	Klor-Con M15	Generic	
klor-con m20	Klor-Con M20	Generic	
klor-con/ef		Generic	
K-PHOS		Nonpreferred brand	
K-PHOS NO 2		Nonpreferred brand	
k-prime		Generic	
levocarnitine oral solution	Carnitor	Generic	
levocarnitine oral tablet	Carnitor	Generic	
levocarnitine sf	Carnitor	Generic	
PHOSPHO-TRIN K500		Nonpreferred brand	
POKONZA		Not covered	
potassium chloride crys er	Klor-Con M10	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
potassium chloride er	K-Tab	Generic	
potassium chloride oral	Klor-Con	Generic	
potassium citrate er	Urocit-K 10	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	Exjade	Generic	PA; 15DS; SP
deferasirox granules	Jadenu Sprinkle	Generic	PA; 15DS; SP
deferiprone	Ferriprox	Generic	PA; SP; QL
FERRIPROX ORAL SOLUTION		Nonpreferred brand	PA; SP; QL
FERRIPROX TWICE-A-DAY		Nonpreferred brand	PA; SP; QL
JYNARQUE		Preferred brand	PA; SP; QL
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Generic	
SPS		Nonpreferred brand	
tolvaptan		Generic	PA; SP; QL
trientine hcl	Syprine	Generic	PA; SP; QL
VELTASSA		Preferred brand	QL
Phosphate Binders			
AURYXIA		Nonpreferred brand	
calcium acetate (phos binder)	Calphron	Generic	
calcium acetate oral tablet 667 mg	Calphron	Generic	
FOSRENOL ORAL PACKET		Nonpreferred brand	
lanthanum carbonate	Fosrenol	Generic	
sevelamer carbonate	Renvela	Generic	
sevelamer hcl	Renagel	Generic	
VELPHORO		Nonpreferred brand	
Vitamins			
ATABEX OB		Preferred brand	
AZESCO		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
CITRANATAL MEDLEY		Not covered	
cyanocobalamin injection solution 1000 mcg/ml	Dodex	Generic	
cyanocobalamin nasal	Nascobal	Not covered	
DERMACINRX PRETRATE		Not covered	
DODEX		Nonpreferred brand	
ELITE-OB		Not covered	
ENBRACE HR		Not covered	
ergocalciferol oral capsule	Drisdol	Generic	
folate		Preventive	PV1
folic acid oral tablet 1 mg		Generic	
folic acid oral tablet 400 mcg, 800 mcg		Preventive	PV1
hydroxocobalamin acetate		Generic	
JENLIVA PRENATAL/POSTNATAL		Not covered	
M-NATAL PLUS		Preferred brand	
NEONATAL + DHA		Not covered	
NEONATAL 19		Not covered	
NEONATAL COMPLETE		Not covered	
NEONATAL FE		Not covered	
NEONATAL PLUS		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 TABS 20-1		Not covered	
PREGEN DHA		Not covered	
PREGENNA		Not covered	
PREMESISRX		Not covered	
PRENAISSANCE		Not covered	
prenatal oral tablet 27-1 mg	NeoNatal Plus	Generic	
prenatal plus vitamin/mineral	NeoNatal Plus	Generic	
PRENATE		Not covered	
PRENATE DHA		Not covered	
PRENATE ELITE		Not covered	
PRENATE ENHANCE		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
PRENATE ESSENTIAL		Not covered	
PRENATE MINI		Not covered	
PRENATE PIXIE		Not covered	
PRENATE RESTORE		Not covered	
PRENATRIX		Not covered	
PRENATRYL		Not covered	
PRENATVITE COMPLETE		Not covered	
PRENATVITE PLUS		Not covered	
PRENATVITE RX		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	
TRUE FOLIC ACID ORAL TABLET 400 MCG		Not covered	
VINATE ONE		Preferred brand	
VITAFOL FE+		Not covered	
VITAFOL STRIPS		Preferred brand	
VITAFOL-NANO		Not covered	
VITAFOL-OB+DHA		Not covered	
VITAMEDMD ONE RX/QUATREFOLIC		Not covered	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Drisdol	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	

Drug Name	Brand Reference	Drug Tier	Notes
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
belladonna alkaloids-opium		Generic	
dicyclomine hcl oral		Generic	
GLYCATE		Not covered	
glycopyrrolate oral solution	Cuvposa	Generic	
glycopyrrolate oral tablet 1 mg	Robinul	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG		Not covered	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	Generic	
hyoscyamine sulfate er	Levbid	Generic	
hyoscyamine sulfate oral	Levsin	Generic	
hyoscyamine sulfate sl	Levsin/SL	Generic	
hyoscyamine sulfate sublingual	Levsin/SL	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	Pylera	Not covered	
bismuth/metronidaz/tetracyclin	Pylera	Not covered	
CHENODAL		Nonpreferred brand	PA; SP
chlordiazepoxide-clidinium	Librax	Generic	
cromolyn sodium oral	Gastrocrom	Generic	
diphenoxylate-atropine	Lomotil	Generic	
GATTEX		Preferred brand	PA; SP; QL
HELIDAC THERAPY		Not covered	
loperamide hcl oral capsule	Imodium A-D	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
MOTEGRITY		Nonpreferred brand	ST; QL
MOTOFEN		Nonpreferred brand	
MOVANTIK		Not covered	QL
MYTESI		Preferred brand	PA; QL
OMECLAMOX-PAK		Nonpreferred brand	
RELISTOR		Not covered	QL
RELTONE		Not covered	
SEROSTIM		Nonpreferred brand	PA; SP
SYMPROIC		Preferred brand	QL
TALICIA		Nonpreferred brand	QL
TRULANCE		Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG		Not covered	
ursodiol oral capsule 300 mg		Generic	
ursodiol oral tablet	Urso 250	Generic	
VOQUEZNA		Nonpreferred brand	PA; QL
VOQUEZNA DUAL PAK		Not covered	QL
VOQUEZNA TRIPLE PAK		Not covered	QL
VOWST		Nonpreferred brand	PA; SP; QL
XERMELO		Preferred brand	PA; SP; QL
Histamine2 (H2) Receptor Antagonists			
cimetidine oral	Tagamet HB	Generic	
famotidine oral suspension reconstituted		Generic	
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Generic	
famotidine oral tablet 40 mg	Pepcid	Generic	
nizatidine		Generic	
Irritable Bowel Syndrome Agents			
alosetron hcl	Lotronex	Generic	QL
IBSRELA		Nonpreferred brand	ST; QL
LINZESS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
lubiprostone	Amitiza	Generic	QL
VIBERZI		Preferred brand	PA; QL
Laxatives			
bisacodyl ec	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
citroma	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ		Nonpreferred brand	QL
constulose		Generic	
enulose		Generic	
ft clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	ClearLax	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	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
gentle laxative oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE		Not covered	
lactulose encephalopathy		Generic	
lactulose oral packet	Kristalose	Not covered	
lactulose oral solution		Generic	
magnesium citrate oral solution	Citroma	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	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Suprep Bowel Prep Kit	Generic	QL
peg 3350 oral packet	HealthyLax	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	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Brand Reference	Drug Tier	Notes
peg-3350/electrolytes/ascorbat	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU		Nonpreferred brand	QL
polyethylene glycol 3350 oral packet 17 gm	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
polyethylene glycol 3350 oral powder	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
qc magnesium citrate	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
sm milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE		Nonpreferred brand	QL
SUTAB		Nonpreferred brand	QL
Protectants			
misoprostol oral	Cytotec	Generic	
sucralfate oral	Carafate	Generic	
Proton Pump Inhibitors			
acid reducer oral tablet delayed release	PriLOSEC OTC	Generic	
dexlansoprazole	Dexilant	Generic	ST
esomeprazole magnesium oral capsule delayed release	GoodSense Esomeprazole	Generic	
esomeprazole magnesium oral packet	NexIUM	Generic	
ft omeprazole		Generic	
KONVOMEP		Not covered	
lansoprazole oral	Prevacid	Generic	
NEXIUM ORAL PACKET 2.5 MG, 5 MG		Nonpreferred brand	
omeprazole magnesium oral tablet delayed release	PriLOSEC OTC	Generic	
omeprazole oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
omeprazole-sodium bicarbonate oral capsule	Zegerid	Generic	QL
omeprazole-sodium bicarbonate oral packet	Zegerid	Not covered	QL
pantoprazole sodium oral	Protonix	Generic	
PRILOSEC		Nonpreferred brand	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE		Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Aciphex	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine	Cystadane	Generic	SP
CERDELGA		Preferred brand	PA; SP; QL
CHOLBAM		Preferred brand	PA; SP; QL
CREON		Preferred brand	
CYSTAGON		Preferred brand	SP
EVRYSDI		Preferred brand	PA; SP; QL
GALAFOLD		Preferred brand	PA; SP; QL
GLASSIA		Preferred brand	PA; SP; QL
miglustat	Yargesa	Generic	PA; SP; QL
MYALEPT		Nonpreferred brand	PA; SP; QL
nitisinone	Orfadin	Generic	PA; SP
NITYR		Nonpreferred brand	PA; SP
OCALIVA		Preferred brand	PA; SP; QL
OLPRUVA (2 GM DOSE)		Nonpreferred brand	PA; SP; QL
OLPRUVA (3 GM DOSE)		Nonpreferred brand	PA; SP; QL
OLPRUVA (4 GM DOSE)		Nonpreferred brand	PA; SP; QL
OLPRUVA (5 GM DOSE)		Nonpreferred brand	PA; SP; QL
OLPRUVA (6 GM DOSE)		Nonpreferred brand	PA; SP; QL
OLPRUVA (6.67 GM DOSE)		Nonpreferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
OPFOLDA		Nonpreferred brand	SP; QL
ORFADIN ORAL SUSPENSION		Preferred brand	PA; SP
PALYNZIQ		Preferred brand	PA; SP; QL
PANCREAZE		Nonpreferred brand	ST
PERTZYE		Nonpreferred brand	ST
PHEBURANE		Nonpreferred brand	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG		Nonpreferred brand	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG		Nonpreferred brand	PA; SP
PROCYSBI ORAL PACKET		Nonpreferred brand	PA; SP; QL
RAVICTI		Nonpreferred brand	PA; SP; QL
REVCOVI		Preferred brand	PA; SP; QL
sapropterin dihydrochloride	Javygtor	Generic	PA; SP
sodium phenylbutyrate oral powder	Buphenyl	Generic	
sodium phenylbutyrate oral tablet	Buphenyl	Generic	QL
STRENSIQ		Preferred brand	PA; SP; QL
SUCRAID		Nonpreferred brand	PA; SP; QL
TEGSEDI		Preferred brand	PA; SP; QL
VIOKACE		Nonpreferred brand	ST
VOXZOGO		Preferred brand	PA; SP; QL
XURIDEN		Preferred brand	PA; SP; QL
yargesa	Yargesa	Generic	PA; SP; QL
ZENPEP		Preferred brand	
Genitourinary Agents			
Antispasmodics, Urinary			
darifenacin hydrobromide er		Generic	QL
fesoterodine fumarate er	Toviaz	Generic	QL
flavoxate hcl		Generic	
GELNIQUE		Nonpreferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
GEMTESA		Nonpreferred brand	ST; QL
MYRBETRIQ		Nonpreferred brand	PA; QL
oxybutynin chloride er		Generic	
oxybutynin chloride oral		Generic	
OXYTROL		Not covered	QL
solifenacin succinate	VESIcare	Generic	QL
tolterodine tartrate	Detrol	Generic	
tolterodine tartrate er	Detrol LA	Generic	
trospium chloride		Generic	QL
trospium chloride er		Generic	QL
VESICARE LS		Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er	Uroxatral	Generic	
CARDURA XL		Nonpreferred brand	
dutasteride oral	Avodart	Generic	
dutasteride-tamsulosin hcl	Jalyn	Generic	QL
ENTADFI		Not covered	QL
finasteride oral tablet 5 mg	Proscar	Generic	
silodosin	Rapaflo	Generic	QL
tamsulosin hcl	Flomax	Generic	
terazosin hcl		Generic	
Genitourinary Agents, Other			
acetic acid irrigation		Generic	
ARGYLE STERILE SALINE		Nonpreferred brand	
bethanechol chloride oral		Generic	
CAVERJECT		Preferred brand	PA; QL
CAVERJECT IMPULSE		Preferred brand	PA; QL
CURITY STERILE SALINE		Nonpreferred brand	
EDEX		Nonpreferred brand	PA; QL
ELMIRON		Preferred brand	
FILSPARI		Preferred brand	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
LITHOSTAT		Nonpreferred brand	
MUSE		Preferred brand	PA; QL
OPTIONS GYNOL II CONTRACEPTIVE		Preventive	PV1; QL
penicillamine oral	Cuprimine	Generic	QL
RENACIDIN		Preferred brand	
RIVFLOZA		Nonpreferred brand	PA; SP; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Viagra	Generic	PA; QL
sodium chloride irrigation	Argyle Sterile Saline	Generic	
STENDRA		Nonpreferred brand	PA; QL
tadalafil oral	Cialis	Generic	PA; QL
THIOLA EC		Nonpreferred brand	PA
tiopronin	Thiola	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	PA; SP; QL
ALA SCALP		Nonpreferred brand	
ala-cort	Aveeno Anti-Itch Max St	Generic	
alclometasone dipropionate		Generic	
ALKINDI SPRINKLE		Nonpreferred brand	PA; QL
amcinonide		Generic	
APEXICON E		Preferred brand	
betamethasone dipropionate aug	Diprolene	Generic	
betamethasone dipropionate external		Generic	
betamethasone valerate external		Generic	
BRYHALI		Nonpreferred brand	QL
CAPEX		Preferred brand	
clobetasol prop emollient base		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
clobetasol propionate e		Generic	
clobetasol propionate emulsion	Tovet	Generic	
clobetasol propionate external	Clobex	Generic	
clocortolone pivalate	Cloderm	Generic	
clodan	Clodan	Generic	
CORDRAN EXTERNAL CREAM		Nonpreferred brand	
CORDRAN EXTERNAL TAPE		Preferred brand	
CORTISONE ACETATE ORAL		Not covered	
deflazacort	Emflaza	Generic	PA; SP
desonide external	DesOwen	Generic	
desoximetasone external	Topicort	Generic	
DEXABLISS		Not covered	
dexamethasone intensol		Generic	
dexamethasone oral		Generic	
diflorasone diacetate		Generic	
EMFLAZA		Nonpreferred brand	PA; SP
fludrocortisone acetate oral		Generic	
fluocinolone acetonide body	Derma-Smoothe/FS Body	Generic	
fluocinolone acetonide external	Synalar	Generic	
fluocinolone acetonide scalp	Derma-Smoothe/FS Scalp	Generic	
fluocinonide emulsified base		Generic	
fluocinonide external cream 0.05 %		Generic	
fluocinonide external cream 0.1 %	Vanos	Generic	QL
fluocinonide external gel		Generic	
fluocinonide external ointment		Generic	
fluocinonide external solution		Generic	
flurandrenolide	Cordran	Generic	
fluticasone propionate external		Generic	
halcinonide	Halog	Generic	
halobetasol propionate external cream		Generic	
halobetasol propionate external foam	Lexette	Not covered	
halobetasol propionate external ointment		Generic	
HALOG EXTERNAL OINTMENT		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
HALOG EXTERNAL SOLUTION		Nonpreferred brand	
HEMADY		Not covered	
HIDEX 6-DAY		Not covered	
hydrocortisone butyr lipo base external cream 0.1 %	Locoid Lipocream	Generic	
hydrocortisone butyrate	Locoid	Generic	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	Generic	
hydrocortisone external cream 2.5 %		Generic	
hydrocortisone external lotion 2.5 %		Generic	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	Generic	
hydrocortisone external ointment 2.5 %		Generic	
hydrocortisone oral	Cortef	Generic	
hydrocortisone valerate		Generic	
IMPOYZ		Not covered	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Generic	
mometasone furoate external		Generic	
PANDEL		Not covered	
prednisolone oral		Generic	
prednisolone sodium phosphate oral	Orapred ODT	Generic	
prednisone intensol		Generic	
prednisone oral		Generic	
RAYOS		Nonpreferred brand	PA; QL
SERNIVO		Not covered	QL
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG		Nonpreferred brand	
TAPERDEX 12-DAY		Not covered	
TAPERDEX 6-DAY		Not covered	
TAPERDEX 7-DAY		Not covered	
TEXACORT		Nonpreferred brand	
tovet	Tovet	Generic	
triamcinolone acetonide external aerosol solution	Kenalog	Generic	QL
triamcinolone acetonide external cream	Triderm	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
triamcinolone acetonide external lotion		Generic	
triamcinolone acetonide external ointment		Generic	
triamcinolone in absorbase		Generic	
triderm	Triderm	Generic	
ULTRAVATE		Not covered	
VERDESO		Nonpreferred brand	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
ACTHAR		Nonpreferred brand	PA; SP; QL
cabergoline		Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR		Nonpreferred brand	PA; SP
CORTROPHIN		Not covered	SP; QL
desmopressin ace spray refrig		Generic	
desmopressin acetate injection	DDAVP	Generic	
desmopressin acetate oral	DDAVP	Generic	
desmopressin acetate pf	DDAVP PF	Generic	
desmopressin acetate spray		Generic	
EGRIFTA SV		Nonpreferred brand	PA; SP; QL
FOLLISTIM AQ		Nonpreferred brand	PA; SP
GENOTROPIN		Preferred brand	PA; SP
GENOTROPIN MINIQUICK		Preferred brand	PA; SP
GONAL-F		Preferred brand	SP
GONAL-F RFF		Preferred brand	SP
GONAL-F RFF REDIJECT		Preferred brand	SP
HUMATROPE		Nonpreferred brand	PA; SP
INCRELEX		Preferred brand	PA; SP
ISTURISA		Nonpreferred brand	PA; SP; QL
MENOPUR		Preferred brand	SP
NGENLA		Nonpreferred brand	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
NOCDURNA		Nonpreferred brand	PA; QL
NORDITROPIN FLEXPRO		Preferred brand	PA; SP
NOVAREL		Nonpreferred brand	PA; SP
NUTROPIN AQ NUSPIN 10		Nonpreferred brand	PA; SP
NUTROPIN AQ NUSPIN 20		Nonpreferred brand	PA; SP
NUTROPIN AQ NUSPIN 5		Nonpreferred brand	PA; SP
OMNITROPE		Nonpreferred brand	PA; SP
OVIDREL		Preferred brand	SP
PREGNYL		Preferred brand	PA; SP
RECORLEV		Nonpreferred brand	PA; SP; QL
SAIZEN		Nonpreferred brand	PA; SP
SKYTROFA		Nonpreferred brand	PA; SP
SOGROYA		Nonpreferred brand	PA; SP; QL
ZOMACTON		Nonpreferred brand	PA; SP
Selective Estrogen Receptor Modifying Agents			
CLOMID		Nonpreferred brand	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
KORLYM		Nonpreferred brand	PA; SP; QL
mifepristone oral tablet 300 mg	Korlym	Generic	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
ANDRODERM		Preferred brand	PA; QL
danazol oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
INTRAROSA		Nonpreferred brand	
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 intramuscular	Depo-Testosterone	Generic	
testosterone enanthate intramuscular		Generic	
testosterone transdermal	AndroGel	Generic	PA; QL
TLANDO		Nonpreferred brand	PA; QL
XYOSTED		Nonpreferred brand	PA; QL
Estrogens			
afirmelle	Afirmelle	Generic	PV2
ALORA		Preferred brand	
altavera	Altavera	Generic	PV2
alyacen 1/35	Dasetta 1/35	Generic	PV2
alyacen 7/7/7	Dasetta 7/7/7	Generic	PV2
amabelz	Amabelz	Generic	
amethia	Amethia	Generic	PV2; QL
amethyst	Amethyst	Generic	PV2
ANGELIQ		Nonpreferred brand	
ANNOVERA		Nonpreferred brand	QL
apri		Generic	PV2
aranelle		Generic	PV2
ashlyna	Amethia	Generic	PV2; QL
aubra eq	Afirmelle	Generic	PV2
aurovela 1.5/30	Aurovela 1.5/30	Generic	PV2
aurovela 1/20	Aurovela 1/20	Generic	PV2
aurovela 24 fe		Generic	PV2
aurovela fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
aurovela fe 1/20	Aurovela FE 1/20	Generic	PV2
aviane	Afirmelle	Generic	PV2
ayuna	Altavera	Generic	PV2
azurette	Azurette	Generic	PV2
balziva	Balziva	Generic	PV2
BIJUVA		Nonpreferred brand	QL
blisovi 24 fe		Generic	PV2
blisovi fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
blisovi fe 1/20	Aurovela FE 1/20	Generic	PV2
briellyn	Balziva	Generic	PV2
camrese	Amethia	Generic	PV2; QL
camrese lo	Camrese Lo	Generic	PV2; QL
charlotte 24 fe	Charlotte 24 Fe	Generic	PV2
chateal eq	Altavera	Generic	PV2
CLIMARA PRO		Preferred brand	
COMBIPATCH		Preferred brand	
COVARYX		Preferred brand	
COVARYX HS		Preferred brand	
cryselle-28		Generic	PV2
cyred eq		Generic	PV2
dasetta 1/35	Dasetta 1/35	Generic	PV2
dasetta 7/7/7	Dasetta 7/7/7	Generic	PV2
daysee	Amethia	Generic	PV2; QL
delyla	Afirmelle	Generic	PV2
DEPO-ESTRADIOL		Nonpreferred brand	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	Generic	PV2
dolishale	Amethyst	Generic	PV2
dotti	Dotti	Generic	
drospiren-eth estrad-levomefol	Beyaz	Generic	PV2
drospirenone-ethinyl estradiol	Jasmiel	Generic	PV2
DUAVEE		Nonpreferred brand	
EEMT		Preferred brand	
EEMT HS		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
ELESTRIN		Nonpreferred brand	
elinest		Generic	PV2
eluryng	EluRyng	Generic	PV2; QL
enilloring	EluRyng	Generic	PV2; QL
enpresse-28	Enpresse-28	Generic	PV2
enskyce		Generic	PV2
est estrogens-methyltest	Covaryx	Generic	
est estrogens-methyltest ds	Covaryx	Generic	
est estrogens-methyltest hs	Covaryx HS	Generic	
estarylla	Estarylla	Generic	PV2
estradiol oral	Estrace	Generic	
estradiol transdermal	Climara	Generic	
estradiol vaginal	Estrace	Generic	
estradiol valerate intramuscular	Delestrogen	Generic	
estradiol-norethindrone acet	Amabelz	Generic	
ESTRING		Preferred brand	
ESTROGEL		Preferred brand	
ethynodiol diac-eth estradiol	Kelnor 1/35	Generic	PV2
etonogestrel-ethinyl estradiol	EluRyng	Generic	PV2; QL
EVAMIST		Nonpreferred brand	
falmina	Afirmelle	Generic	PV2
FEMRING		Nonpreferred brand	
finzala	Charlotte 24 Fe	Generic	PV2
fyavolv	Fyavolv	Generic	
gemmily	Gemmily	Generic	PV2
hailey 1.5/30	Aurovela 1.5/30	Generic	PV2
hailey 24 fe		Generic	PV2
hailey fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
hailey fe 1/20	Aurovela FE 1/20	Generic	PV2
haloette	EluRyng	Generic	PV2; QL
iclevia	Iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK		Nonpreferred brand	
IMVEXXY STARTER PACK		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
introvale	Iclevia	Generic	PV2; QL
isibloom		Generic	PV2
jaimiess	Amethia	Generic	PV2; QL
jasmiel	Jasmiel	Generic	PV2
jinteli	Fyavolv	Generic	
jolessa	Iclevia	Generic	PV2; QL
joyeaux	Joyeaux	Generic	PV2
juleber		Generic	PV2
junel 1.5/30	Aurovela 1.5/30	Generic	PV2
junel 1/20	Aurovela 1/20	Generic	PV2
junel fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
junel fe 1/20	Aurovela FE 1/20	Generic	PV2
junel fe 24		Generic	PV2
kaitlib fe	Kaitlib Fe	Generic	PV2
kalliga		Generic	PV2
kariva	Azurette	Generic	PV2
kelnor 1/35	Kelnor 1/35	Generic	PV2
kelnor 1/50	Kelnor 1/50	Generic	PV2
kurvelo	Altavera	Generic	PV2
larin 1.5/30	Aurovela 1.5/30	Generic	PV2
larin 1/20	Aurovela 1/20	Generic	PV2
larin 24 fe		Generic	PV2
larin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
larin fe 1/20	Aurovela FE 1/20	Generic	PV2
layolis fe	Kaitlib Fe	Generic	PV2
leena		Generic	PV2
lessina	Afirmelle	Generic	PV2
levonest	Enpresse-28	Generic	PV2
levonorgest-eth est & eth est	Rivelsa	Generic	PV2; QL
levonorgest-eth estrad 91-day	Amethia	Generic	PV2; QL
levonorgest-eth estradiol-iron	Joyeaux	Generic	PV2
levonorgestrel-ethinyl estrad	Afirmelle	Generic	PV2
levonorg-eth estrad triphasic	Enpresse-28	Generic	PV2
levora 0.15/30 (28)	Altavera	Generic	PV2
LO LOESTRIN FE		Preferred brand	
lojaimiess	Camrese Lo	Generic	PV2; QL
loryna	Jasmiel	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
low-ogestrel		Generic	PV2
lo-zumandimine	Jasmiel	Generic	PV2
lutera	Afirmelle	Generic	PV2
lyllana	Dotti	Generic	
marlissa	Altavera	Generic	PV2
MENEST		Nonpreferred brand	
MENOSTAR		Nonpreferred brand	
merzee	Gemmily	Generic	PV2
mibelas 24 fe	Charlotte 24 Fe	Generic	PV2
microgestin 1.5/30	Aurovela 1.5/30	Generic	PV2
microgestin 1/20	Aurovela 1/20	Generic	PV2
microgestin 24 fe		Generic	PV2
microgestin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
microgestin fe 1/20	Aurovela FE 1/20	Generic	PV2
mili	Estarylla	Generic	PV2
mimvey	Mimvey	Generic	
mono-linyah	Estarylla	Generic	PV2
MYFEMBREE		Nonpreferred brand	PA; QL
NATAZIA		Preferred brand	
necon 0.5/35 (28)		Generic	PV2
NEXTSTELLIS		Nonpreferred brand	
nikki	Jasmiel	Generic	PV2
norelgestromin-eth estradiol	Xulane	Generic	PV2; QL
norethin ace-eth estrad-fe	Aurovela Fe 1.5/30	Generic	PV2
norethindrone acet-ethinyl est	Aurovela 1.5/30	Generic	PV2
norethindrone-eth estradiol	Fyavolv	Generic	
norethindron-ethinyl estrad-fe	Tilia Fe	Generic	PV2
norethin-eth estradiol-fe	Kaitlib Fe	Generic	PV2
norgestimate-eth estradiol	Estarylla	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Tri-Estarylla	Generic	PV2
nortrel 0.5/35 (28)		Generic	PV2
nortrel 1/35 (21)	Dasetta 1/35	Generic	PV2
nortrel 1/35 (28)	Dasetta 1/35	Generic	PV2
nortrel 7/7/7	Dasetta 7/7/7	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
nylia 1/35	Dasetta 1/35	Generic	PV2
nylia 7/7/7	Dasetta 7/7/7	Generic	PV2
nymyo	Estarylla	Generic	PV2
ocella	Ocella	Generic	PV2
ORIAHNN		Nonpreferred brand	PA; QL
philith	Balziva	Generic	PV2
pimtrea	Azurette	Generic	PV2
portia-28	Altavera	Generic	PV2
PREMARIN ORAL		Preferred brand	
PREMARIN VAGINAL		Preferred brand	
PREMPHASE		Preferred brand	
PREMPRO		Preferred brand	
reclipsen		Generic	PV2
rivelsa	Rivelsa	Generic	PV2; QL
setlakin	Iclevia	Generic	PV2; QL
simliya	Azurette	Generic	PV2
simpesse	Amethia	Generic	PV2; QL
sprintec 28	Estarylla	Generic	PV2
sronyx	Afirmelle	Generic	PV2
syeda	Ocella	Generic	PV2
tarina 24 fe		Generic	PV2
tarina fe 1/20 eq	Aurovela FE 1/20	Generic	PV2
taysofy	Gemmily	Generic	PV2
tilia fe	Tilia Fe	Generic	PV2
tri-estarylla	Tri-Estarylla	Generic	PV2
tri-legest fe	Tilia Fe	Generic	PV2
tri-linyah	Tri-Estarylla	Generic	PV2
tri-lo-estarylla	Tri-Lo-Estarylla	Generic	PV2
tri-lo-marzia	Tri-Lo-Estarylla	Generic	PV2
tri-lo-mili	Tri-Lo-Estarylla	Generic	PV2
tri-lo-sprintec	Tri-Lo-Estarylla	Generic	PV2
tri-mili	Tri-Estarylla	Generic	PV2
tri-nymyo	Tri-Estarylla	Generic	PV2
tri-sprintec	Tri-Estarylla	Generic	PV2
trivora (28)	Enpresse-28	Generic	PV2
tri-vylibra	Tri-Estarylla	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
tri-vylibra lo	Tri-Lo-Estarylla	Generic	PV2
turqoz		Generic	PV2
TWIRLA		Not covered	QL
TYBLUME		Nonpreferred brand	
tydemy	Tydemy	Generic	PV2
velivet		Generic	PV2
vestura	Jasmiel	Generic	PV2
vienva	Afirmelle	Generic	PV2
viorele	Azurette	Generic	PV2
volnea	Azurette	Generic	PV2
vyfemla	Balziva	Generic	PV2
vylibra	Estarylla	Generic	PV2
wera		Generic	PV2
wymzya fe	Wymzya Fe	Generic	PV2
xulane	Xulane	Generic	PV2; QL
yuvafem	Yuvafem	Generic	
zafemy	Xulane	Generic	PV2; QL
zovia 1/35 (28)	Kelnor 1/35	Generic	PV2
zumandimine	Ocella	Generic	PV2
Progestins			
aftera	Aftera	Preventive	PV1; QL
camila	Camila	Generic	PV2
CRINONE		Preferred brand	
curae	Aftera	Preventive	PV1; QL
deblitane	Camila	Generic	PV2
DEPO-SUBQ PROVERA 104		Preferred brand	
econtra one-step	Aftera	Preventive	PV1; QL
ELLA		Preferred brand	PV2; QL
ENDOMETRIN		Nonpreferred brand	PA
errin	Camila	Generic	PV2
heather	Camila	Generic	PV2
her style	Aftera	Preventive	PV1; QL
incassia	Camila	Generic	PV2
jencycla	Camila	Generic	PV2
levonorgestrel	Aftera	Preventive	PV1; QL

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

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

Drug Name	Brand Reference	Drug Tier	Notes
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
methimazole oral		Generic	
propylthiouracil oral		Generic	
Immunological Agents			
Angioedema Agents			
HAEGARDA		Preferred brand	PA; SP; QL
icatibant acetate	Firazyr	Generic	PA; SP; QL
ORLADEYO		Nonpreferred brand	PA; SP; QL
RUCONEST		Nonpreferred brand	PA; SP; QL
sajazir	Sajazir	Not covered	SP; QL
TAKHZYRO		Preferred brand	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-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		Not covered	SP
AMJEVITA		Not covered	SP
AMJEVITA-PED 10KG TO <15KG		Not covered	SP
AMJEVITA-PED 15KG TO <30KG		Not covered	SP
ASTAGRAF XL		Nonpreferred brand	SP
azathioprine oral	Azasan	Generic	
CIMZIA STARTER KIT		Preferred brand	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT		Preferred brand	PA; SP; QL
cyclosporine modified	Gengraf	Generic	SP
cyclosporine oral	SandIMMUNE	Generic	SP

Drug Name	Brand Reference	Drug Tier	Notes
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	PA; SP; QL
ENBREL MINI		Preferred brand	PA; SP; QL
ENBREL SURECLICK		Preferred brand	PA; SP; QL
ENVARSUS XR		Nonpreferred brand	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Generic	SP
gengraf	Gengraf	Generic	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)(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA (2 SYRINGE)(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA-CD/UC/HS STARTER(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA-PED>/=40KG CROHNS START(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA-PED>/=40KG UC STARTER(Abbvie)		Preferred brand	PA; SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER(Abbvie)		Preferred brand	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
HYRIMOZ-PLAQUE PSORIASIS START		Not covered	SP
IDACIO (2 PEN)		Not covered	SP; QL
IDACIO (2 SYRINGE)		Not covered	SP; QL
IDACIO-CROHNS/UC STARTER		Not covered	SP; QL
IDACIO-PSORIASIS STARTER		Not covered	SP; QL
JYLAMVO		Nonpreferred brand	SP

Drug Name	Brand Reference	Drug Tier	Notes
KINERET		Nonpreferred brand	PA; SP; QL
LUPKYNIS		Nonpreferred brand	PA; SP; QL
methotrexate sodium (pf)		Generic	
methotrexate sodium injection solution		Generic	
methotrexate sodium oral		Generic	
mycophenolate mofetil oral	CellCept	Generic	SP
mycophenolate sodium	Myfortic	Generic	SP
mycophenolic acid	Myfortic	Generic	SP
OLUMIANT		Nonpreferred brand	PA; SP; QL
OMVOH SUBCUTANEOUS		Not covered	SP; QL
ORENCIA CLICKJECT		Nonpreferred brand	PA; SP; QL
ORENCIA SUBCUTANEOUS		Nonpreferred brand	PA; SP; QL
OTREXUP		Nonpreferred brand	PA; SP; QL
PROGRAF ORAL PACKET		Nonpreferred brand	SP
RASUVO		Nonpreferred brand	PA; SP; QL
REZUROCK		Preferred brand	PA; SP; QL
SANDIMMUNE ORAL SOLUTION		Nonpreferred brand	SP
SIMPONI		Preferred brand	PA; SP; QL
sirolimus oral	Rapamune	Generic	SP
SKYRIZI PEN		Preferred brand	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand	PA; SP; QL
tacrolimus oral	Prograf	Generic	SP
TREXALL		Preferred brand	
XATMEP		Nonpreferred brand	SP
XELJANZ		Preferred brand	PA; SP; QL
XELJANZ XR		Preferred brand	PA; SP; QL
YUFLYMA (1 PEN)		Not covered	SP; QL
YUFLYMA (2 PEN)		Not covered	SP; QL
YUFLYMA (2 SYRINGE)		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
YUFLYMA-CD/UC/HS STARTER		Not covered	SP; QL
YUSIMRY		Not covered	SP
Immunoglobulins			
CUTAQUIG		Nonpreferred brand	PA; SP
CUVITRU		Nonpreferred brand	PA; SP
GAMMAGARD		Nonpreferred brand	PA; SP
GAMMAKED		Nonpreferred brand	PA; SP
GAMUNEX-C		Nonpreferred brand	PA; SP
HIZENTRA		Nonpreferred brand	PA; SP
HYQVIA		Nonpreferred brand	PA; SP
XEMBIFY		Nonpreferred brand	PA; SP
Immunomodulators			
ACTEMRA ACTPEN		Nonpreferred brand	PA; SP; QL
ACTEMRA SUBCUTANEOUS		Nonpreferred brand	PA; SP; QL
ACTIMMUNE		Preferred brand	SP
ALFERON N		Preferred brand	
ARCALYST		Nonpreferred brand	PA; SP; QL
BENLYSTA SUBCUTANEOUS		Preferred brand	PA; SP; QL
BEYFORTUS		Preventive	PV1; QL
ENSPRYNG		Preferred brand	PA; SP; QL
ENTYVIO SUBCUTANEOUS		Not covered	SP; QL
KEVZARA		Nonpreferred brand	PA; SP; QL
leflunomide oral	Arava	Generic	
OTEZLA		Preferred brand	PA; SP; QL
RIDAURA		Preferred brand	
RINVOQ		Preferred brand	PA; SP; QL
VELSIPITY		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		Preferred brand	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		Preferred brand	PA; SP; QL
Immunosuppressants			
JOENJA		Preferred brand	PA; SP; QL
Vaccines			
ABRYSVO		Preventive	PV1; QL
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA QUADRIVALENT		Preventive	PV1; QL
AREXVY		Preventive	PV1; QL
BEXSERO		Preventive	PV1; QL
BOOSTRIX		Preventive	PV1; QL
COMIRNATY		Preventive	PV1; QL
DAPTACEL		Preventive	PV1; QL
DENGVAXIA		Preventive	PV1; QL
ENGERIX-B		Preventive	PV1; QL
FLUAD QUADRIVALENT		Preventive	PV1; QL
FLUARIX QUADRIVALENT		Preventive	PV1; QL
FLUBLOK QUADRIVALENT		Preventive	PV1; QL
FLUCELVAX QUADRIVALENT		Preventive	PV1; QL
FLULAVAL QUADRIVALENT		Preventive	PV1; QL
FLUMIST QUADRIVALENT		Preventive	PV1; QL
FLUZONE HIGH-DOSE QUADRIVALENT		Preventive	PV1; QL
FLUZONE QUADRIVALENT		Preventive	PV1; QL
GARDASIL 9		Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX		Preventive	PV1; QL
HEPLISAV-B		Preventive	PV1; QL
HIBERIX		Preventive	PV1; QL
INFANRIX		Preventive	PV1; QL
IPOL		Preventive	PV1; QL
KINRIX		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
MENQUADFI		Preventive	PV1; QL
MENVEO		Preventive	PV1; QL
M-M-R II		Preventive	PV1; QL
MODERNA COVID-19 VAC 6M-11Y		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
PREHEVBRIO		Preventive	PV1; QL
PREVNAR 13		Preventive	PV1; QL; AL (Min 65 Years)
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			
balsalazide disodium	Colazal	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
DIPENTUM		Nonpreferred brand	
mesalamine er	Apriso	Generic	
mesalamine oral capsule delayed release 400 mg	Delzicol	Generic	
mesalamine oral tablet delayed release 1.2 gm	Lialda	Generic	QL
mesalamine oral tablet delayed release 800 mg		Generic	
mesalamine rectal	Canasa	Generic	
PENTASA 250 MG		Preferred brand	
SFROWASA		Nonpreferred brand	
Glucocorticoids			
ANALPRAM HC		Nonpreferred brand	
ANALPRAM HC SINGLES		Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION		Nonpreferred brand	
anucort-hc	Hemmorex-HC	Generic	
ANUSOL-HC RECTAL		Nonpreferred brand	
budesonide er	Uceris	Generic	QL
budesonide oral		Generic	
budesonide rectal	Uceris	Generic	ST
CORTIFOAM		Nonpreferred brand	
EOHILIA		Not covered	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG		Preferred brand	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG		Nonpreferred brand	
hydrocortisone (perianal)	Procto-Med HC	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram-HC	Generic	
hydrocortisone acetate rectal	Hemmorex-HC	Generic	
hydrocortisone rectal	Cortenema	Generic	
hydrocort-pramoxine (perianal)	Analpram HC	Generic	
lidocaine-hydrocort (perianal)	Lidocort	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
LIDOCORT		Preferred brand	
PROCTOCORT RECTAL		Nonpreferred brand	
PROCTOFOAM HC		Preferred brand	
procto-med hc	Procto-Med HC	Generic	
proctosol hc	Procto-Med HC	Generic	
proctozone-hc	Procto-Med HC	Generic	
TARPEYO		Nonpreferred brand	PA; QL
Sulfonamides			
sulfasalazine oral	Azulfidine	Generic	
Metabolic Bone Disease Agents			
alendronate sodium	Fosamax	Generic	QL
BINOSTO		Nonpreferred brand	ST; QL
calcitonin (salmon)	Miacalcin	Generic	
calcitriol oral	Rocaltrol	Generic	
cinacalcet hcl	Sensipar	Generic	SP
doxercalciferol oral		Generic	
FOSAMAX PLUS D		Nonpreferred brand	ST; QL
ibandronate sodium oral		Generic	QL
paricalcitol oral	Zemplar	Generic	
RAYALDEE		Nonpreferred brand	QL
risedronate sodium oral tablet	Actonel	Generic	QL
risedronate sodium oral tablet delayed release	Atelvia	Generic	ST; QL
teriparatide	Forteo	Generic	PA; SP; QL
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	Forteo	Generic	PA; SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		Not covered	SP; QL
TYMLOS		Preferred brand	PA; SP; QL
Miscellaneous Therapeutic Agents			
AEROCHAMBER HOLDING CHAMBER		Preferred brand	QL
AEROCHAMBER MINI CHAMBER		Preferred brand	QL
AEROCHAMBER MV		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
AEROCHAMBER PLS FLOVU MTHPIECE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU INTERM		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLOW VU		Preferred brand	QL
AEROCHAMBER W/FLOWSIGNAL		Preferred brand	QL
AQUASTAT		Nonpreferred brand	
AQUASTAT SFR		Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES		Preferred brand	
BD POSIFLUSH		Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES		Preferred brand	
BD ULTRA-FINE PEN NEEDLES		Preferred brand	
BREATHE COMFORT CHAMBER/ADULT		Nonpreferred brand	QL
BREATHE COMFORT CHAMBER/CHILD		Nonpreferred brand	QL
BREATHE EASE LARGE		Nonpreferred brand	QL
BREATHE EASE MEDIUM		Nonpreferred brand	QL
BREATHE EASE SMALL		Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER		Nonpreferred brand	QL
CAYA		Preferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
COMPACT SPACE CHAMBER/MED MASK		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK		Nonpreferred brand	QL
CONDOMS		Preventive	PV1; QL
deferoxamine mesylate	Desferal	Generic	
DOJOLVI		Preferred brand	PA; SP
DUREX EXTRA SENSITIVE THIN		Preventive	PV1; QL
EASIVENT		Nonpreferred brand	QL
ENDARI		Nonpreferred brand	PA; QL
ergoloid mesylates oral		Generic	
FC2 FEMALE CONDOM		Preventive	PV1; QL
FEMCAP		Preferred brand	PV2; QL
FIRDAPSE		Preferred brand	PA; SP; QL
FLEXICHAMBER		Nonpreferred brand	QL
GRASTEK		Nonpreferred brand	PA; QL
IWILFIN		Preferred brand	PA; 15DS; SP; QL
KERENDIA		Preferred brand	PA; QL
methergine	Methergine	Generic	PA; QL
methylergonovine maleate oral	Methergine	Generic	PA; QL
MICROCHAMBER DEVICE		Nonpreferred brand	QL
MONOJECT FLUSH SYRINGE		Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH		Nonpreferred brand	
normal saline flush	Aquastat	Generic	
NOVOFINE AUTOCOVER PEN NEEDLE		Preferred brand	
NOVOFINE PEN NEEDLE		Preferred brand	
NOVOFINE PLUS PEN NEEDLE		Preferred brand	
ODACTRA		Nonpreferred brand	PA; QL
OMNIPOD 5 G6 INTRO (GEN 5)		Preferred brand	QL
OMNIPOD 5 G6 PODS (GEN 5)		Preferred brand	QL
OMNIPOD 5 G7 INTRO (GEN 5)		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
OMNIPOD 5 G7 PODS (GEN 5)		Preferred brand	QL
OMNIPOD CLASSIC PODS (GEN 3)		Preferred brand	QL
OMNIPOD DASH INTRO (GEN 4)		Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)		Preferred brand	
OMNIPOD DASH PODS (GEN 4)		Preferred brand	QL
OMNIPOD GO		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	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
SAXENDA		Nonpreferred brand	PA; QL
sodium chloride flush	Aquastat	Generic	
SOHONOS		Preferred brand	PA; SP; QL
sterile water for irrigation	Argyle Sterile Water	Generic	
TAVNEOS		Nonpreferred brand	PA; SP; QL
TIS-U-SOL		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
VEOZAH		Nonpreferred brand	PA; QL
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred brand	SP; QL
VORTEX VALVED HOLDING CHAMBER		Nonpreferred brand	QL
water for irrigation, sterile	Argyle Sterile Water	Generic	
WEGOVY		Nonpreferred brand	PA; QL
WIDE-SEAL DIAPHRAGM 60		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90		Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95		Preferred brand	PV2; QL
XENICAL		Nonpreferred brand	PA; QL
XPHOZAH		Preferred brand	PA; QL
ZEPBOUND		Nonpreferred brand	PA; QL
ZILBRYSQ		Nonpreferred brand	PA; SP; QL
ZOKINVY		Preferred brand	PA; SP; QL
Ophthalmic Agents			
Aminoglycosides			
gentamicin sulfate ophthalmic		Generic	
neomycin-polymyxin-gramicidin		Generic	
TOBRADEX OPHTHALMIC OINTMENT		Preferred brand	
TOBRADEX ST		Preferred brand	
tobramycin ophthalmic		Generic	
tobramycin-dexamethasone		Generic	
TOBREX		Nonpreferred brand	
Antibacterials, Other			
bacitracin ophthalmic		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
bacitracin-polymyxin b	Polycin	Generic	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	Generic	
neomycin-bacitracin zn-polymyx	Neo-Polycin	Generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	Generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	Generic	
neomycin-polymyxin-hc ophthalmic		Generic	
neo-polycin	Neo-Polycin	Generic	
neo-polycin hc	Neo-Polycin HC	Generic	
polycin	Polycin	Generic	
polymyxin b-trimethoprim		Generic	
XDEMVY		Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents			
ZIRGAN		Preferred brand	
Antifungals			
NATACYN		Preferred brand	
Antiherpetic Agents			
trifluridine		Generic	
Macrolides			
AZASITE		Nonpreferred brand	
erythromycin ophthalmic		Generic	
Ophthalmic Agents, Other			
atropine sulfate ophthalmic ointment		Generic	
atropine sulfate ophthalmic solution 1 %		Generic	
CEQUA		Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %		Nonpreferred brand	
cyclopentolate hcl ophthalmic	Cyclogyl	Generic	
cyclosporine ophthalmic	Restasis	Generic	
CYSTADROPS		Nonpreferred brand	PA; SP; QL
CYSTARAN		Preferred brand	PA; SP; QL
HOMATROPAIRE		Nonpreferred brand	
LACRISERT		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
MIEBO		Nonpreferred brand	PA; QL
OXERVATE		Preferred brand	PA; SP; QL
RESTASIS MULTIDOSE		Preferred brand	
sulfacetamide-prednisolone		Generic	
tropicamide ophthalmic	Mydriacyl	Generic	
TYRVAYA		Nonpreferred brand	QL
VERKAZIA		Nonpreferred brand	PA; QL
VEVYE		Not covered	QL
XIIDRA		Preferred brand	QL
ZYLET		Preferred brand	
Ophthalmic Anti-allergy Agents			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	
altafrin	Altafrin	Generic	
azelastine hcl ophthalmic		Generic	
bepotastine besilate	Bepreve	Generic	
cromolyn sodium ophthalmic		Generic	
CYCLOMYDRIL		Nonpreferred brand	
epinastine hcl		Generic	
olopatadine hcl ophthalmic solution 0.2 %	Pataday	Generic	
phenylephrine hcl ophthalmic	Altafrin	Generic	
UPNEEQ		Not covered	QL
ZERVIATE		Not covered	
Ophthalmic Antiglaucoma Agents			
apraclonidine hcl		Generic	
betaxolol hcl ophthalmic		Generic	
BETIMOL		Preferred brand	
BETOPTIC-S		Preferred brand	
brimonidine tartrate ophthalmic	Alphagan P	Generic	
brimonidine tartrate-timolol	Combigan	Generic	
brinzolamide	Azopt	Generic	
carteolol hcl		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
dorzolamide hcl ophthalmic		Generic	
dorzolamide hcl-timolol mal	Cosopt	Generic	
dorzolamide hcl-timolol mal pf	Cosopt PF	Generic	
IOPIDINE		Nonpreferred brand	
levobunolol hcl		Generic	
PHOSPHOLINE IODIDE		Not covered	
pilocarpine hcl ophthalmic		Generic	
RHOPRESSA		Preferred brand	ST; QL
ROCKLATAN		Preferred brand	ST; QL
SIMBRINZA		Nonpreferred brand	
timolol maleate (once-daily)	Istalol	Generic	
timolol maleate ocudose	Timolol Maleate Ocudose	Generic	
timolol maleate ophthalmic		Generic	
timolol maleate pf	Timolol Maleate Ocudose	Generic	
Ophthalmic Anti-inflammatories			
ACUVAIL		Nonpreferred brand	
ALREX		Nonpreferred brand	
bromfenac sodium (once-daily)		Generic	
bromfenac sodium ophthalmic solution 0.07 %	Prolensa	Generic	
bromfenac sodium ophthalmic solution 0.075 %	BromSite	Not covered	
dexamethasone sodium phosphate ophthalmic		Generic	
diclofenac sodium ophthalmic		Generic	
difluprednate	Durezol	Generic	
EYSUVIS		Not covered	QL
FLAREX		Nonpreferred brand	
fluorometholone	FML Liquifilm	Generic	
flurbiprofen sodium		Generic	
FML FORTE		Preferred brand	
ILEVRO		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
INVELTYS		Nonpreferred brand	QL
ketorolac tromethamine ophthalmic	Acular	Generic	
LOTEMAX OPHTHALMIC OINTMENT		Nonpreferred brand	
LOTEMAX SM		Nonpreferred brand	QL
loteprednol etabonate	Alrex	Generic	
MAXIDEX		Nonpreferred brand	
NEVANAC		Not covered	
PRED MILD		Preferred brand	
prednisolone acetate ophthalmic	Pred Forte	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	Xalatan	Generic	
LUMIGAN		Preferred brand	
tafluprost (pf)	Zioptan	Generic	
travoprost (bak free)	Travatan Z	Generic	
VYZULTA		Nonpreferred brand	PA
XELPROS		Nonpreferred brand	PA; QL
Quinolones			
BESIVANCE		Preferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Generic	
gatifloxacin ophthalmic		Generic	
levofloxacin ophthalmic		Generic	
moxifloxacin hcl (2x day)		Generic	
moxifloxacin hcl ophthalmic	Vigamox	Generic	
ofloxacin ophthalmic	Ocuflox	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Sulfonamides			
sulfacetamide sodium ophthalmic		Generic	
Otic Agents			
acetic acid otic		Generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetraxal	Generic	
ciprofloxacin-dexamethasone		Generic	
CIPROFLOXACIN-FLUOCINOLONE PF		Preferred brand	
CORTISPORIN-TC		Nonpreferred brand	
flac	Flac	Generic	
fluocinolone acetonide otic	Flac	Generic	
hydrocortisone-acetic acid		Generic	
neomycin-polymyxin-hc otic		Generic	
ofloxacin otic		Generic	
OTOVEL		Preferred brand	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
12 hour allergy-d	Zyrtec-D Allergy & Sinus	Generic	
12hr allergy relief	Allegra Allergy	Generic	
24hr allergy & congestion reli	Allegra-D Allergy & Congestion	Generic	QL
24hr allergy relief	Allegra Allergy	Generic	
ALAVERT		Generic	
ALAVERT D-12 HOUR ALLERGY/CONG		Generic	
all day allergy d	Zyrtec-D Allergy & Sinus	Generic	
ALLEGRA ALLERGY ORAL TABLET 180 MG		Generic	
ALLEGRA HIVES 24HR		Generic	
allergy (cetirizine)	ZyrTEC Allergy	Generic	
allergy 24hour indoor/outdoor	ZyrTEC Allergy	Generic	
allergy 24-hr	Allegra Allergy	Generic	
allergy childrens oral solution	Claritin	Generic	
allergy childrens oral suspension	Allegra Allergy Childrens	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
allergy rel child (cetirizine)	ZyrTEC Allergy Childrens	Generic	
allergy rel child (loratadine)	Claritin	Generic	
allergy relief (cetirizine)	Wal-Zyr	Generic	
allergy relief (loratadine)	Claritin	Generic	
allergy relief cetirizine	ZyrTEC Allergy	Generic	
allergy relief childrens 24-hr	Wal-Zyr Allergy Childrens	Generic	
allergy relief childrens oral solution	Claritin	Generic	
allergy relief d oral tablet extended release 24 hour 180-240 mg	Allegra-D Allergy & Congestion	Generic	QL
allergy relief d-12	Alavert D-12 Hour Allergy/Cong	Generic	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	Allegra-D Allergy & Congestion	Generic	QL
allergy relief oral tablet 10 mg	Claritin	Generic	
allergy relief oral tablet 180 mg	Allegra Allergy	Generic	
allergy relief oral tablet 5 mg	Xyzal Allergy 24HR	Generic	QL
allergy relief/indoor/outdoor	Allegra Allergy	Generic	
allergy relief/nasal decongest oral tablet extended release 12 hour	Zyrtec-D Allergy & Sinus	Generic	
allergy relief-d oral tablet extended release 12 hour	Alavert D-12 Hour Allergy/Cong	Generic	
azelastine hcl nasal	Astepro	Generic	QL
carbinoxamine maleate oral solution		Generic	
carbinoxamine maleate oral tablet 4 mg		Generic	
carbinoxamine maleate oral tablet 6 mg	RyVent	Not covered	
cetirizine hcl childrens alrgy	Wal-Zyr Allergy Childrens	Generic	
cetirizine hcl oral solution	Wal-Zyr Allergy Childrens	Generic	
cetirizine hcl oral tablet	ZyrTEC Allergy	Generic	
cetirizine hcl oral tablet chewable 10 mg	ZyrTEC	Generic	
cetirizine-pseudoephedrine er	Zyrtec-D Allergy & Sinus	Generic	
CLARINEX-D 12 HOUR		Nonpreferred brand	QL
CLARITIN ORAL TABLET		Generic	
CLARITIN ORAL TABLET CHEWABLE 10 MG		Generic	
CLARITIN REDITABS JUNIORS		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG		Generic	
CLARITIN-D 24 HOUR		Generic	
clemastine fumarate oral syrup		Not covered	
clemastine fumarate oral tablet		Generic	
cyproheptadine hcl oral		Generic	
desloratadine	Clarinex	Generic	QL
diphenhydramine hcl oral elixir		Generic	
fexofenadine hcl oral	Allegra Allergy	Generic	
fexofenadine-pseudoephed er	Allegra-D Allergy & Congestion	Generic	QL
ft all day allergy	ZyrTEC Allergy	Generic	
ft all day allergy 24 hour	ZyrTEC Allergy	Generic	
ft all day allergy relief	Claritin	Generic	
ft all day allergy-d	Zyrtec-D Allergy & Sinus	Generic	
ft allergy & congestion-d 12hr	Allegra-D Allergy & Congestion	Generic	QL
ft allergy childrens	Claritin	Generic	
ft allergy relief 12 hour	Allegra Allergy	Generic	
ft allergy relief 24 hour	Allegra Allergy	Generic	
ft allergy relief childrens oral solution	Wal-Zyr Allergy Childrens	Generic	
ft allergy relief childrens oral tablet chewable	Claritin	Generic	
ft allergy relief-d	Claritin-D 24 Hour	Generic	
goodsense all day allergy-d	Zyrtec-D Allergy & Sinus	Generic	
goodsense aller-ease	Allegra Allergy	Generic	
goodsense allergy relief child	Claritin	Generic	
KARBINAL ER		Nonpreferred brand	ST; QL
levocetirizine dihydrochloride oral	Xyzal Allergy 24HR	Generic	QL
loratadine childrens	Claritin	Generic	
loratadine oral solution	Claritin	Generic	
loratadine oral tablet	Claritin	Generic	
loratadine oral tablet dispersible	Alavert	Generic	
loratadine-d 12hr	Alavert D-12 Hour Allergy/Cong	Generic	
loratadine-d 24hr	Claritin-D 24 Hour	Generic	
mm fexofenadine hcl	Allegra Allergy	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
olopatadine hcl nasal		Generic	QL
promethazine vc		Generic	
RYCLORA		Not covered	
ryvent	RyVent	Not covered	
sm fexofenadine hcl oral tablet 180 mg	Allegra Allergy	Generic	
wal-itin d	Alavert D-12 Hour Allergy/Cong	Generic	
wal-zyr allergy childrens	Wal-Zyr Allergy Childrens	Generic	
wal-zyr childrens oral solution 5 mg/5ml	Wal-Zyr Allergy Childrens	Generic	
ZYRTEC		Not covered	
ZYRTEC ALLERGY ORAL TABLET		Generic	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML		Generic	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE		Not covered	
ZYRTEC-D ALLERGY & SINUS		Generic	
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR HFA		Preferred brand	QL
AIRDUO DIGIHALER		Not covered	
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
ARMONAIR DIGIHALER		Not covered	QL
ARNUITY ELLIPTA		Preferred brand	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	Breyna	Generic	QL
budesonide inhalation	Pulmicort	Generic	
budesonide-formoterol fumarate	Symbicort	Generic	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	
flunisolide nasal		Generic	QL
FLUTICASONE FUROATE-VILANTEROL		Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS		Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA		Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	ClariSpray	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	Advair Diskus	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		Nonpreferred brand	ST; QL
PULMICORT FLEXHALER		Preferred brand	QL
QNASL		Preferred brand	ST; QL
QNASL CHILDRENS		Preferred brand	ST; QL
QVAR REDIHALER		Not covered	QL
wixela inhub	Wixela Inhub	Generic	QL
XHANCE		Not covered	QL
ZETONNA		Nonpreferred brand	ST; QL
Antileukotrienes			
montelukast sodium oral	Singulair	Generic	QL
zafirlukast	Accolate	Generic	QL
zileuton er		Generic	QL
ZYFLO		Not covered	QL
Bronchodilators, Anticholinergic			
ATROVENT HFA		Preferred brand	QL
INCRUSE ELLIPTA		Not covered	QL
ipratropium bromide inhalation		Generic	
ipratropium bromide nasal		Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
SPIRIVA RESPIMAT		Preferred brand	QL
tiotropium bromide monohydrate	Spiriva HandiHaler	Generic	QL
TUDORZA PRESSAIR		Not covered	QL
YUPELRI		Preferred brand	QL
Bronchodilators, Sympathomimetic			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	ProAir HFA	Generic	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Not covered	ABA; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation		Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Preferred brand	
albuterol sulfate oral		Generic	
arformoterol tartrate	Brovana	Generic	QL
AUVI-Q		Not covered	QL
epinephrine injection solution auto-injector	EpiPen/Jr	Generic	QL
formoterol fumarate inhalation	Perforomist	Generic	QL
levalbuterol hcl inhalation		Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT		Nonpreferred brand	ABA; QL
PROAIR DIGIHALER		Not covered	
PROAIR RESPICLICK		Not covered	QL
SEREVENT DISKUS		Preferred brand	QL
STRIVERDI RESPIMAT		Preferred brand	QL
terbutaline sulfate oral		Generic	
VENTOLIN HFA		Not covered	QL
XOPENEX HFA		Nonpreferred brand	QL
Cystic Fibrosis Agents			
BRONCHITOL		Nonpreferred brand	PA; SP; QL
BRONCHITOL TOLERANCE TEST		Nonpreferred brand	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
CAYSTON		Nonpreferred brand	PA; SP; QL
KALYDECO		Preferred brand	PA; SP; QL
ORKAMBI		Preferred brand	PA; SP; QL
PULMOZYME		Preferred brand	PA; SP
SYMDEKO		Preferred brand	PA; SP; QL
TOBI PODHALER		Nonpreferred brand	PA; SP; QL
tobramycin inhalation	Bethkis	Generic	SP; QL
TRIKAFTA		Preferred brand	PA; SP; QL
Mast Cell Stabilizers			
cromolyn sodium inhalation		Generic	
Phosphodiesterase Inhibitors, Airways Disease			
elixophyllin	Elixophyllin	Generic	
roflumilast	Daliresp	Generic	QL
THEO-24		Preferred brand	
theophylline	Elixophyllin	Generic	
theophylline er		Generic	
Pulmonary Antihypertensives			
ADEMPAS		Preferred brand	PA; SP; QL
alyq	Alyq	Generic	PA; SP; QL
ambrisentan	Letairis	Generic	PA; SP; QL
bosentan	Tracleer	Generic	PA; SP; QL
LIQREV		Not covered	QL
OPSUMIT		Preferred brand	PA; SP; QL
ORENITRAM		Nonpreferred brand	PA; SP; QL
ORENITRAM MONTH 1		Nonpreferred brand	PA; SP; QL
ORENITRAM MONTH 2		Nonpreferred brand	PA; SP; QL
ORENITRAM MONTH 3		Nonpreferred brand	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Revatio	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Revatio	Generic	QL
tadalafil (pah)	Alyq	Generic	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
TADLIQ		Nonpreferred brand	PA; SP; QL
TRACLEER 32 MG		Nonpreferred brand	PA; SP; QL
TYVASO		Preferred brand	PA; SP; QL
TYVASO DPI MAINTENANCE KIT		Preferred brand	PA; SP; QL
TYVASO DPI TITRATION KIT		Preferred brand	PA; SP; QL
TYVASO REFILL		Preferred brand	PA; SP; QL
TYVASO STARTER		Preferred brand	PA; SP; QL
UPTRAVI ORAL		Nonpreferred brand	PA; SP; QL
UPTRAVI TITRATION		Nonpreferred brand	PA; SP; QL
VENTAVIS		Nonpreferred brand	PA; SP; QL
Pulmonary Fibrosis Agents			
OFEV		Preferred brand	PA; SP; QL
pirfenidone	Esbriet	Generic	PA; SP; QL
Respiratory Tract Agents, Other			
acetylcysteine inhalation		Generic	
AIRSUPRA		Nonpreferred brand	QL
ANORO ELLIPTA		Preferred brand	QL
azelastine-fluticasone	Dymista	Generic	QL
benzonatate		Generic	
BREZTRI AEROSPHERE		Preferred brand	QL
BROMFED DM		Nonpreferred brand	
COMBIVENT RESPIMAT		Preferred brand	QL
DUAKLIR PRESSAIR		Not covered	QL
FASENRA PEN		Preferred brand	PA; SP; QL
guaifenesin ac		Generic	
guaifenesin-codeine		Generic	
hydrocod poli-chlorphe poli er		Generic	
hydrocodone bit-homatrop mbr	Hycodan	Generic	
hydromet	Hycodan	Generic	
HYPERSAL		Nonpreferred brand	
ipratropium-albuterol		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
maxi-tuss ac		Generic	
mometasone furoate nasal	Nasonex 24HR	Generic	QL
NEBUSAL		Nonpreferred brand	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand	PA; SP; QL
ORALAIR		Nonpreferred brand	PA; QL
potassium iodide oral	SSKI	Generic	
promethazine vc/codeine		Generic	
promethazine-codeine oral solution		Generic	
promethazine-dm		Generic	
pseudoephedrine-bromphen-dm	Bromfed DM	Generic	
PULMOSAL		Nonpreferred brand	
RYALTRIS		Nonpreferred brand	PA; QL
sodium chloride inhalation	HyperSal	Generic	
SSKI		Nonpreferred brand	
STIOLTO RESPIMAT		Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand	PA; SP; QL
TRELEGY ELLIPTA		Preferred brand	QL
TUXARIN ER		Nonpreferred brand	
Skeletal Muscle Relaxants			
BACLOFEN ORAL SOLUTION		Nonpreferred brand	PA; ABA; QL
baclofen oral suspension	Fleqsuvy	Generic	PA; QL
baclofen oral tablet		Generic	
carisoprodol oral	Soma	Not covered	
chlorzoxazone oral tablet 250 mg		Not covered	
chlorzoxazone oral tablet 375 mg, 750 mg	Lorzone	Not covered	
chlorzoxazone oral tablet 500 mg		Generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL
cyclobenzaprine hcl oral	Fexmid	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
dantrolene sodium oral	Dantrium	Generic	
LYVISPAH		Nonpreferred brand	PA; QL
metaxalone		Generic	
methocarbamol oral		Generic	
NORGESIC		Not covered	QL
NORGESIC FORTE		Not covered	
orphenadrine citrate er		Generic	
orphenadrine-aspirin-caffeine	Norgesic	Not covered	QL
ORPHENGESIC FORTE		Not covered	
OZOBAX DS		Nonpreferred brand	PA; QL
tizanidine hcl oral	Zanaflex	Generic	
Sleep Disorder Agents			
GABA Receptor Modulators			
EDLUAR		Nonpreferred brand	ST; QL
eszopiclone	Lunesta	Generic	QL
flurazepam hcl		Generic	QL
temazepam	Restoril	Generic	QL
triazolam	Halcion	Generic	QL
zaleplon		Generic	QL
zolpidem tartrate er	Ambien CR	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE		Not covered	QL
zolpidem tartrate oral tablet	Ambien	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	Silenor	Generic	QL
HETLIOZ LQ		Nonpreferred brand	PA; SP; QL
QUVIVIQ		Nonpreferred brand	ST; QL
ramelteon	Rozerem	Generic	QL
tasimelteon	Hetlioz	Generic	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Wakefulness Promoting Agents			
armodafinil	Nuvigil	Generic	QL
LUMRYZ		Nonpreferred brand	PA; SP; QL
modafinil oral	Provigil	Generic	QL
SODIUM OXYBATE		Nonpreferred brand	PA; ABA; SP; QL
SUNOSI		Nonpreferred brand	PA; QL
WAKIX		Nonpreferred brand	PA; SP; QL
XYREM		Nonpreferred brand	PA; SP; QL
XYWAV		Nonpreferred brand	PA; SP; QL

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We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركا بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

ئەگەر تۆ یان کەسێک کە یارمەتی دەدەیت، پێویستی بە یارمەتی هەیە، مافی خۆتە بە خۆڕایی یارمەتی و زانیاری بە زمانەکەی خۆت وەربگریت. بۆ قسەکردن لەگەڵ وەرگێڕ، پەیوەندی بکە بە ژمارەی خزمەتگوزاری کڕیاران کە لەپشت کارتەکەتەوەیە، یان 877-469-2583 TTY:711، ئەگەر تۆ ئەندام نیت.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号 (メンバーでない方は877-469-2583, TTY: 711) までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

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You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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