

Changes to the Blue Care Network Custom Drug List

The following are changes to the Blue Care Network Custom Drug List that will be effective January 1, 2024.

Drugs that won't be covered

We'll no longer cover the following drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If you fill a prescription for one of these drugs on or after January 1, 2024, you'll be responsible for the full cost.

The drugs that won't be covered are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Drugs that won't be covered	Common use or drug class	Preferred alternatives
APO-varenicline	Smoking cessation	generic varenicline tartrate (Chantix®)
QVAR RediHaler®	Asthma	Arnuity Ellipta®, Asmanex®, Pulmicort FlexHaler®

Drugs that will have a higher copayment

The brand-name drugs that will have a higher copayment are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives.

Drugs that will have a higher copayment*	Common use or drug class	Preferred alternatives
generic doxycycline monohydrate 75mg capsule	Tetracycline antibiotic	generic doxycycline hyclate capsule; 100mg tablet;
generic doxycycline monohydrate 150mg tablet		generic doxycycline monohydrate 50mg, 100mg capsule; 50mg, 75mg, 100mg tablet
Copaxone® 20mg/mL (brand glatiramer)	Multiple sclerosis	generic glatiramer 20mg/mL, 40mg/mL (Glatopa®)

*Nonpreferred brand drugs are not covered for members with a closed benefit.

Brand drugs that won't be covered at the generic copay (generic equivalent is covered)

On some of our drug lists, select brand-name drugs are covered at a generic copay and the generic equivalent drug is not covered. These brand-name drugs are shown without a generic drug listing and with a generic copay. Starting January 1, 2024, the brand-name drugs listed below will no longer be covered at the generic copay. Members can continue to fill their prescription with the generic equivalent.

Brand-name drugs that won't be covered	Covered generic equivalent
Adderall® XR	dextroamphetamine/amphetamine ER capsule



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Your 2023 Blue Care Network Custom Drug List

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

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

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Blue Care Network Custom Drug List

The Blue Care Network of Michigan *Custom 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. BCN 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 BCN 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: All BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA
- Proton pump inhibitors, non-sedating antihistamines and nasal steroids
 - These medications have over-the-counter alternatives that are available without a prescription.

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 plan documents.

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original brand-name version 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 BCN members. If both the generic and brand names are on the drug list, the drug is assigned to the tier that matches the available generic. Members are encouraged to receive the generic equivalent if available. All BCN members must 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, call the Customer Service phone number on the back of your BCN member ID card. If you have online access, log in to your account at bcbsm.com or the Blue Cross mobile app. You can also find general information about BCN prescription drug coverage at bcbsm.com/pharmacy.

Vaccines

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

Reading your drug list

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

Tier information

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

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	Closed benefit plan	3-tier plan	5-tier plan	6-tier plan
Not covered	Nonformulary This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs are not covered.			
Covered \$0	No out-of-pocket cost This tier includes select products that are covered with no out-of-pocket costs.			
Preventive	No out-of-pocket cost This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When healthcare reform requirements are not met, the drug is not covered.			
Preferred 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 generic – Lower generic out-of-pocket cost This tier includes common, nonspecialty generic and select brand-name drugs that treat certain chronic diseases. Offering these drugs at the lowest out-of-pocket costs makes them more accessible to members and helps ensure they take them as prescribed.
Nonpreferred 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.			Nonpreferred generic – Higher generic out-of-pocket cost This tier includes nonspecialty generic drugs that aren't preferred generics. Nonpreferred generic out-of-pocket costs are higher than preferred generic drugs but still lower than the costs for brand-name drugs.

continued

Drug Tiers	Closed benefit plan	3-tier plan	5-tier plan	6-tier plan
Preferred brand	Preferred brand – Higher out-of-pocket cost This tier includes preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.		Preferred brand – Higher out-of-pocket cost This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	
Nonpreferred brand	Nonpreferred brand – Not covered	Nonpreferred brand – Highest out-of-pocket cost This tier includes brand-name drugs for which there are either generic alternatives or more cost-effective, preferred brand-name drugs available. Members pay more for these nonpreferred brand-name drugs.	Nonpreferred brand – Highest- out-of-pocket cost This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.	
Generic specialty	Generic – Lowest out-of-pocket cost This tier includes generic drugs that are used to treat difficult health conditions. Members pay the lowest amount for generics, making them the most cost-effective option for treatment.		Preferred specialty – Lower out-of-pocket cost This tier includes generic and brand-name specialty drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.	
Preferred brand specialty	Preferred brand – Higher out-of-pocket cost This tier includes preferred brand-name drugs that are used to treat difficult health conditions. These drugs are more expensive than generics, and members pay a higher amount for them.			
Nonpreferred brand specialty	Nonpreferred brand – Not covered	Nonpreferred brand – Highest out-of-pocket cost This tier includes brand-name drugs that are used to treat difficult health conditions for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.	Nonpreferred specialty – Higher out-of-pocket cost This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.	

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 costs 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 costs 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 costs 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 costs when health care reform requirements are met. When health care reform requirements are not met, coverage and applicable out-of-pocket costs apply, based on the members' benefit design. Additional coverage requirements may apply.
QL	Quantity limit – The quantity of medication dispensed at one time is limited.
SP	Specialty medication – Specialty medications treat complex health conditions and may require special handling or administration.
ST	Step therapy – Requires you try one or more preferred drugs before a higher-cost medication can be covered.
15DS	15-day supply – Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.

How to fill a prescription

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

- **Specialty drugs**

- Local retail pharmacy
 - Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/](https://www.walgreens.com/pharmacy/)*.
 - You can use any retail pharmacy in your applicable network.
- Limited-distribution specialty drugs
 - Pharmacy options vary based on the drug. Refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.
- Home delivery
 - AllianceRx Walgreens Pharmacy**
 - Website: [alliancerxwp.com](https://www.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: 1-844-642-9087

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

*** 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 *BCN Custom Drug List*.

Quantity limits

For certain medications, BCN limits the quantity that can be dispensed per fill. BCN 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 to the column labeled *BCN 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 BCN member ID card for more information.

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

Doctors can request authorization for you. We'll 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

BCN Custom Drug List - December 2023

Table of Contents

Analgesics	11
Anesthetics	17
Anti-Addiction/Substance Abuse Treatment Agents	18
Antibacterials	19
Anticonvulsants	24
Antidementia Agents	28
Antidepressants	28
Antiemetics	31
Antifungals	33
Antigout Agents	35
Antimigraine Agents	35
Antimyasthenic Agents	37
Antimycobacterials	37
Antineoplastics	38
Antiparasitics	46
Antiparkinson Agents	47
Antipsychotics	49
Antivirals	50
Anxiolytics	55
Bipolar Agents	56
Blood Glucose Monitoring	56
Blood Glucose Regulators	58
Blood Products and Modifiers	63
Cardiovascular Agents	67
Central Nervous System Agents	77
Cholestatic Pruritus Agent	82
Dental and Oral Agents	82
Dermatological Agents	84
Electrolytes/Minerals/Metals/Vitamins	89
Gastrointestinal Agents	94
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	99
Genitourinary Agents	101
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	103
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	107
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	109
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	121
Hormonal Agents, Suppressant (Adrenal)	122
Hormonal Agents, Suppressant (pituitary)	122
Hormonal Agents, Suppressant (Thyroid)	123
Immunological Agents	123
Inflammatory Bowel Disease Agents	129
Metabolic Bone Disease Agents	130
Miscellaneous Therapeutic Agents	131
Ophthalmic Agents	135
Otic Agents	141
Respiratory Tract/Pulmonary Agents	141
Skeletal Muscle Relaxants	148
Sleep Disorder Agents	149

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	Nonpreferred generic	
DICLOFENAC PATCH 1.3%		Nonpreferred brand	PA; ABA; QL
diclofenac potassium oral capsule	Zipsor	Nonpreferred generic	PA; QL
diclofenac potassium oral tablet 25 mg	Lofena	Not covered	
diclofenac potassium oral tablet 50 mg		Nonpreferred generic	
diclofenac sodium er		Nonpreferred generic	
diclofenac sodium external gel 1 %	Aspercreme Arthritis Pain	Nonpreferred generic	QL
diclofenac sodium external solution 1.5 %		Nonpreferred generic	
diclofenac sodium external solution 2 %	Pennsaid	Nonpreferred generic	PA; QL
diclofenac sodium oral		Preferred generic	
diclofenac-misoprostol	Arthrotec	Nonpreferred generic	
diflunisal oral		Nonpreferred generic	
ec-naproxen	EC-Naprosyn	Preferred generic	
ELYXYB		Not covered	
etodolac	Lodine	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
etodolac er		Nonpreferred generic	
fenoprofen calcium oral capsule 200 mg		Not covered	QL
fenoprofen calcium oral capsule 400 mg	Nalfon	Nonpreferred generic	QL
fenoprofen calcium oral tablet	Nalfon	Not covered	QL
FLECTOR		Nonpreferred brand	PA; QL
flurbiprofen oral		Nonpreferred generic	
ft aspirin low dose	Aspir-Low	Preventive	PV1
goodsense aspirin low dose	Aspir-Low	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	Preferred generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBUPROFEN	Preferred generic	
ibuprofen-famotidine	Duexis	Not covered	QL
INDOCIN ORAL		Not covered	
indomethacin er		Nonpreferred generic	
indomethacin oral		Nonpreferred generic	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG		Nonpreferred brand	QL
indomethacin rectal suppository 50 mg	Indocin	Nonpreferred generic	QL
ketoprofen er		Nonpreferred generic	
ketoprofen oral capsule 25 mg		Nonpreferred generic	PA; QL
ketoprofen oral capsule 50 mg		Nonpreferred generic	
ketorolac tromethamine injection		Nonpreferred generic	
ketorolac tromethamine intramuscular		Nonpreferred generic	
ketorolac tromethamine oral		Nonpreferred generic	QL
LICART		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
meclofenamate sodium oral		Nonpreferred generic	
mefenamic acid oral		Nonpreferred generic	
meloxicam oral capsule		Nonpreferred generic	PA; QL
meloxicam oral tablet		Preferred 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		Nonpreferred generic	
naproxen dr	EC-Naprosyn	Preferred generic	
naproxen oral suspension	Naprosyn	Nonpreferred generic	
naproxen oral tablet	Naprosyn	Preferred generic	
naproxen oral tablet delayed release	EC-Naprosyn	Preferred generic	
naproxen sodium er	Naprelan	Not covered	
naproxen sodium oral tablet 275 mg		Preferred generic	
naproxen sodium oral tablet 550 mg	Anaprox DS	Preferred generic	
naproxen-esomeprazole mg	Vimovo	Not covered	QL
oxaprozin	Daypro	Nonpreferred generic	
piroxicam oral	Feldene	Nonpreferred generic	
RELAFEN DS		Not covered	
salsalate oral		Nonpreferred generic	
SPRIX		Not covered	QL
sulindac oral		Nonpreferred generic	
tolmetin sodium		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
ZORVOLEX		Nonpreferred brand	PA; QL
Opioid Analgesics, Long-acting			
BELBUCA		Nonpreferred brand	PA; QL
buprenorphine	Butrans	Nonpreferred generic	QL
CONZIP		Not covered	
fentanyl		Nonpreferred generic	QL
hydrocodone bitartrate er	Hysingla ER	Nonpreferred generic	PA; QL
hydromorphone hcl er		Nonpreferred generic	PA; QL
levorphanol tartrate oral		Nonpreferred generic	PA; QL
methadone hcl intensol	Methadone HCl Intensol	Nonpreferred generic	
methadone hcl oral concentrate	Methadone HCl Intensol	Nonpreferred generic	
methadone hcl oral solution		Nonpreferred generic	
methadone hcl oral tablet		Nonpreferred generic	
morphine sulfate er	MS Contin	Nonpreferred generic	QL
morphine sulfate er beads		Nonpreferred 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

Drug Name	Brand Reference	Drug Tier	Notes
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	ABA; QL
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		Nonpreferred 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		Nonpreferred generic	
tramadol hcl er		Nonpreferred 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		Nonpreferred generic	
ALLZITAL		Not covered	
APADAZ		Not covered	QL
apap-caff-dihydrocodeine	Trezix	Nonpreferred generic	
ascomp-codeine	Ascomp-Codeine	Nonpreferred generic	
bac	Bac	Nonpreferred 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	

Drug Name	Brand Reference	Drug Tier	Notes
butalbital-acetaminophen oral tablet 50-300 mg	Bupap	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	Nonpreferred generic	
butalbital-apap-caff-cod	Fioricet/Codeine	Nonpreferred generic	
butalbital-apap-caffeine	Bac	Nonpreferred generic	
butalbital-asa-caff-codeine	Ascomp-Codeine	Nonpreferred generic	
butalbital-aspirin-caffeine		Nonpreferred generic	
butorphanol tartrate nasal		Nonpreferred generic	
codeine sulfate		Nonpreferred generic	
endocet	Endocet	Nonpreferred generic	
fentanyl citrate buccal lozenge on a handle		Nonpreferred generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET		Nonpreferred brand	PA; ABA; QL
FENTORA		Nonpreferred brand	PA; QL
hydrocodone-acetaminophen	Xodol	Nonpreferred generic	
hydrocodone-ibuprofen		Nonpreferred generic	
hydromorphone hcl oral	Dilaudid	Nonpreferred generic	
hydromorphone hcl rectal		Nonpreferred generic	
meperidine hcl oral		Nonpreferred generic	
morphine sulfate (concentrate)		Nonpreferred generic	
morphine sulfate oral		Nonpreferred generic	
morphine sulfate rectal		Nonpreferred generic	
nalbuphine hcl injection		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
NALOCET		Not covered	
NUCYNTA		Nonpreferred brand	PA; QL
OXAYDO		Not covered	QL
oxycodone hcl oral capsule		Nonpreferred generic	QL
oxycodone hcl oral concentrate 100 mg/5ml		Nonpreferred generic	QL
oxycodone hcl oral solution		Nonpreferred generic	QL
oxycodone hcl oral tablet		Nonpreferred 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	Nonpreferred generic	
oxymorphone hcl		Nonpreferred generic	QL
pentazocine-naloxone hcl		Nonpreferred generic	
PROLATE		Not covered	
ROXYBOND		Not covered	
SEGLENTIS		Not covered	
SUBSYS		Nonpreferred brand	PA; QL
TENCON		Preferred brand	
tramadol hcl oral tablet 100 mg		Nonpreferred generic	
tramadol hcl oral tablet 50 mg		Preferred generic	
tramadol-acetaminophen		Nonpreferred generic	
Anesthetics			
Local Anesthetics			
glydo	Glydo	Nonpreferred generic	
lidocaine external ointment 5 %		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
lidocaine external patch 5 %	Lidocan	Nonpreferred generic	
lidocaine hcl external solution		Nonpreferred generic	
lidocaine hcl mouth/throat		Nonpreferred generic	
lidocaine hcl urethral/mucosal	Glydo	Nonpreferred generic	
lidocaine viscous hcl		Nonpreferred generic	
lidocaine-prilocaine external cream		Nonpreferred generic	
PLIAGLIS EXTERNAL CREAM		Not covered	
ZTLIDO		Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
acamprosate calcium		Nonpreferred generic	
disulfiram oral		Nonpreferred generic	
naltrexone hcl oral		Nonpreferred generic	
Opioid Dependence Treatments			
buprenorphine hcl sublingual		Nonpreferred generic	QL
buprenorphine hcl-naloxone hcl	Suboxone	Nonpreferred generic	QL
LUCEMYRA		Preferred brand	QL
ZUBSOLV		Preferred brand	QL
Opioid Reversal Agents			
KLOXXADO		Preferred brand	QL
naloxone hcl injection		Nonpreferred generic	
naloxone hcl nasal	Narcan	Preferred generic	QL
NARCAN		Preferred brand	QL
OPVEE		Preferred brand	QL
ZIMHI		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
Smoking Cessation Agents			
APO-VARENICLINE		Preferred brand	PV2; QL; AL (Min 18 Years)
bupropion hcl er (smoking det)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
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		Nonpreferred brand	PV2; QL; AL (Min 18 Years)
NICOTROL NS		Nonpreferred brand	PV2; QL; AL (Min 18 Years)
varenicline tartrate		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
Antibacterials			
Aminoglycosides			
ARIKAYCE		Preferred brand specialty	PA; SP; QL
gentamicin sulfate external		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
HUMATIN		Nonpreferred brand	
neomycin sulfate oral		Nonpreferred generic	
Antibacterials, Other			
AEMCOLO		Nonpreferred brand	QL
ALTABAX		Not covered	
CLEOCIN VAGINAL SUPPOSITORY		Nonpreferred brand	
clindamycin hcl oral	Cleocin	Nonpreferred generic	
clindamycin palmitate hcl	Cleocin	Nonpreferred generic	
clindamycin phosphate vaginal	Cleocin	Nonpreferred generic	
CLINDESSE		Nonpreferred brand	
fosfomycin tromethamine	Monurol	Nonpreferred generic	
linezolid oral	Zyvox	Nonpreferred generic	
mafenide acetate external	Sulfamylon	Nonpreferred generic	
methenamine hippurate	Hiprex	Nonpreferred generic	
metronidazole oral	Flagyl	Nonpreferred generic	
metronidazole vaginal	Vandazole	Nonpreferred generic	
mupirocin calcium		Not covered	
mupirocin external		Nonpreferred generic	
NEO-SYNALAR EXTERNAL CREAM		Nonpreferred brand	
nitrofurantoin macrocrystal	Macrochantin	Nonpreferred generic	
nitrofurantoin monohydrate macrocrystals	Macrobid	Nonpreferred generic	
nitrofurantoin oral suspension 25 mg/5ml		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML		Not covered	
NUVESSA		Nonpreferred brand	
silver sulfadiazine external	SSD	Nonpreferred generic	
SIVEXTRO ORAL		Preferred brand	QL
SOLOSEC		Not covered	QL
ssd	SSD	Nonpreferred generic	
SULFAMYLON EXTERNAL CREAM		Nonpreferred brand	
tinidazole oral		Nonpreferred generic	QL
trimethoprim oral		Nonpreferred generic	
vancomycin hcl oral capsule	Vancocin	Nonpreferred generic	
vancomycin hcl oral solution reconstituted	Firvanq	Nonpreferred generic	QL
VANDAZOLE		Nonpreferred brand	
XACIATO		Not covered	
XENLETA ORAL		Nonpreferred brand	QL
XEPI		Nonpreferred brand	PA; QL
XIFAXAN ORAL TABLET 200 MG		Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG		Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins			
cefaclor		Nonpreferred generic	
cefaclor er		Nonpreferred generic	
cefadroxil		Nonpreferred generic	
cefdinir		Nonpreferred generic	
cefixime		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
cefepodoxime proxetil		Nonpreferred generic	
cefprozil		Nonpreferred generic	
cefuroxime axetil		Nonpreferred generic	
cephalexin		Nonpreferred generic	
Beta-lactam, Penicillins			
amoxicillin		Nonpreferred generic	
amoxicillin-potassium clavulanate	Augmentin	Nonpreferred generic	
amoxicillin-potassium clavulanate er		Nonpreferred generic	
ampicillin		Nonpreferred generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25MG/5ML		Preferred brand	
dicloxacillin sodium		Nonpreferred generic	
penicillin v potassium		Nonpreferred generic	
Macrolides			
azithromycin oral	Zithromax	Nonpreferred generic	
clarithromycin er		Nonpreferred generic	
clarithromycin oral		Nonpreferred generic	
DIFICID		Nonpreferred brand	QL
E.E.S. 400		Preferred brand	
ERYTHROCIN STEARATE		Preferred brand	
erythromycin base oral	Ery-Tab	Nonpreferred generic	
erythromycin ethylsuccinate oral	E.E.S. 400	Nonpreferred generic	
erythromycin oral	Ery-Tab	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Quinolones			
BAXDELA ORAL		Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED		Nonpreferred brand	
ciprofloxacin hcl oral	Cipro	Nonpreferred generic	
levofloxacin oral	Levaquin	Nonpreferred generic	
moxifloxacin hcl oral		Nonpreferred generic	
ofloxacin oral		Nonpreferred generic	
Sulfonamides			
sulfadiazine oral		Nonpreferred generic	
sulfamethoxazole-trimethoprim oral	Bactrim	Nonpreferred generic	
sulfatrim pediatric	Sulfatrim Pediatric	Nonpreferred generic	
Tetracyclines			
avidoxy		Preferred generic	
demeclocycline hcl		Nonpreferred generic	
DORYX MPC		Nonpreferred brand	ST
doxycycline hyclate oral capsule	Vibramycin	Preferred generic	
doxycycline hyclate oral tablet 100 mg, 20 mg		Preferred generic	
doxycycline hyclate oral tablet 150 mg		Nonpreferred 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, 75 mg		Nonpreferred generic	ST
doxycycline hyclate oral tablet delayed release 50 mg	Doryx	Nonpreferred generic	ST
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG		Not covered	ABA

Drug Name	Brand Reference	Drug Tier	Notes
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	Preferred generic	
doxycycline monohydrate oral capsule 150 mg		Nonpreferred generic	ST
doxycycline monohydrate oral capsule 50 mg, 75 mg		Preferred generic	
doxycycline monohydrate oral suspension reconstituted	Vibramycin	Nonpreferred generic	
doxycycline monohydrate oral tablet		Preferred generic	
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	Nonpreferred generic	
minocycline hcl oral		Preferred generic	
MINOLIRA		Not covered	
mondoxyne nl	Mondoxyne NL	Preferred generic	
NUZYRA ORAL		Nonpreferred brand	QL
SEYSARA		Not covered	
tetracycline hcl oral		Nonpreferred generic	
XIMINO		Not covered	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL		Nonpreferred brand	PA; QL
ELEPSIA XR		Nonpreferred brand	PA; QL
EPIDIOLEX		Nonpreferred specialty	PA; SP; QL
FINTEPLA		Nonpreferred specialty	PA; SP; QL
levetiracetam er	Keppra XR	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
levetiracetam oral	Keppra	Preferred generic	
roweepra	Roweepra	Preferred generic	
SPRITAM		Nonpreferred brand	PA; QL
Calcium Channel Modifying Agents			
ethosuximide oral	Zarontin	Nonpreferred generic	
methsuximide	Celontin	Nonpreferred generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Preferred generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
clobazam	Onfi	Nonpreferred generic	QL
DIACOMIT		Nonpreferred specialty	PA; SP; QL
diazepam rectal	Diastat AcuDial	Nonpreferred generic	
gabapentin oral capsule	Neurontin	Preferred generic	
gabapentin oral solution	Neurontin	Preferred generic	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	Preferred generic	
NAYZILAM		Preferred brand	QL
phenobarbital oral		Nonpreferred generic	
primidone oral	Mysoline	Nonpreferred generic	
SYMPAZAN		Nonpreferred brand	PA; QL
tiagabine hcl		Nonpreferred generic	
valproic acid oral		Preferred generic	
VALTOCO		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
vigabatrin	Sabril	Generic specialty	PA; SP; QL
vigadrone	Vigadrone	Not covered	SP; QL
XCOPRI		Nonpreferred brand	PA; QL
ZTALMY		Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Nonpreferred generic	
FYCOMPA		Nonpreferred brand	QL
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICTal XR	Nonpreferred generic	
lamotrigine oral kit	LaMICTal ODT	Nonpreferred generic	
lamotrigine oral tablet	Subvenite	Preferred generic	
lamotrigine oral tablet chewable	LaMICTal	Preferred generic	
lamotrigine oral tablet dispersible	LaMICTal ODT	Nonpreferred generic	
lamotrigine starter kit-blue	Subvenite Starter Kit-Blue	Nonpreferred generic	
lamotrigine starter kit-green	Subvenite Starter Kit-Green	Nonpreferred generic	
lamotrigine starter kit-orange	Subvenite Starter Kit-Orange	Nonpreferred generic	
subvenite	Subvenite	Preferred generic	
subvenite starter kit-blue	Subvenite Starter Kit-Blue	Nonpreferred generic	
subvenite starter kit-green	Subvenite Starter Kit-Green	Nonpreferred generic	
subvenite starter kit-orange	Subvenite Starter Kit-Orange	Nonpreferred generic	
TOPAMAX		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
topiramate er	Qudexy XR	Nonpreferred generic	PA; QL
topiramate oral	Topamax	Preferred generic	
Sodium Channel Agents			
APTIOM		Nonpreferred brand	PA; QL
carbamazepine er	Carbatrol	Nonpreferred generic	
carbamazepine oral	Epitol	Preferred generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Preferred generic	
lacosamide oral solution	Vimpat	Nonpreferred generic	
lacosamide oral tablet	Vimpat	Nonpreferred generic	QL
MOTPOLY XR		Nonpreferred brand	PA; QL
oxcarbazepine oral suspension	Trileptal	Nonpreferred generic	
oxcarbazepine oral tablet	Trileptal	Preferred generic	
OXTELLAR XR		Nonpreferred brand	PA; QL
PHENYTEK		Preferred brand	
phenytoin infatabs	Phenytoin Infatabs	Preferred generic	
phenytoin oral suspension 125 mg/5ml	Dilantin	Preferred generic	
phenytoin oral tablet chewable	Phenytoin Infatabs	Preferred generic	
phenytoin sodium extended	Dilantin	Preferred generic	
rufinamide oral suspension	Banzel	Nonpreferred generic	
rufinamide oral tablet	Banzel	Nonpreferred generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
Antidementia Agents			
Antidementia Agents, Other			
NAMZARIC		Nonpreferred brand	ST; QL
Cholinesterase Inhibitors			
ADLARITY		Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	Preferred generic	
donepezil hcl oral tablet 23 mg	Aricept	Nonpreferred generic	QL
donepezil hcl oral tablet dispersible		Preferred generic	
galantamine hydrobromide		Nonpreferred generic	
galantamine hydrobromide er		Nonpreferred generic	
rivastigmine	Exelon	Nonpreferred generic	
rivastigmine tartrate		Nonpreferred generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
memantine hcl er	Namenda XR	Nonpreferred generic	QL
memantine hcl oral solution		Preferred generic	
memantine hcl oral tablet 10 mg, 5 mg	Namenda	Preferred generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	Nonpreferred generic	QL
Antidepressants			
Antidepressants, Other			
APLENZIN		Not covered	
AUVELITY		Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Wellbutrin SR	Preferred generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG		Not covered	ABA; QL
bupropion hcl oral		Preferred generic	
chlordiazepoxide-amitriptyline		Nonpreferred generic	
FORFIVO XL		Not covered	QL
LYBALVI		Nonpreferred brand	ST; QL
mirtazapine oral	Remeron	Preferred generic	
olanzapine-fluoxetine hcl	Symbyax	Nonpreferred generic	
perphenazine-amitriptyline		Nonpreferred generic	
Monoamine Oxidase Inhibitors			
EMSAM		Nonpreferred brand	PA; QL
MARPLAN		Nonpreferred brand	
phenelzine sulfate oral	Nardil	Nonpreferred generic	
tranylcypromine sulfate	Parnate	Nonpreferred generic	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
CITALOPRAM HYDROBROMIDE ORAL CAPSULE		Not covered	QL
citalopram hydrobromide oral solution		Preferred generic	
citalopram hydrobromide oral tablet	CeleXA	Preferred generic	
DESVENLAFAXINE ER		Nonpreferred brand	ST; QL
desvenlafaxine succinate er	Pristiq	Preferred generic	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	Preferred generic	
duloxetine hcl oral capsule delayed release particles 40 mg		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
escitalopram oxalate oral	Lexapro	Preferred generic	
FETZIMA		Nonpreferred brand	ST; QL
FETZIMA TITRATION		Nonpreferred brand	ST; QL
fluoxetine hcl (pmdd)		Nonpreferred generic	
fluoxetine hcl oral capsule	PROzac	Preferred generic	
fluoxetine hcl oral capsule delayed release		Preferred generic	
fluoxetine hcl oral solution		Preferred generic	
fluoxetine hcl oral tablet 10 mg, 20 mg		Preferred generic	
fluoxetine hcl oral tablet 60 mg		Nonpreferred generic	
fluvoxamine maleate		Preferred generic	
fluvoxamine maleate er		Nonpreferred generic	
nefazodone hcl		Nonpreferred generic	
paroxetine hcl er	Paxil CR	Nonpreferred generic	
paroxetine hcl oral suspension	Paxil	Nonpreferred generic	
paroxetine hcl oral tablet	Paxil	Preferred generic	
paroxetine mesylate		Nonpreferred generic	QL
SERTRALINE HCL ORAL CAPSULE		Nonpreferred brand	PA; QL
sertraline hcl oral concentrate	Zoloft	Preferred generic	
sertraline hcl oral tablet	Zoloft	Preferred generic	
trazodone hcl oral		Preferred generic	
TRINTELLIX		Nonpreferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
VENLAFAXINE BESYLATE ER		Not covered	QL
venlafaxine hcl		Preferred generic	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	Preferred generic	
venlafaxine hcl er oral tablet extended release 24 hour		Not covered	
VIIBRYD STARTER PACK		Not covered	QL
vilazodone hcl	Viibryd	Nonpreferred generic	QL
Tricyclics			
amitriptyline hcl oral		Preferred generic	
amoxapine		Preferred generic	
clomipramine hcl oral	Anafranil	Nonpreferred generic	
desipramine hcl oral	Norpramin	Nonpreferred generic	
doxepin hcl oral capsule		Preferred generic	
doxepin hcl oral concentrate		Preferred generic	
imipramine hcl oral		Preferred generic	
imipramine pamoate		Nonpreferred generic	
nortriptyline hcl oral	Pamelor	Preferred generic	
protriptyline hcl		Nonpreferred generic	
trimipramine maleate oral		Nonpreferred generic	
Antiemetics			
Antiemetics, Other			
BONJESTA		Nonpreferred brand	PA; QL
compro	Compro	Nonpreferred generic	
doxylamine-pyridoxine	Diclegis	Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
GIMOTI		Not covered	QL
meclizine hcl oral tablet 12.5 mg		Nonpreferred generic	
meclizine hcl oral tablet 25 mg	Dramamine	Nonpreferred generic	
meclizine hcl oral tablet 50 mg	Antivert	Not covered	
metoclopramide hcl oral	Reglan	Nonpreferred generic	
perphenazine oral		Preferred generic	
prochlorperazine	Compro	Nonpreferred generic	
prochlorperazine maleate oral		Nonpreferred generic	
promethazine hcl oral		Nonpreferred generic	
promethazine hcl rectal	Promethegan	Nonpreferred generic	
promethegan	Promethegan	Nonpreferred generic	
scopolamine	Transderm-Scop	Nonpreferred generic	
trimethobenzamide hcl oral		Nonpreferred generic	
Emetogenic Therapy Adjuncts			
AKYNZEO ORAL		Nonpreferred brand	PA; QL
ANZEMET		Nonpreferred brand	
aprepitant	Emend	Nonpreferred generic	QL
dronabinol	Marinol	Nonpreferred generic	
EMEND ORAL SUSPENSION RECONSTITUTED		Preferred brand	QL
granisetron hcl oral		Nonpreferred generic	QL
ondansetron hcl oral solution		Nonpreferred generic	
ondansetron hcl oral tablet		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
ondansetron odt		Nonpreferred generic	QL
SANCUSO		Nonpreferred brand	PA; QL
SYNDROS		Nonpreferred brand	PA; QL
VARUBI (180 MG DOSE)		Nonpreferred brand	PA; QL
Antifungals			
BREXAFEMME		Nonpreferred brand	PA; QL
ciclodan	Ciclodan	Nonpreferred generic	
ciclopirox external	Ciclodan	Nonpreferred generic	
ciclopirox olamine external		Nonpreferred generic	
clotrimazole external	Desenex	Nonpreferred generic	
clotrimazole mouth/throat		Nonpreferred generic	
clotrimazole-betamethasone		Nonpreferred generic	
CRESEMBA ORAL		Preferred brand	QL
econazole nitrate external		Nonpreferred generic	
ECOZA		Nonpreferred brand	PA; QL
ERTACZO		Nonpreferred brand	
EXELDERM		Nonpreferred brand	
fluconazole oral	Diflucan	Nonpreferred generic	
flucytosine oral	Ancobon	Nonpreferred generic	
griseofulvin microsize oral		Nonpreferred generic	
griseofulvin ultramicrosize		Nonpreferred generic	
GYNAZOLE-1		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
itraconazole oral	Sporanox	Nonpreferred generic	
JUBLIA		Not covered	QL
ketoconazole external	Ketodan	Nonpreferred generic	
ketoconazole oral		Nonpreferred generic	
ketodan external foam	Ketodan	Nonpreferred generic	
LULICONAZOLE		Nonpreferred brand	PA; QL
LUZU		Nonpreferred brand	PA; QL
miconazole 3		Nonpreferred generic	
MICONAZOLE-ZINC OXIDE-PETROLAT		Nonpreferred brand	ABA; QL
naftifine hcl	Naftin	Nonpreferred generic	PA; QL
NAFTIN EXTERNAL GEL 1 %		Nonpreferred brand	PA; QL
NOXAFIL ORAL PACKET		Nonpreferred brand	QL
nyamyc	Nyamyc	Nonpreferred generic	
nystatin external	Nyamyc	Nonpreferred generic	
nystatin mouth/throat		Nonpreferred generic	
nystatin oral		Nonpreferred generic	
nystatin-triamcinolone		Nonpreferred generic	
nystop	Nyamyc	Nonpreferred generic	
ORAVIG		Nonpreferred brand	QL
oxiconazole nitrate	Oxistat	Nonpreferred generic	PA; QL
OXISTAT EXTERNAL LOTION		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
posaconazole oral	Noxafil	Nonpreferred generic	QL
SULCONAZOLE NITRATE		Nonpreferred brand	
tavaborole	Kerydin	Not covered	QL
terbinafine hcl oral		Nonpreferred generic	
terconazole		Nonpreferred generic	
TOLSURA		Not covered	
VIVJOA		Nonpreferred brand	PA; QL
voriconazole oral	Vfend	Nonpreferred generic	
VUSION		Nonpreferred brand	QL
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg		Nonpreferred generic	
ALLOPURINOL ORAL TABLET 200 MG		Not covered	ABA
COLCHICINE ORAL CAPSULE		Nonpreferred generic	
colchicine oral tablet	Colcrys	Nonpreferred generic	
colchicine-probenecid		Nonpreferred generic	
febuxostat	Uloric	Nonpreferred generic	QL
MITIGARE		Nonpreferred brand	
probenecid		Nonpreferred 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

Drug Name	Brand Reference	Drug Tier	Notes
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		Nonpreferred generic	QL
dihydroergotamine mesylate nasal	Migranal	Nonpreferred generic	QL
ERGOMAR		Preferred brand	QL
ergotamine-caffeine		Nonpreferred generic	QL
MIGERGOT		Not covered	QL
TRUDHESA		Not covered	QL
Serotonin (5-HT) Receptor Agonists			
almotriptan malate		Nonpreferred generic	ST; QL
eletriptan hydrobromide	Relpax	Nonpreferred generic	ST; QL
frovatriptan succinate	Frova	Nonpreferred generic	ST; QL
naratriptan hcl		Nonpreferred generic	QL
ONZETRA XSAIL		Nonpreferred brand	ST; QL
REYVOW		Nonpreferred brand	PA; QL
rizatriptan benzoate	Maxalt	Nonpreferred generic	QL
sumatriptan nasal	Imitrex	Nonpreferred generic	QL

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

Drug Name	Brand Reference	Drug Tier	Notes
PRIFTIN		Nonpreferred brand	
pyrazinamide oral		Nonpreferred generic	
rifampin oral		Nonpreferred generic	
SIRTURO		Preferred brand	PA; QL
TRECTOR		Nonpreferred brand	
Antineoplastics			
Alkylating Agents			
cyclophosphamide oral capsule		Nonpreferred 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 specialty	SP
melphalan		Nonpreferred generic	
MYLERAN		Nonpreferred brand	
temozolomide		Generic specialty	SP
VALCHLOR		Nonpreferred specialty	PA; SP; QL
Antiandrogens			
abiraterone acetate oral tablet 250 mg	Zytiga	Generic specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Zytiga	Not covered	SP; QL
bicalutamide	Casodex	Nonpreferred generic	
ERLEADA		Preferred brand specialty	PA; SP; QL
EULEXIN		Nonpreferred specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
nilutamide	Nilandron	Nonpreferred generic	PA; QL
NUBEQA		Preferred brand specialty	PA; 15DS; SP; QL
ORGOVYX		Nonpreferred specialty	PA; SP; QL
XTANDI		Preferred brand specialty	PA; 15DS; SP; QL
YONSA		Not covered	SP; QL
Antiangiogenic Agents			
lenalidomide	Revlimid	Generic specialty	SP; QL
POMALYST		Nonpreferred specialty	PA; SP; QL
REVLIMID		Nonpreferred specialty	SP; QL
THALOMID		Preferred brand specialty	SP
Antiestrogens/Modifiers			
EMCYT		Preferred brand	
fulvestrant	Faslodex	Nonpreferred generic	
ORSERDU		Preferred brand specialty	PA; 15DS; SP; QL
SOLTAMOX		Nonpreferred brand	
tamoxifen citrate oral		Preferred generic	PV3; QL
toremifene citrate	Fareston	Nonpreferred generic	
Antimetabolites			
capecitabine	Xeloda	Generic specialty	SP
DROXIA		Preferred brand	
hydroxyurea oral	Hydrea	Preferred generic	
mercaptopurine oral		Nonpreferred generic	
PURIXAN		Nonpreferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
SIKLOS		Nonpreferred brand	PA
TABLOID		Nonpreferred brand	
XELODA ORAL TABLET 500 MG		Nonpreferred specialty	SP
Antineoplastics, Other			
AKEEGA		Preferred brand specialty	PA; SP; QL
BESREMI		Preferred brand specialty	PA; 15DS; SP; QL
CARAC		Not covered	QL
COPIKTRA		Preferred brand specialty	PA; SP; QL
diclofenac sodium external gel 3 %		Nonpreferred generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %		Not covered	ABA; QL
fluorouracil external cream 5 %	Efudex	Nonpreferred generic	
fluorouracil external solution		Nonpreferred generic	
INREBIC		Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG		Preferred brand specialty	PA; SP; QL
KLISYRI		Nonpreferred brand	PA; QL
KRAZATI		Preferred brand specialty	PA; 15DS; SP; QL
leucovorin calcium oral		Nonpreferred generic	
LONSURF		Preferred brand specialty	PA; SP; QL
LUMAKRAS		Preferred brand specialty	PA; 15DS; SP; QL
NINLARO		Preferred brand specialty	PA; SP; QL
OJJAARA		Preferred brand specialty	PA; SP; QL
ONUREG		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
PIQRAY		Preferred brand specialty	PA; SP; QL
ROZLYTREK		Preferred brand specialty	PA; 15DS; SP; QL
SYNRIBO		Preferred brand specialty	PA; SP; QL
TAZVERIK		Preferred brand specialty	PA; 15DS; SP; QL
TOLAK		Nonpreferred brand	QL
VERZENIO		Preferred brand specialty	PA; 15DS; SP; QL
VONJO		Preferred brand specialty	PA; SP; QL
WELIREG		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (100 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (40 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (40 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (60 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (60 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (80 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (80 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
ZOLINZA		Preferred brand specialty	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation			
anastrozole oral	Arimidex	Preferred generic	PV3; QL
exemestane	Aromasin	Nonpreferred generic	PV3; QL
letrozole oral	Femara	Preferred generic	
Enzyme Inhibitors			
BALVERSA		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
etoposide oral		Nonpreferred generic	
HYCAMTIN ORAL		Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
PEMAZYRE		Preferred brand specialty	PA; SP; QL
RUBRACA		Not covered	SP; QL
TALZENNA		Preferred brand specialty	PA; 15DS; SP; QL
ZEJULA		Preferred brand specialty	PA; SP; QL
Molecular Target Inhibitors			
ALECENSA		Preferred brand specialty	PA; SP; QL
ALUNBRIG		Preferred brand specialty	PA; SP; QL
AYVAKIT		Preferred brand specialty	PA; 15DS; SP; QL
BOSULIF		Preferred brand specialty	PA; 15DS; SP; QL
BRAFTOVI		Preferred brand specialty	PA; SP; QL
BRUKINSA		Preferred brand specialty	PA; 15DS; SP; QL
CABOMETYX		Preferred brand specialty	PA; 15DS; SP; QL
CALQUENCE		Preferred brand specialty	PA; 15DS; SP; QL
CAPRELSA		Preferred brand specialty	PA; 15DS; SP; QL
COMETRIQ		Preferred brand specialty	PA; 15DS; SP; QL
COTELLIC		Preferred brand specialty	PA; SP; QL
DAURISMO		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ERIVEDGE		Preferred brand specialty	PA; 15DS; SP; QL
erlotinib hcl	Tarceva	Generic specialty	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Afinitor	Generic specialty	PA; 15DS; SP; QL
everolimus oral tablet soluble	Afinitor Disperz	Generic specialty	PA; 15DS; SP; QL
EXKIVITY		Preferred brand specialty	PA; 15DS; SP; QL
FOTIVDA		Preferred brand specialty	PA; SP; QL
GAVRETO		Preferred brand specialty	PA; 15DS; SP; QL
gefitinib	Iressa	Generic specialty	PA; SP; QL
GILOTRIF		Preferred brand specialty	PA; SP; QL
IBRANCE		Preferred brand specialty	PA; SP; QL
ICLUSIG		Preferred brand specialty	PA; 15DS; SP; QL
IDHIFA		Preferred brand specialty	PA; SP; QL
imatinib mesylate	Gleevec	Generic specialty	SP
IMBRUVICA ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION		Preferred brand specialty	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG		Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG		Preferred brand specialty	PA; SP; QL
INLYTA		Preferred brand specialty	PA; 15DS; SP; QL
INQOVI		Preferred brand specialty	PA; SP; QL
JAKAFI		Preferred brand specialty	PA; 15DS; SP; QL
JAYPIRCA		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
KISQALI FEMARA		Preferred brand specialty	PA; SP; QL
KOSELUGO		Preferred brand specialty	PA; SP; QL
lapatinib ditosylate	Tykerb	Generic specialty	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 specialty	PA; 15DS; SP; QL
LORBRENA		Preferred brand specialty	PA; 15DS; SP; QL
LYNPARZA		Preferred brand specialty	PA; SP; QL
MEKINIST		Preferred brand specialty	PA; SP; QL
MEKTOVI		Preferred brand specialty	PA; SP; QL
NERLYNX		Preferred brand specialty	PA; 15DS; SP; QL
ODOMZO		Preferred brand specialty	PA; 15DS; SP; QL
QINLOCK		Preferred brand specialty	PA; SP; QL
RETEVMO		Preferred brand specialty	PA; 15DS; SP; QL
REZLIDHIA		Preferred brand specialty	PA; 15DS; SP; QL
RYDAPT		Preferred brand specialty	PA; SP; QL
SCSEMBLIX		Preferred brand specialty	PA; SP; QL
sorafenib tosylate	NexAVAR	Generic specialty	PA; 15DS; SP; QL
SPRYCEL		Preferred brand specialty	PA; 15DS; SP
STIVARGA		Preferred brand specialty	PA; SP; QL
sunitinib malate	Sutent	Generic specialty	PA; 15DS; SP; QL
TABRECTA		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
TAFINLAR		Preferred brand specialty	PA; SP; QL
TAGRISSO		Preferred brand specialty	PA; 15DS; SP; QL
TASIGNA		Preferred brand specialty	PA; 15DS; SP; QL
TEPMETKO		Preferred brand specialty	PA; 15DS; SP; QL
TIBSOVO		Preferred brand specialty	PA; 15DS; SP; QL
TUKYSA		Preferred brand specialty	PA; SP; QL
TURALIO		Preferred brand specialty	PA; SP; QL
VANFLYTA		Preferred brand specialty	PA; SP; QL
VENCLEXTA		Preferred brand specialty	PA; SP; QL
VENCLEXTA STARTING PACK		Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		Not covered	SP; QL
VITRAKVI ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
VITRAKVI ORAL SOLUTION		Preferred brand specialty	PA; SP; QL
VIZIMPRO		Preferred brand specialty	PA; 15DS; SP; QL
VOTRIENT		Nonpreferred specialty	PA; 15DS; SP
XALKORI		Preferred brand specialty	PA; 15DS; SP; QL
XOSPATA		Preferred brand specialty	PA; SP; QL
ZELBORAF		Preferred brand specialty	PA; 15DS; SP; QL
ZYDELIG		Preferred brand specialty	PA; SP; QL
ZYKADIA		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Retinoids			
bexarotene external	Targretin	Generic specialty	PA; SP
bexarotene oral	Targretin	Generic specialty	PA; 15DS; SP
PANRETIN		Preferred brand	
tretinoin oral		Nonpreferred generic	
Treatment Adjuncts			
MESNEX ORAL		Preferred brand	
Antiparasitics			
Anthelmintics			
albendazole oral		Nonpreferred generic	QL
EMVERM		Nonpreferred brand	QL
ivermectin oral	Stromectol	Nonpreferred generic	QL
praziquantel oral	Biltricide	Nonpreferred generic	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED		Preferred brand	
ARAKODA		Nonpreferred brand	QL
atovaquone	Mepron	Nonpreferred generic	
atovaquone-proguanil hcl	Malarone	Nonpreferred generic	
BENZNIDAZOLE		Preferred brand	QL
chloroquine phosphate oral		Nonpreferred generic	
COARTEM		Preferred brand	QL
hydroxychloroquine sulfate oral	Plaquenil	Nonpreferred generic	
IMPAVIDO		Preferred brand	QL
KRINTAFEL		Preferred brand	QL
LAMPIT		Nonpreferred brand	QL
mefloquine hcl		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
nitazoxanide oral	Alinia	Nonpreferred generic	
pentamidine isethionate inhalation	Nebupent	Nonpreferred generic	
primaquine phosphate		Nonpreferred generic	
pyrimethamine oral	Daraprim	Generic specialty	PA; SP
quinine sulfate	Qualaquin	Nonpreferred generic	
Pediculicides/Scabicides			
CROTAN		Nonpreferred brand	
malathion	Ovide	Nonpreferred generic	
permethrin external		Nonpreferred generic	
spinosad	Natroba	Nonpreferred generic	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral		Preferred generic	
trihexyphenidyl hcl		Preferred generic	
Antiparkinson Agents, Other			
amantadine hcl oral		Nonpreferred generic	
carbidopa-levodopa-entacapone	Stalevo	Nonpreferred generic	
entacapone	Comtan	Nonpreferred generic	
GOCOVRI		Not covered	QL
NOURIANZ		Nonpreferred brand	PA; QL
ONGENTYS		Nonpreferred brand	PA; QL
OSMOLEX ER		Not covered	
tolcapone	Tasmar	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Dopamine Agonists			
apomorphine hcl subcutaneous	Apokyn	Not covered	SP; QL
bromocriptine mesylate oral	Parlodel	Nonpreferred generic	
INBRIJA		Nonpreferred brand	PA; QL
NEUPRO		Nonpreferred brand	PA; QL
pramipexole dihydrochloride		Preferred generic	
pramipexole dihydrochloride er	Mirapex ER	Nonpreferred generic	QL
ropinirole hcl		Preferred generic	
ropinirole hcl er		Nonpreferred generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral	Lodosyn	Nonpreferred generic	
carbidopa-levodopa er		Preferred generic	
carbidopa-levodopa oral tablet	Sinemet	Preferred generic	
carbidopa-levodopa oral tablet dispersible		Nonpreferred generic	
DHIVY		Not covered	QL
DUOPA		Preferred brand specialty	PA; SP; QL
RYTARY		Nonpreferred brand	ST; QL
Monoamine Oxidase B (MAO-B) Inhibitors			
rasagiline mesylate oral	Azilect	Nonpreferred generic	
selegiline hcl oral		Nonpreferred generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
Antipsychotics			
1st Generation/Typical			
chlorpromazine hcl oral tablet		Nonpreferred generic	
fluphenazine decanoate injection		Nonpreferred generic	
fluphenazine hcl oral		Preferred generic	
haloperidol decanoate intramuscular	Haldol Decanoate	Nonpreferred generic	
haloperidol lactate oral		Preferred generic	
haloperidol oral		Preferred generic	
loxapine succinate		Preferred generic	
molindone hcl		Nonpreferred generic	QL
pimozide		Nonpreferred generic	
thioridazine hcl oral		Preferred generic	
thiothixene		Nonpreferred generic	
trifluoperazine hcl		Preferred generic	
2nd Generation/Atypical			
ABILIFY ASIMTUFII		Preferred brand	QL
ABILIFY MAINTENA		Preferred brand	
aripiprazole	Abilify	Nonpreferred generic	
ARISTADA		Preferred brand	QL
ARISTADA INITIO		Preferred brand	
asenapine maleate	Saphris	Nonpreferred generic	QL
CAPLYTA		Nonpreferred brand	ST; QL
FANAPT		Nonpreferred brand	ST
FANAPT TITRATION PACK		Nonpreferred brand	ST

Drug Name	Brand Reference	Drug Tier	Notes
INVEGA HAFYERA		Preferred brand	QL
INVEGA SUSTENNA		Preferred brand	
INVEGA TRINZA		Preferred brand	QL
lurasidone hcl	Latuda	Nonpreferred generic	
NUPLAZID		Nonpreferred brand	PA; QL
olanzapine oral	ZyPREXA	Preferred generic	
paliperidone er	Invega	Nonpreferred generic	QL
PERSERIS		Preferred brand	QL
quetiapine fumarate	SEROquel	Preferred generic	
quetiapine fumarate er	SEROquel XR	Preferred generic	QL
REXULTI		Nonpreferred brand	PA; QL
RISPERDAL CONSTA		Preferred brand	
risperidone	RisperDAL	Preferred generic	
RYKINDO		Preferred brand	QL
SECUADO		Nonpreferred brand	ST; QL
UZEDY		Preferred brand	QL
VRAYLAR		Nonpreferred brand	ST; QL
ziprasidone hcl	Geodon	Preferred generic	
ZYPREXA RELPREVV		Preferred brand	
Treatment-Resistant			
clozapine oral tablet	Clozaril	Preferred generic	
clozapine oral tablet dispersible		Nonpreferred generic	
VERSACLOZ		Nonpreferred brand	
Antivirals			
LAGEVRIO (govt supply)		Covered \$0	QL; AL (Min 18 Years)
PAXLOVID (150/100)(govt supply)		Covered \$0	QL; AL (Min 12 Years)

Drug Name	Brand Reference	Drug Tier	Notes
PAXLOVID (300/100)(govt supply)		Covered \$0	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents			
LIVTENCITY		Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Nonpreferred generic	
Anti-hepatitis B (HBV) Agents			
adefovir dipivoxil		Generic specialty	SP
BARACLUDE ORAL SOLUTION		Preferred brand specialty	SP
entecavir	Baraclude	Generic specialty	SP
lamivudine oral tablet 100 mg		Nonpreferred generic	
VEMLIDY		Preferred brand specialty	SP; QL
Anti-hepatitis C (HCV) Agents			
EPCLUSA		Preferred brand specialty	PA; SP; QL
HARVONI		Nonpreferred specialty	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR		Preferred brand specialty	PA; ABA; SP; QL
MAVYRET		Nonpreferred specialty	PA; SP; QL
PEGASYS		Preferred brand specialty	SP; QL
ribavirin oral		Generic specialty	SP
SOFOSBUVIR-VELPATASVIR		Preferred brand specialty	PA; ABA; SP; QL
SOVALDI		Nonpreferred specialty	PA; SP; QL
VOSEVI		Nonpreferred specialty	PA; SP; QL
ZEPATIER		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Antitherpetic Agents			
acyclovir external cream	Zovirax	Not covered	
acyclovir external ointment	Zovirax	Nonpreferred generic	
acyclovir oral		Nonpreferred generic	
famciclovir oral		Nonpreferred generic	
penciclovir	Denavir	Not covered	
SITAVIG		Nonpreferred brand	ST; QL
valacyclovir hcl oral	Valtrex	Nonpreferred 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	Nonpreferred generic	
efavirenz oral capsule 200 mg, 50 mg		Nonpreferred generic	
efavirenz-emtricitab-tenofo df	Atripla	Nonpreferred generic	
efavirenz-lamivudine-tenofovir	Symfi	Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
etravirine	Intelence	Nonpreferred generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Nonpreferred generic	
nevirapine er		Nonpreferred generic	
PIFELTRO		Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
abacavir sulfate	Ziagen	Nonpreferred generic	
abacavir sulfate-lamivudine	Epzicom	Nonpreferred generic	
CIMDUO		Preferred brand	QL
DESCOVY		Preferred brand	PA; QL
emtricitabine	Emtriva	Nonpreferred generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	Nonpreferred generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	Nonpreferred generic	PV2; QL
EMTRIVA ORAL SOLUTION		Preferred brand	
lamivudine oral solution	Epivir	Nonpreferred generic	
lamivudine oral tablet 150 mg, 300 mg	Epivir	Nonpreferred generic	
lamivudine-zidovudine	Combivir	Nonpreferred generic	
ODEFSEY		Preferred brand	QL
tenofovir disoproxil fumarate	Viread	Nonpreferred generic	
TRIUMEQ		Preferred brand	QL
TRIUMEQ PD		Preferred brand	QL
TRIZIVIR		Not covered	
VIREAD ORAL POWDER		Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Preferred brand	
zidovudine	Retrovir	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Anti-HIV Agents, Other			
FUZEON		Preferred brand	
maraviroc	Selzentry	Nonpreferred generic	
RUKOBIA		Preferred brand	QL
SELZENTRY ORAL SOLUTION		Preferred brand	
SELZENTRY ORAL TABLET 25 MG, 75 MG		Preferred brand	
SUNLENCA ORAL		Preferred brand specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors			
APTIVUS		Preferred brand	
atazanavir sulfate	Reyataz	Nonpreferred generic	
darunavir	Prezista	Nonpreferred generic	
EVOTAZ		Preferred brand	QL
fosamprenavir calcium	Lexiva	Nonpreferred generic	
LEXIVA ORAL SUSPENSION		Preferred brand	
lopinavir-ritonavir	Kaletra	Nonpreferred 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	Nonpreferred generic	
SYMTUZA		Preferred brand	QL
VIRACEPT		Not covered	
Anti-influenza Agents			
oseltamivir phosphate oral	Tamiflu	Nonpreferred generic	QL
RELENZA DISKHALER		Preferred brand	QL
rimantadine hcl		Nonpreferred generic	
XOFLUZA (40 MG DOSE)		Preferred brand	QL
XOFLUZA (80 MG DOSE)		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
Anxiolytics			
Anxiolytics, Other			
buspirone hcl oral		Nonpreferred generic	
hydroxyzine hcl oral		Nonpreferred generic	
hydroxyzine pamoate oral	Vistaril	Nonpreferred generic	
meprobamate		Nonpreferred generic	
Benzodiazepines			
alprazolam er	Xanax XR	Nonpreferred generic	
alprazolam intensol		Nonpreferred generic	
alprazolam oral	Xanax	Nonpreferred generic	
alprazolam xr	Xanax XR	Nonpreferred generic	
chlordiazepoxide hcl		Nonpreferred generic	
clonazepam oral	KlonoPIN	Nonpreferred generic	
clorazepate dipotassium		Nonpreferred generic	
diazepam intensol	diazePAM Intensol	Nonpreferred generic	
diazepam oral	diazePAM Intensol	Nonpreferred generic	
estazolam		Nonpreferred generic	QL
lorazepam intensol	LORazepam Intensol	Nonpreferred generic	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	Nonpreferred generic	
lorazepam oral tablet	Ativan	Nonpreferred generic	
LOREEV XR		Not covered	QL
midazolam hcl oral		Nonpreferred generic	
oxazepam		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
quazepam	Doral	Not covered	QL
Bipolar Agents			
Mood Stabilizers			
divalproex sodium er	Depakote ER	Preferred generic	
divalproex sodium oral	Depakote	Preferred generic	
EQUETRO		Nonpreferred brand	
lithium		Nonpreferred generic	
lithium carbonate er	Lithobid	Preferred generic	
lithium carbonate oral		Preferred 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

Drug Name	Brand Reference	Drug Tier	Notes
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
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 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

Drug Name	Brand Reference	Drug Tier	Notes
LANCETS		Preferred brand	QL
LANCETS IN VITRO STRIP		Nonpreferred brand	QL
MICRODOT 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
ONETOUCH VERIO REFLECT KIT W/DEVICE		Covered \$0	QL
PRECISION XTRA BLOOD GLUCOSE		Preferred brand	QL
RELION PREMIER TEST		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		Nonpreferred generic	
ALOGLIPTIN BENZOATE		Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL		Not covered	QL
ALOGLIPTIN-PIOGLITAZONE		Not covered	ABA; 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
FARXIGA		Preferred brand	QL
glimepiride		Preferred generic	
glipizide er	Glucotrol XL	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
glipizide oral tablet		Preferred generic	
glipizide xl	Glucotrol XL	Preferred generic	
glipizide-metformin hcl		Preferred generic	
glyburide micronized	Glynase	Preferred generic	
glyburide oral		Preferred generic	
glyburide-metformin		Preferred generic	
GLYXAMBI		Preferred brand	QL
INVOKAMET		Not covered	QL
INVOKAMET XR		Not covered	QL
INVOKANA		Not covered	QL
JANUMET		Preferred brand	QL
JANUMET XR		Preferred brand	QL
JANUVIA		Preferred brand	QL
JARDIANCE		Preferred brand	QL
JENTADUETO		Preferred brand	QL
JENTADUETO XR		Preferred brand	QL
KAZANO		Not covered	QL
metformin hcl er		Preferred generic	
metformin hcl er (mod)	Glumetza	Not covered	
metformin hcl er (osm)		Nonpreferred generic	PA
metformin hcl oral solution	Riomet	Nonpreferred generic	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		Preferred generic	
metformin hcl oral tablet 625 mg		Not covered	
miglitol		Nonpreferred generic	
MOUNJARO		Preferred brand	ST; QL
nateglinide		Nonpreferred generic	
NESINA		Not covered	QL
OSENI		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
OZEMPIC		Preferred brand	ST; QL
pioglitazone hcl	Actos	Preferred generic	
pioglitazone hcl-glimepiride	Duetact	Nonpreferred generic	
pioglitazone hcl-metformin hcl	Actoplus Met	Nonpreferred generic	
QTERN		Not covered	QL
repaglinide		Nonpreferred generic	
RYBELSUS		Preferred brand	ST; QL
saxagliptin hcl	Onglyza	Not covered	QL
saxagliptin-metformin er	Kombiglyze XR	Not covered	
SEGLUOMET		Not covered	QL
SOLIQUA		Preferred brand	QL
STEGLATRO		Not covered	QL
STEGLUJAN		Not covered	QL
SYMLINPEN 120		Nonpreferred brand	
SYMLINPEN 60		Nonpreferred brand	
SYNJARDY		Preferred brand	QL
SYNJARDY XR		Preferred brand	QL
TRADJENTA		Preferred brand	QL
TRIJARDY XR		Preferred brand	QL
TRULICITY		Preferred brand	ST; QL
VICTOZA		Preferred brand	ST; QL
XIGDUO XR		Preferred brand	QL
XULTOPHY		Preferred brand	QL
Glycemic Agents			
BAQSIMI ONE PACK		Preferred brand	QL
BAQSIMI TWO PACK		Preferred brand	QL
diazoxide oral	Proglycem	Nonpreferred generic	
GLUCAGEN HYPOKIT		Not covered	
glucagon emergency kit		Nonpreferred generic	
GLUCAGON EMERGENCY KIT		Not covered	
GVOKE HYOPEN 1-PACK		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
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		Nonpreferred 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	
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 generic	
HUMULIN R U-500 VIAL		Preferred generic	
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

Drug Name	Brand Reference	Drug Tier	Notes
INSULIN DEGLUDEC		Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH		Not covered	ABA
INSULIN GLARGINE		Not covered	ABA
INSULIN GLARGINE SOLOSTAR		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 generic	
LANTUS U-100 VIAL		Preferred generic	
LEVEMIR FLEXPEN		Preferred generic	
LEVEMIR U-100 VIAL		Preferred generic	
LYUMJEV KWIKPEN		Not covered	
LYUMJEV VIAL		Not covered	
NOVOLIN 70/30 FLEXPEN		Preferred generic	
NOVOLIN 70/30 RELION		Not covered	
NOVOLIN 70/30 VIAL		Preferred generic	
NOVOLIN N FLEXPEN		Preferred generic	
NOVOLIN N RELION		Not covered	
NOVOLIN N VIAL		Preferred generic	
NOVOLIN R FLEXPEN		Preferred generic	
NOVOLIN R RELION		Not covered	
NOVOLIN R VIAL		Preferred generic	
NOVOLOG 70/30 FLEXPEN RELION		Not covered	
NOVOLOG FLEXPEN		Preferred generic	
NOVOLOG FLEXPEN RELION		Not covered	

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

Drug Name	Brand Reference	Drug Tier	Notes
PRADAXA ORAL PACKET		Nonpreferred brand	QL
SAVAYSA		Nonpreferred brand	QL
warfarin sodium oral	Jantoven	Preferred generic	
XARELTO		Preferred brand	QL
XARELTO STARTER PACK		Preferred brand	QL
ZONTIVITY		Nonpreferred brand	QL
Blood Formation Modifiers			
anagrelide hcl	Agrylin	Nonpreferred generic	
ARANESP (ALBUMIN FREE)		Nonpreferred specialty	SP
DOPTELET		Preferred brand specialty	PA; SP; QL
EPOGEN		Nonpreferred specialty	SP
FULPHILA		Nonpreferred specialty	ST; SP; QL
FYLNETRA		Not covered	SP
GRANIX		Not covered	SP
JESDUVROQ		Nonpreferred specialty	SP; QL
LEUKINE		Nonpreferred specialty	SP
MIRCERA		Nonpreferred specialty	SP; QL
MULPLETA		Not covered	SP; QL
NEULASTA		Preferred brand specialty	SP; QL
NEUPOGEN		Not covered	SP
NIVESTYM		Preferred brand specialty	SP; QL
NYVEPRIA		Nonpreferred specialty	ST; SP; QL
OXBRYTA		Nonpreferred specialty	PA; SP; QL
PROCRIT		Preferred brand specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
PROMACTA		Preferred brand specialty	PA; SP
PYRUKYND		Preferred brand specialty	PA; SP; QL
PYRUKYND TAPER PACK		Preferred brand specialty	PA; SP; QL
RELEUKO		Not covered	SP; QL
RETACRIT		Preferred brand specialty	SP
ROLVEDON		Nonpreferred specialty	PA; SP; QL
STIMUFEND		Nonpreferred specialty	ST; SP; QL
UDENYCA		Nonpreferred specialty	ST; SP; QL
ZARXIO		Preferred brand specialty	SP
ZIEXTENZO		Preferred brand specialty	SP; QL
Hemostasis Agents			
ADVATE		Preferred brand	
ADYNOVATE		Preferred brand	
AFSTYLA		Preferred brand	
ALPHANATE		Preferred brand	
ALPHANINE SD		Preferred brand	
ALPROLIX		Preferred brand	
ALTUVIIO INTRAVENOUS SOLUTION RECONSTITUTED		Preferred brand	
aminocaproic acid oral		Nonpreferred generic	
BENEFIX		Preferred brand	
COAGADEX		Preferred brand	
CORIFACT		Preferred brand	
ELOCTATE		Preferred brand	
ESPEROCT		Preferred brand	
FEIBA		Preferred brand	
HEMLIBRA		Preferred brand	PA; QL
HEMOFIL M		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
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	
OBIZUR		Preferred brand	
PROFILNINE		Preferred brand	
REBINYN		Preferred brand	
RECOMBINATE		Preferred brand	
RIXUBIS		Preferred brand	
SEVENFACT		Preferred brand	
TAVALISSE		Nonpreferred specialty	PA; SP; QL
tranexamic acid oral		Nonpreferred generic	QL
TRETTEN		Preferred brand	
VONVENDI		Preferred brand	
WILATE		Preferred brand	
XYNTHA		Preferred brand	
XYNTHA SOLOFUSE		Preferred brand	
Platelet Modifying Agents			
aspirin-dipyridamole er		Nonpreferred generic	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred brand specialty	PA; SP; QL
cilostazol		Nonpreferred generic	
clopidogrel bisulfate oral	Plavix	Preferred generic	
dipyridamole oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
prasugrel hcl	Effient	Nonpreferred generic	QL
YOSPRALA		Not covered	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
clonidine	Catapres-TTS-1	Nonpreferred generic	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR		Not covered	ABA
clonidine hcl oral		Preferred generic	
guanfacine hcl		Nonpreferred generic	
METHYLDOPA		Nonpreferred brand	
midodrine hcl		Nonpreferred generic	
NEXICLON XR		Not covered	
Alpha-adrenergic Blocking Agents			
doxazosin mesylate oral	Cardura	Nonpreferred generic	
phenoxybenzamine hcl oral	Dibenzyline	Nonpreferred generic	PA; QL
prazosin hcl oral	Minipress	Nonpreferred generic	
Angiotensin II Receptor Antagonists			
candesartan cilexetil	Atacand	Nonpreferred generic	
EDARBI		Nonpreferred brand	ST; QL
irbesartan	Avapro	Preferred generic	
losartan potassium oral	Cozaar	Preferred generic	
olmesartan medoxomil oral	Benicar	Preferred generic	
telmisartan	Micardis	Preferred generic	
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Angiotensin-converting Enzyme (ACE) Inhibitors			
benazepril hcl oral	Lotensin	Preferred generic	
captopril oral		Preferred generic	
enalapril maleate oral solution	Epaned	Nonpreferred generic	
enalapril maleate oral tablet	Vasotec	Preferred generic	
fosinopril sodium		Preferred generic	
lisinopril oral	Zestril	Preferred generic	
moexipril hcl		Preferred generic	
perindopril erbumine		Preferred generic	
QBRELIS		Nonpreferred brand	QL
quinapril hcl	Accupril	Preferred generic	
ramipril	Altace	Preferred generic	
trandolapril		Preferred generic	
Antiarrhythmics			
amiodarone hcl oral	Pacerone	Nonpreferred generic	
disopyramide phosphate	Norpace	Nonpreferred generic	
dofetilide	Tikosyn	Nonpreferred generic	
flecainide acetate		Nonpreferred generic	
mexiletine hcl oral		Nonpreferred generic	
MULTAQ		Preferred brand	QL
NORPACE CR		Preferred brand	
propafenone hcl		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
propafenone hcl er	Rythmol SR	Nonpreferred generic	
quinidine gluconate er		Nonpreferred generic	
quinidine sulfate		Nonpreferred generic	
sotalol hcl (af)	Betapace AF	Preferred generic	
sotalol hcl oral	Betapace	Preferred generic	
SOTYLIZE		Nonpreferred brand	
Beta-adrenergic Blocking Agents			
acebutolol hcl oral		Preferred generic	
atenolol oral	Tenormin	Preferred generic	
betaxolol hcl oral		Preferred generic	
bisoprolol fumarate oral		Preferred generic	
carvedilol	Coreg	Preferred generic	
carvedilol phosphate er	Coreg CR	Nonpreferred generic	QL
HEMANGEOL		Nonpreferred brand	QL
INDERAL XL		Not covered	
INNOPRAN XL		Not covered	
KASPARGO SPRINKLE		Not covered	
labetalol hcl oral		Preferred generic	
metoprolol succinate er	Toprol XL	Preferred generic	
metoprolol tartrate oral	Lopressor	Preferred generic	
nadolol oral	Corgard	Preferred generic	
nebivolol hcl	Bystolic	Nonpreferred generic	QL
pindolol		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
propranolol hcl er	Inderal LA	Preferred generic	
propranolol hcl oral		Preferred generic	
timolol maleate oral		Nonpreferred generic	
Calcium Channel Blocking Agents			
amlodipine besylate oral	Norvasc	Preferred generic	
cartia xt	Cartia XT	Nonpreferred generic	
CONJUPRI		Not covered	
diltiazem hcl er	Cardizem LA	Nonpreferred generic	
diltiazem hcl er beads	Taztia XT	Nonpreferred generic	
diltiazem hcl er coated beads	Cardizem CD	Nonpreferred generic	
diltiazem hcl oral	Cardizem	Nonpreferred generic	
dilt-xr		Nonpreferred generic	
felodipine er		Preferred generic	
isradipine		Nonpreferred generic	
KATERZIA		Nonpreferred brand	QL
LEVAMLODIPINE MALEATE		Not covered	ABA
matzim la	Matzim LA	Nonpreferred generic	
nicardipine hcl oral		Nonpreferred generic	
nifedipine er		Nonpreferred generic	
nifedipine er osmotic release	Procardia XL	Nonpreferred generic	
nifedipine oral		Nonpreferred generic	
nimodipine oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
nisoldipine er	Sular	Nonpreferred generic	
NORLIQVA		Nonpreferred brand	QL
NYMALIZE		Nonpreferred brand	QL
taztia xt	Taztia XT	Nonpreferred generic	
tiadyt er	Taztia XT	Nonpreferred generic	
verapamil hcl er	Verelan	Nonpreferred generic	
verapamil hcl oral		Nonpreferred generic	
Cardiovascular Agents, Other			
ACCURETIC ORAL TABLET 10-12.5 MG		Nonpreferred brand	
aliskiren fumarate	Tekturna	Nonpreferred generic	
amiloride-hydrochlorothiazide		Preferred generic	
amlodipine besylate-benazepril hcl	Lotrel	Preferred generic	
amlodipine besylate-valsartan	Exforge	Preferred generic	
amlodipine-atorvastatin	Caduet	Nonpreferred generic	QL
amlodipine-olmesartan	Azor	Nonpreferred generic	
amlodipine-valsartan-hctz	Exforge HCT	Nonpreferred generic	
ASPRUZYO SPRINKLE		Nonpreferred brand	QL
atenolol-chlorthalidone	Tenoretic 100	Preferred generic	
benazepril-hydrochlorothiazide	Lotensin HCT	Preferred generic	
bisoprolol-hydrochlorothiazide		Preferred generic	
CAMZYOS		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
candesartan cilexetil-hctz	Atacand HCT	Nonpreferred generic	
captopril-hydrochlorothiazide		Preferred generic	
CORLANOR		Preferred brand	QL
digoxin oral	Digox	Nonpreferred generic	
droxidopa	Northera	Generic specialty	PA; SP; QL
EDARBYCLOR		Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Vaseretic	Preferred generic	
ENTRESTO		Preferred brand	QL
fosinopril sodium-hctz		Preferred generic	
INPEFA		Not covered	QL
irbesartan-hydrochlorothiazide	Avalide	Preferred generic	
isosorb dinitrate-hydralazine	BiDil	Nonpreferred generic	
lisinopril-hydrochlorothiazide	Zestoretic	Preferred generic	
LODOCO		Not covered	QL
losartan potassium-hctz	Hyzaar	Preferred generic	
metoprolol-hydrochlorothiazide		Preferred generic	
metyrosine	Demser	Nonpreferred generic	
olmesartan medoxomil-hctz	Benicar HCT	Preferred generic	
olmesartan-amlodipine-hctz	Tribenzor	Nonpreferred generic	QL
pentoxifylline er		Nonpreferred generic	
PRESTALIA		Nonpreferred brand	QL
quinapril-hydrochlorothiazide	Accuretic	Preferred generic	
ranolazine er		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
spironolactone-hctz		Preferred generic	
telmisartan-amlodipine		Nonpreferred generic	
telmisartan-hctz	Micardis HCT	Preferred generic	
trandolapril-verapamil hcl er		Nonpreferred generic	
triamterene-hctz	Maxzide	Preferred generic	
valsartan-hydrochlorothiazide	Diovan HCT	Preferred generic	
VECAMYL		Nonpreferred brand	PA; QL
VERQUVO		Nonpreferred brand	PA; QL
VYNDAMAX		Preferred brand specialty	PA; SP; QL
VYNDAQEL		Preferred brand specialty	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide er		Nonpreferred generic	
acetazolamide oral		Nonpreferred generic	
dichlorphenamide	Keveyis	Generic specialty	PA; SP; QL
methazolamide oral		Nonpreferred generic	
Diuretics, Loop			
bumetanide oral	Bumex	Preferred generic	
ethacrynic acid	Edecrin	Nonpreferred generic	
FUROSCIX		Nonpreferred specialty	PA; SP; QL
furosemide oral	Lasix	Preferred generic	
SOAANZ		Not covered	
torseamide		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Diuretics, Potassium-sparing			
amiloride hcl oral		Preferred generic	
CAROSPIR		Nonpreferred brand	
eplerenone	Inspra	Preferred generic	
spironolactone	Aldactone	Preferred generic	
triamterene oral	Dyrenium	Nonpreferred generic	
Diuretics, Thiazide			
chlorthalidone		Preferred generic	
DIURIL		Nonpreferred brand	
hydrochlorothiazide oral		Preferred generic	
indapamide		Preferred generic	
metolazone		Preferred generic	
THALITONE		Not covered	
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 43 mg		Nonpreferred generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Preferred generic	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG		Nonpreferred brand	ABA
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		Preferred generic	
fenofibrate oral capsule 150 mg, 50 mg	Lipofen	Nonpreferred generic	
fenofibrate oral tablet 120 mg, 40 mg	Fenoglide	Nonpreferred generic	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	Preferred generic	
fenofibrate oral tablet 160 mg, 54 mg		Preferred generic	
fenofibric acid oral capsule delayed release	Trilipix	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
fenofibric acid oral tablet	Fibracor	Not covered	
FIBRICOR		Not covered	
gemfibrozil oral	Lopid	Preferred generic	
Dyslipidemics, HMG CoA Reductase Inhibitors			
ALTOPREV		Not covered	QL
ATORVALIQ		Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Lipitor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Lipitor	Preferred generic	QL
EZALLOR SPRINKLE		Not covered	
FLOLIPID		Not covered	
fluvastatin sodium		Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Lescol XL	Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
LIVALO		Nonpreferred brand	ST; QL
lovastatin oral		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Crestor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Crestor	Preferred generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 5 mg		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg		Preferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
ZYPITAMAG		Not covered	
Dyslipidemics, Other			
cholestyramine light	Prevalite	Nonpreferred generic	
cholestyramine oral	Questran	Nonpreferred generic	
colesevelam hcl	Welchol	Nonpreferred generic	
colestipol hcl	Colestid	Nonpreferred generic	
ezetimibe	Zetia	Nonpreferred generic	QL
EZETIMIBE-ROSUVASTATIN		Not covered	ABA
ezetimibe-simvastatin	Vytorin	Nonpreferred generic	QL
icosapent ethyl	Vascepa	Nonpreferred generic	QL
JUXTAPID		Nonpreferred specialty	PA; SP; QL
NEXLETOL		Preferred brand	PA; QL
NEXLIZET		Preferred brand	PA; QL
niacin (antihyperlipidemic)	Niacor	Not covered	
niacin er (antihyperlipidemic)		Nonpreferred generic	
niacor	Niacor	Not covered	
omega-3-acid ethyl esters	Lovaza	Nonpreferred generic	QL
PRALUENT		Not covered	QL
prevalite	Prevalite	Nonpreferred 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	Nonpreferred generic	
isosorbide mononitrate		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
isosorbide mononitrate er		Preferred generic	
NITRO-BID		Preferred brand	
NITRO-DUR		Not covered	
nitroglycerin sublingual	Nitrostat	Nonpreferred generic	
nitroglycerin transdermal	Nitro-Dur	Nonpreferred generic	
nitroglycerin translingual	Nitrolingual	Nonpreferred generic	
NITRO-TIME		Preferred brand	
RECTIV		Nonpreferred brand	QL
Vasodilators, Direct-acting Arterial			
hydralazine hcl oral		Nonpreferred generic	
minoxidil oral		Nonpreferred generic	
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
ADDERALL		Nonpreferred brand	QL
ADDERALL XR		Nonpreferred generic	QL
ADZENYS XR-ODT		Nonpreferred brand	PA; QL
amphetamine sulfate	Evekeo	Nonpreferred generic	PA; QL
amphetamine-dextroamphetamine	Adderall	Nonpreferred generic	QL
amphetamine-dextroamphetamine er	Adderall XR	Not covered	QL
amphet-dextroamphet 3-bead er	Mydayis	Nonpreferred generic	QL
dextroamphetamine sulfate	ProCentra	Nonpreferred generic	QL
dextroamphetamine sulfate er	Dexedrine	Nonpreferred generic	QL
DYANAVAL XR		Nonpreferred brand	PA; QL
EVEKEO ODT		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
lisdexamfetamine dimesylate	Vyvanse	Nonpreferred generic	QL
methamphetamine hcl	Desoxyn	Nonpreferred 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	Nonpreferred generic	QL
AZSTARYS		Nonpreferred brand	PA; QL
clonidine hcl er oral tablet extended release 12 hour	Kapvay	Nonpreferred generic	QL
CONCERTA		Nonpreferred brand	QL
COTEMPLA XR-ODT		Not covered	QL
dexmethylphenidate hcl	Focalin	Nonpreferred generic	QL
dexmethylphenidate hcl er	Focalin XR	Nonpreferred generic	QL
guanfacine hcl er	Intuniv	Nonpreferred generic	QL
JORNAY PM		Nonpreferred brand	PA; QL
methylphenidate	Daytrana	Nonpreferred generic	QL
methylphenidate hcl er		Nonpreferred generic	QL
methylphenidate hcl er (cd)		Nonpreferred generic	QL
methylphenidate hcl er (la)	Ritalin LA	Nonpreferred generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	Nonpreferred 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	Nonpreferred generic	QL
methylphenidate hcl er (xr)	Aptensio XR	Nonpreferred generic	QL
methylphenidate hcl oral	Methylin	Nonpreferred generic	QL
QELBREE		Nonpreferred brand	PA; QL
QUILLICHEW ER		Nonpreferred brand	PA; QL
QUILLIVANT XR		Nonpreferred brand	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE		Not covered	QL
Central Nervous System, Other			
ADDYI		Nonpreferred brand	PA; QL
AUSTEDO		Preferred brand specialty	PA; SP; QL
AUSTEDO XR		Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION		Nonpreferred specialty	PA; SP; QL
benzphetamine hcl		Nonpreferred generic	
caffeine citrate oral		Nonpreferred generic	
CONTRAVE		Nonpreferred brand	PA; QL
DAYBUE		Preferred brand specialty	PA; SP; QL
diethylpropion hcl er		Nonpreferred generic	
diethylpropion hcl oral		Nonpreferred generic	
EXSERVAN		Nonpreferred specialty	PA; SP; QL
GRALISE ORAL TABLET		Nonpreferred brand	PA; QL
HORIZANT		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
IMCIVREE		Preferred brand specialty	PA; SP; QL
INGREZZA		Nonpreferred specialty	PA; SP; QL
LOMAIRA		Nonpreferred brand	
NUEDEXTA		Preferred brand	PA; QL
phendimetrazine tartrate		Nonpreferred generic	
phendimetrazine tartrate er		Nonpreferred generic	
phentermine hcl oral	Adipex-P	Nonpreferred generic	
QSYMIA		Nonpreferred brand	PA; QL
RADICAVA ORS		Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT		Nonpreferred specialty	PA; SP; QL
RELYVRIO		Nonpreferred specialty	PA; SP; QL
riluzole	Rilutek	Nonpreferred generic	
SKYCLARYS		Preferred brand specialty	PA; SP; QL
tetrabenazine	Xenazine	Generic specialty	PA; SP; QL
TIGLUTIK		Nonpreferred specialty	PA; SP; QL
VYLEESI		Nonpreferred brand	PA; QL
Fibromyalgia Agents			
pregabalin	Lyrica	Preferred generic	QL
pregabalin er	Lyrica CR	Nonpreferred generic	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
Multiple Sclerosis Agents			
AVONEX PEN		Preferred brand specialty	SP; QL
AVONEX PREFILLED		Preferred brand specialty	SP; QL
BAFIERTAM		Preferred brand specialty	SP; QL
BETASERON		Preferred brand specialty	SP; QL
COPAXONE		Preferred brand specialty	SP; QL
dalfampridine er	Ampyra	Generic specialty	SP; QL
dimethyl fumarate oral	Tecfidera	Generic specialty	SP; QL
dimethyl fumarate starter pack	Tecfidera	Generic specialty	SP; QL
EXTAVIA		Not covered	SP; QL
fingolimod hcl	Gilenya	Generic specialty	SP; QL
GILENYA ORAL CAPSULE 0.25 MG		Nonpreferred specialty	SP; QL
glatiramer acetate	Glatopa	Generic specialty	SP; QL
glatopa	Glatopa	Generic specialty	SP; QL
KESIMPTA		Preferred brand specialty	SP; QL
MAVENCLAD		Nonpreferred specialty	ST; SP; QL
MAYZENT		Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK		Nonpreferred specialty	SP; QL
PLEGRIDY		Not covered	SP; QL
PLEGRIDY STARTER PACK		Not covered	SP; QL
PONVORY		Nonpreferred specialty	SP; QL
PONVORY STARTER PACK		Nonpreferred specialty	SP; QL
REBIF		Nonpreferred specialty	ST; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
REBIF REBIDOSE		Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK		Nonpreferred specialty	ST; SP; QL
REBIF TITRATION PACK		Nonpreferred specialty	ST; SP; QL
TASCENSO ODT		Nonpreferred specialty	PA; SP; QL
teriflunomide	Aubagio	Generic specialty	SP; QL
VUMERITY		Preferred brand specialty	SP; QL
ZEPOSIA		Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK		Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT		Nonpreferred specialty	PA; SP; QL
Cholestatic Pruritus Agent			
Ileal Bile Acid Transporter Inhibitor			
BYLVAY		Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)		Preferred brand specialty	PA; SP; QL
LIVMARLI		Preferred brand specialty	PA; SP; QL
Dental and Oral Agents			
cevimeline hcl	Evoxac	Nonpreferred generic	
chlorhexidine gluconate mouth/throat	Periogard	Nonpreferred generic	
CLINPRO 5000		Nonpreferred brand	
DENTA 5000 PLUS		Nonpreferred brand	
DENTAGEL		Nonpreferred brand	
FLUORIDEX		Nonpreferred brand	
FLUORIDEX ENHANCED WHITENING		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
FLUORIDEX SENSITIVITY RELIEF		Nonpreferred brand	
FLUORIMAX 5000		Nonpreferred brand	
FLUORIMAX 5000 SENSITIVE		Nonpreferred brand	
JUST RIGHT 5000		Nonpreferred brand	
kourzeq	Kourzeq	Nonpreferred generic	
oralone	Kourzeq	Nonpreferred generic	
periogard	Periogard	Nonpreferred generic	
pilocarpine hcl oral	Salagen	Nonpreferred 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	Nonpreferred generic	
sf 5000 plus	Denta 5000 Plus	Nonpreferred generic	
sodium fluoride 5000 plus	Denta 5000 Plus	Nonpreferred generic	
sodium fluoride 5000 ppm	Clinpro 5000	Nonpreferred generic	
sodium fluoride dental	Denta 5000 Plus	Nonpreferred generic	
triamcinolone acetonide mouth/throat	Kourzeq	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Dermatological Agents			
ABSORICA LD		Not covered	QL
accutane	Accutane	Nonpreferred generic	QL
acitretin		Nonpreferred generic	
adapalene external cream	Differin	Nonpreferred generic	
adapalene external gel	Differin	Nonpreferred generic	
ADAPALENE EXTERNAL PAD		Not covered	
ADAPALENE EXTERNAL SOLUTION		Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Nonpreferred generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Epiduo Forte	Nonpreferred generic	PA; QL
ADBRY		Preferred brand specialty	PA; SP; QL
AKLIEF		Not covered	QL
ALTRENO		Nonpreferred brand	QL
ammonium lactate external	AL12	Nonpreferred generic	
amnesteem	Accutane	Nonpreferred generic	QL
AMZEEQ		Nonpreferred brand	QL
ARAZLO		Not covered	QL
AVITA EXTERNAL CREAM 0.025 %		Nonpreferred brand	
azelaic acid external	Finacea	Nonpreferred generic	
AZELEX		Nonpreferred brand	
benzoyl peroxide-erythromycin	Benzamycin	Nonpreferred generic	
calcipotriene external cream		Nonpreferred generic	
CALCIPOTRIENE EXTERNAL FOAM		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
calcipotriene external ointment	Calcitrene	Nonpreferred generic	
calcipotriene external solution		Nonpreferred generic	
calcipotriene-betameth diprop	Taclonex	Nonpreferred generic	PA
calcitriol external	Vectical	Nonpreferred generic	
CIBINQO		Preferred brand specialty	PA; SP; QL
claravis	Accutane	Nonpreferred generic	QL
clindacin	Clindacin	Not covered	
clindacin etz external swab	Clindacin ETZ	Nonpreferred generic	
clindacin-p	Clindacin ETZ	Nonpreferred generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	Nonpreferred 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	Nonpreferred generic	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %		Nonpreferred generic	
clindamycin phosphate external foam	Clindacin	Not covered	
clindamycin phosphate external gel	Clindagel	Nonpreferred generic	
clindamycin phosphate external lotion	Cleocin-T	Nonpreferred generic	
clindamycin phosphate external solution		Nonpreferred generic	
clindamycin phosphate external swab	Clindacin ETZ	Nonpreferred generic	
clindamycin-tretinoin	Veltin	Not covered	
CONDYLOX		Preferred brand	
COSENTYX (300 MG DOSE)		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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	Nonpreferred generic	QL
dapsone external gel 7.5 %	Aczone	Not covered	
DIFFERIN EXTERNAL LOTION		Nonpreferred brand	
doxepin hcl external	Prudoxin	Nonpreferred generic	PA; QL
doxycycline	Oracea	Nonpreferred generic	ST
DRYSOL		Preferred brand	
DUOBRII		Nonpreferred brand	QL
DUPIXENT		Preferred brand specialty	PA; SP; QL
ENSTILAR		Nonpreferred brand	PA; QL
EPIFOAM		Preferred brand	
EPSOLAY		Not covered	QL
ery		Nonpreferred generic	
erythromycin external	Erygel	Nonpreferred generic	
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	Nonpreferred generic	
HYFTOR		Preferred brand specialty	PA; SP; QL
imiquimod external cream 3.75 %	Zyclara	Nonpreferred generic	PA; QL
imiquimod external cream 5 %		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
imiquimod pump	Zyclara	Nonpreferred generic	PA; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Accutane	Nonpreferred generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Absorica	Not covered	QL
ivermectin external cream	Soolantra	Nonpreferred generic	ST; QL
LITFULO		Nonpreferred specialty	PA; SP; QL
methoxsalen rapid		Nonpreferred generic	
metronidazole external	MetroCream	Nonpreferred generic	
neuac	Neuac	Nonpreferred generic	
NORITATE		Nonpreferred brand	
OPZELURA		Nonpreferred brand	PA; QL
pimecrolimus	Elidel	Nonpreferred generic	
PODOCON-25		Not covered	
podofilox external		Nonpreferred generic	
PRAMOSONE		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		Nonpreferred generic	
SILIQ		Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	Ovace Plus Wash	Nonpreferred generic	
SORILUX		Nonpreferred brand	

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

Drug Name	Brand Reference	Drug Tier	Notes
VTAMA		Nonpreferred brand	PA; QL
WINLEVI		Nonpreferred brand	PA; QL
WYNZORA		Not covered	QL
zenatane	Accutane	Nonpreferred 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 specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ		Preferred brand	
effe-k oral tablet effervescent 25 meq		Nonpreferred generic	
GALZIN		Nonpreferred brand	
iodine strong oral		Nonpreferred generic	
klor-con	Klor-Con	Nonpreferred generic	
klor-con 10	Klor-Con 10	Nonpreferred generic	
klor-con m10	Klor-Con M10	Nonpreferred generic	
klor-con m15	Klor-Con M15	Nonpreferred generic	
klor-con m20	Klor-Con M20	Nonpreferred generic	
klor-con/ef		Nonpreferred generic	
K-PHOS		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
K-PHOS NO 2		Nonpreferred brand	
k-prime		Nonpreferred generic	
levocarnitine oral solution	Carnitor	Nonpreferred generic	
levocarnitine oral tablet	Carnitor	Nonpreferred generic	
levocarnitine sf	Carnitor	Nonpreferred generic	
PHOSPHO-TRIN K500		Nonpreferred brand	
POKONZA		Not covered	
potassium chloride crys er	Klor-Con M10	Nonpreferred generic	
potassium chloride er oral capsule extended release		Nonpreferred generic	
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	Nonpreferred generic	
potassium chloride er oral tablet extended release 20 meq	K-Tab	Nonpreferred generic	
potassium chloride er oral tablet extended release 8 meq	Klor-Con	Nonpreferred generic	
potassium chloride oral	Klor-Con	Nonpreferred generic	
potassium citrate er	Urocit-K 10	Nonpreferred generic	
sodium chloride (pf)		Nonpreferred generic	
sodium fluoride oral		Nonpreferred 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 specialty	PA; 15DS; SP
deferasirox granules	Jadenu Sprinkle	Generic specialty	PA; 15DS; SP
deferiprone	Ferriprox	Generic specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
FERRIPROX ORAL SOLUTION		Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY		Nonpreferred specialty	PA; SP; QL
JYNARQUE		Preferred brand specialty	PA; SP; QL
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Nonpreferred generic	
sps		Nonpreferred generic	
tolvaptan		Generic specialty	PA; SP; QL
trientine hcl	Syprine	Generic specialty	PA; SP; QL
VELTASSA		Preferred brand	QL
Phosphate Binders			
AURYXIA		Nonpreferred brand	
calcium acetate (phos binder)	Calphron	Nonpreferred generic	
calcium acetate oral tablet 667 mg	Calphron	Nonpreferred generic	
FOSRENOL ORAL PACKET		Nonpreferred brand	
lanthanum carbonate	Fosrenol	Nonpreferred generic	
sevelamer carbonate	Renvela	Nonpreferred generic	
sevelamer hcl	Renagel	Nonpreferred generic	
VELPHORO		Nonpreferred brand	
Vitamins			
ATABEX OB		Preferred brand	
AZESCO		Not covered	
CITRANATAL BLOOM ORAL TABLET 90-1 MG		Not covered	
CITRANATAL MEDLEY		Not covered	
cyanocobalamin injection solution 1000 mcg/ml	Dodex	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
DERMACINRX PRETRATE		Not covered	
DODEX		Nonpreferred brand	
ELITE-OB		Not covered	
ENBRACE HR		Not covered	
ergocalciferol oral capsule	Drisdol	Nonpreferred generic	
folate		Preventive	PV1
folic acid oral tablet 1 mg		Nonpreferred generic	
folic acid oral tablet 400 mcg, 800 mcg		Preventive	PV1
hydroxocobalamin acetate		Nonpreferred generic	
JENLIVA PRENATAL/POSTNATAL		Not covered	
M-NATAL PLUS		Preferred brand	
NASCOBAL		Not covered	
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		Nonpreferred generic	
phytonadione oral		Nonpreferred 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	Nonpreferred generic	
prenatal plus vitamin/mineral	NeoNatal Plus	Nonpreferred generic	
PRENATE		Not covered	
PRENATE DHA		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
PRENATE ELITE		Not covered	
PRENATE ENHANCE		Not covered	
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	
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	Nonpreferred generic	
vitamin k1 injection		Nonpreferred 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		Nonpreferred generic	
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG		Not covered	QL
dicyclomine hcl oral		Nonpreferred generic	
GLYCATE		Not covered	
glycopyrrolate oral solution	Cuvposa	Nonpreferred generic	
glycopyrrolate oral tablet 1 mg	Robinul	Nonpreferred generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG		Not covered	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	Nonpreferred generic	
hyoscyamine sulfate er	Levbid	Nonpreferred generic	
hyoscyamine sulfate oral	Levsin	Nonpreferred generic	
hyoscyamine sulfate sl	Levsin/SL	Nonpreferred generic	
hyoscyamine sulfate sublingual	Levsin/SL	Nonpreferred generic	
hyosyne		Nonpreferred generic	
LEVVID		Nonpreferred brand	
LEVSIN		Nonpreferred brand	
LEVSIN/SL		Nonpreferred brand	
methscopolamine bromide oral		Nonpreferred generic	
NULEV		Nonpreferred brand	
OSCIMIN		Nonpreferred brand	
Gastrointestinal Agents, Other			
amoxicill-clarithro-lansopraz		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
bis subcit-metronid-tetracyc	Pylera	Not covered	
bismuth/metronidaz/tetracyclin	Pylera	Not covered	
CHENODAL		Nonpreferred specialty	PA; SP
chlordiazepoxide-clidinium	Librax	Nonpreferred generic	
cromolyn sodium oral	Gastrocrom	Nonpreferred generic	
diphenoxylate-atropine	Lomotil	Nonpreferred generic	
GATTEX		Preferred brand specialty	PA; SP; QL
HELIDAC THERAPY		Not covered	
loperamide hcl oral capsule	Imodium A-D	Nonpreferred generic	
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 specialty	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		Nonpreferred generic	
ursodiol oral tablet	Urso 250	Nonpreferred generic	
VOWST		Nonpreferred specialty	PA; SP; QL
XERMELO		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ZORBTIVE		Nonpreferred specialty	PA; SP
Histamine2 (H2) Receptor Antagonists			
cimetidine oral	Tagamet HB	Nonpreferred generic	
famotidine oral suspension reconstituted		Nonpreferred generic	
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Nonpreferred generic	
famotidine oral tablet 40 mg	Pepcid	Nonpreferred generic	
nizatidine		Nonpreferred generic	
Irritable Bowel Syndrome Agents			
alosetron hcl	Lotronex	Nonpreferred generic	QL
IBSRELA		Nonpreferred brand	ST; QL
LINZESS		Preferred brand	QL
lubiprostone	Amitiza	Nonpreferred generic	QL
VIBERZI		Nonpreferred 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		Nonpreferred generic	
enulose		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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		Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	GaviLyte-G	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac		Nonpreferred generic	
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		Nonpreferred generic	
lactulose oral packet	Kristalose	Not covered	
lactulose oral solution		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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, 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	Nonpreferred generic	QL
peg 3350 oral packet	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl		Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	GaviLyte-G	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	MoviPrep	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	MoviPrep	Nonpreferred 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)

Drug Name	Brand Reference	Drug Tier	Notes
SUFLAVE		Nonpreferred brand	QL
SUTAB		Nonpreferred brand	QL
Protectants			
misoprostol oral	Cytotec	Nonpreferred generic	
sucralfate oral	Carafate	Nonpreferred generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine	Cystadane	Generic specialty	SP
CERDELGA		Preferred brand specialty	PA; SP; QL
CHOLBAM		Preferred brand specialty	PA; SP; QL
CREON		Preferred brand	
CYSTAGON		Preferred brand specialty	SP
EVRYSDI		Preferred brand specialty	PA; SP; QL
GALAFOLD		Preferred brand specialty	PA; SP; QL
GLASSIA		Preferred brand specialty	PA; SP; QL
miglustat	Yargesa	Generic specialty	PA; SP; QL
MYALEPT		Nonpreferred specialty	PA; SP; QL
nitisinone	Orfadin	Generic specialty	PA; SP
NITYR		Nonpreferred specialty	PA; SP
OCALIVA		Preferred brand specialty	PA; SP; QL
OLPRUVA (2 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (3 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (4 GM DOSE)		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
OLPRUVA (5 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)		Nonpreferred specialty	PA; SP; QL
ORFADIN ORAL SUSPENSION		Preferred brand specialty	PA; SP
PALYNZIQ		Preferred brand specialty	PA; SP; QL
PANCREAZE		Nonpreferred brand	ST
PERTZYE		Nonpreferred brand	ST
PHEBURANE		Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG		Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG		Nonpreferred specialty	PA; SP
PROCYSBI ORAL PACKET		Nonpreferred specialty	PA; SP; QL
RAVICTI		Nonpreferred specialty	PA; SP; QL
REVCOVI		Preferred brand specialty	PA; SP; QL
sapropterin dihydrochloride	Javygtor	Generic specialty	PA; SP
sodium phenylbutyrate oral powder	Buphenyl	Nonpreferred generic	
sodium phenylbutyrate oral tablet	Buphenyl	Nonpreferred generic	QL
STRENSIQ		Preferred brand specialty	PA; SP; QL
SUCRAID		Nonpreferred specialty	PA; SP; QL
TEGSEDI		Preferred brand specialty	PA; SP; QL
VIOKACE		Nonpreferred brand	ST
VOXZOGO		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
XURIDEN		Preferred brand specialty	PA; SP; QL
yargesa	Yargesa	Generic specialty	PA; SP; QL
ZENPEP		Preferred brand	
Genitourinary Agents			
Antispasmodics, Urinary			
darifenacin hydrobromide er		Nonpreferred generic	QL
fesoterodine fumarate er	Toviaz	Nonpreferred generic	QL
flavoxate hcl		Nonpreferred generic	
GELNIQUE		Nonpreferred brand	ST; QL
GEMTESA		Nonpreferred brand	ST; QL
MYRBETRIQ		Nonpreferred brand	PA; QL
oxybutynin chloride er		Preferred generic	
oxybutynin chloride oral		Preferred generic	
OXYTROL		Not covered	QL
solifenacin succinate	VESIcare	Nonpreferred generic	QL
tolterodine tartrate	Detrol	Nonpreferred generic	
tolterodine tartrate er	Detrol LA	Nonpreferred generic	
tropium chloride		Nonpreferred generic	QL
tropium chloride er		Nonpreferred generic	QL
VESICARE LS		Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er	Uroxatral	Nonpreferred generic	
CARDURA XL		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
dutasteride oral	Avodart	Nonpreferred generic	
dutasteride-tamsulosin hcl	Jalyn	Nonpreferred generic	QL
ENTADFI		Not covered	QL
finasteride oral tablet 5 mg	Proscar	Nonpreferred generic	
silodosin	Rapaflo	Nonpreferred generic	QL
tamsulosin hcl	Flomax	Nonpreferred generic	
terazosin hcl		Nonpreferred generic	
Genitourinary Agents, Other			
acetic acid irrigation		Nonpreferred generic	
ARGYLE STERILE SALINE		Nonpreferred brand	
bethanechol chloride oral		Nonpreferred 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 specialty	PA; 15DS; SP; QL
LITHOSTAT		Nonpreferred brand	
MUSE		Preferred brand	PA; QL
OPTIONS GYNOL II CONTRACEPTIVE		Preventive	PV1; QL
penicillamine oral capsule	Cuprimine	Not covered	QL
penicillamine oral tablet	Depen Titratabs	Nonpreferred generic	QL
RENACIDIN		Preferred brand	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Viagra	Nonpreferred generic	PA; QL
sodium chloride irrigation	Argyle Sterile Saline	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
STENDRA		Nonpreferred brand	PA; QL
tadalafil oral	Cialis	Nonpreferred generic	PA; QL
THIOLA EC		Preferred brand	PA
tiopronin	Thiola	Nonpreferred generic	PA
TODAY SPONGE		Preventive	PV1; QL
vardenafil hcl		Nonpreferred generic	PA; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM		Preventive	PV1; QL
vcf vaginal contraceptive vaginal gel		Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
ALA SCALP		Nonpreferred brand	
ala-cort	Aveeno Anti-Itch Max St	Nonpreferred generic	
alclometasone dipropionate		Nonpreferred generic	
ALKINDI SPRINKLE		Nonpreferred brand	PA; QL
amcinonide		Nonpreferred generic	
APEXICON E		Preferred brand	
betamethasone dipropionate aug	Diprolene	Nonpreferred generic	
betamethasone dipropionate external		Nonpreferred generic	
betamethasone valerate external		Nonpreferred generic	
BRYHALI		Nonpreferred brand	QL
CAPEX		Preferred brand	
clobetasol prop emollient base		Nonpreferred generic	
clobetasol propionate e		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
clobetasol propionate emulsion	Tovet	Nonpreferred generic	
clobetasol propionate external	Clobex	Nonpreferred generic	
clocortolone pivalate	Cloderm	Nonpreferred generic	
clodan external shampoo	Clodan	Nonpreferred generic	
CORDRAN EXTERNAL CREAM		Nonpreferred brand	
CORDRAN EXTERNAL TAPE		Preferred brand	
CORTISONE ACETATE ORAL		Not covered	
desonide external	DesOwen	Nonpreferred generic	
desoximetasone external	Topicort	Nonpreferred generic	
DEXABLISS		Not covered	
dexamethasone intensol		Preferred generic	
dexamethasone oral elixir		Preferred generic	
dexamethasone oral solution		Preferred generic	
dexamethasone oral tablet		Preferred generic	
dexamethasone oral tablet therapy pack		Nonpreferred generic	
diflorasone diacetate		Nonpreferred generic	
EMFLAZA		Nonpreferred specialty	PA; SP
fludrocortisone acetate oral		Nonpreferred generic	
fluocinolone acetonide body	Derma-Smooth/FS Body	Nonpreferred generic	
fluocinolone acetonide external	Synalar	Nonpreferred generic	
fluocinolone acetonide scalp	Derma-Smooth/FS Scalp	Nonpreferred generic	
fluocinonide emulsified base		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
fluocinonide external cream 0.05 %		Nonpreferred generic	
fluocinonide external cream 0.1 %	Vanos	Nonpreferred generic	QL
fluocinonide external gel		Nonpreferred generic	
fluocinonide external ointment		Nonpreferred generic	
fluocinonide external solution		Nonpreferred generic	
flurandrenolide	Cordran	Nonpreferred generic	
fluticasone propionate external		Nonpreferred generic	
halcinonide	Halog	Nonpreferred generic	
halobetasol propionate external cream		Nonpreferred generic	
HALOBETASOL PROPIONATE EXTERNAL FOAM		Not covered	
halobetasol propionate external ointment		Nonpreferred generic	
HALOG EXTERNAL OINTMENT		Nonpreferred brand	
HALOG EXTERNAL SOLUTION		Nonpreferred brand	
HEMADY		Not covered	
HIDEX 6-DAY		Not covered	
hydrocortisone butyr lipo base	Locoid Lipocream	Nonpreferred generic	
hydrocortisone butyrate	Locoid	Nonpreferred generic	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	Nonpreferred generic	
hydrocortisone external cream 2.5 %		Nonpreferred generic	
hydrocortisone external lotion 2.5 %		Nonpreferred generic	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	Nonpreferred generic	
hydrocortisone external ointment 2.5 %		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
hydrocortisone oral	Cortef	Preferred generic	
hydrocortisone valerate		Nonpreferred generic	
IMPOYZ		Not covered	
LEXETTE		Not covered	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Preferred generic	
mometasone furoate external		Nonpreferred generic	
PANDEL		Not covered	
prednisolone oral solution		Preferred generic	
prednisolone oral tablet		Nonpreferred generic	
prednisolone sodium phosphate oral solution	Pediapred	Preferred generic	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	Nonpreferred generic	
prednisone intensol		Preferred generic	
prednisone oral		Preferred 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 external foam	Tovet	Nonpreferred generic	
triamcinolone acetonide external aerosol solution	Kenalog	Nonpreferred generic	QL
triamcinolone acetonide external cream	Triderm	Nonpreferred generic	

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

Drug Name	Brand Reference	Drug Tier	Notes
GONAL-F RFF		Preferred brand specialty	PA; SP
GONAL-F RFF REDIJECT		Preferred brand specialty	PA; SP
HUMATROPE		Nonpreferred specialty	PA; SP
INCRELEX		Preferred brand specialty	PA; SP
ISTURISA		Nonpreferred specialty	PA; SP; QL
MENOPUR		Not covered	SP
NGENLA		Nonpreferred specialty	PA; SP
NOCDURNA		Nonpreferred brand	PA; QL
NORDITROPIN FLEXPPO		Preferred brand specialty	PA; SP
NOVAREL		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 10		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 20		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 5		Nonpreferred specialty	PA; SP
OMNITROPE		Nonpreferred specialty	PA; SP
OVIDREL		Preferred brand specialty	PA; SP
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR		Preferred brand specialty	PA; SP
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR		Preferred brand specialty	PA; SP
RECORLEV		Nonpreferred specialty	PA; SP; QL
SAIZEN		Nonpreferred specialty	PA; SP
SKYTROFA		Nonpreferred specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
SOGROYA		Nonpreferred specialty	PA; SP; QL
ZOMACTON		Nonpreferred specialty	PA; SP
Selective Estrogen Receptor Modifying Agents			
CLOMID		Nonpreferred brand	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
KORLYM		Preferred brand specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
ANDRODERM		Preferred brand	PA; QL
danazol oral		Nonpreferred generic	
INTRAROSA		Nonpreferred brand	
JATENZO		Nonpreferred brand	PA; QL
KYZATREX		Nonpreferred brand	PA; QL
METHITEST		Nonpreferred brand	QL
methyltestosterone oral		Nonpreferred generic	QL
NATESTO		Nonpreferred brand	PA; QL
testosterone cypionate intramuscular	Depo-Testosterone	Nonpreferred generic	
testosterone enanthate intramuscular		Nonpreferred generic	
testosterone transdermal	AndroGel Pump	Nonpreferred generic	PA; QL
TLANDO		Nonpreferred brand	PA; QL
XYOSTED		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
Estrogens			
afirmelle	Afirmelle	Preferred generic	PV2
ALORA		Preferred brand	
altavera	Altavera	Preferred generic	PV2
alyacen 1/35	Dasetta 1/35	Preferred generic	PV2
alyacen 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
amabelz	Amabelz	Nonpreferred generic	
amethia	Amethia	Preferred generic	PV2; QL
amethyst	Amethyst	Preferred generic	PV2
ANGELIQ		Nonpreferred brand	
ANNOVERA		Nonpreferred brand	QL
apri		Preferred generic	PV2
aranelle		Preferred generic	PV2
ashlyna	Amethia	Preferred generic	PV2; QL
aubra eq	Afirmelle	Preferred generic	PV2
aurovela 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
aurovela 1/20	Aurovela 1/20	Preferred generic	PV2
aurovela 24 fe		Preferred generic	PV2
aurovela fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
aurovela fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
aviane	Afirmelle	Preferred generic	PV2
ayuna	Altavera	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
azurette	Azurette	Preferred generic	PV2
balziva	Balziva	Preferred generic	PV2
BIJUVA		Nonpreferred brand	QL
blisovi 24 fe		Preferred generic	PV2
blisovi fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
blisovi fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
briellyn	Balziva	Preferred generic	PV2
camrese	Amethia	Preferred generic	PV2; QL
camrese lo	Camrese Lo	Preferred generic	PV2; QL
charlotte 24 fe	Charlotte 24 Fe	Preferred generic	PV2
chateal eq	Altavera	Preferred generic	PV2
CLIMARA PRO		Nonpreferred brand	
COMBIPATCH		Nonpreferred brand	
COVARYX		Preferred brand	
COVARYX HS		Preferred brand	
cryselle-28		Preferred generic	PV2
cyred eq		Preferred generic	PV2
dasetta 1/35	Dasetta 1/35	Preferred generic	PV2
dasetta 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
daysee	Amethia	Preferred generic	PV2; QL
delyla	Afirmelle	Preferred generic	PV2
DEPO-ESTRADIOL		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	Preferred generic	PV2
dolishale	Amethyst	Preferred generic	PV2
dotti	Dotti	Nonpreferred generic	
drospiren-eth estrad-levomefol	Beyaz	Preferred generic	PV2
drospirenone-ethinyl estradiol	Jasmiel	Preferred generic	PV2
DUAVEE		Nonpreferred brand	
EEMT		Preferred brand	
EEMT HS		Preferred brand	
ELESTRIN		Nonpreferred brand	
elinest		Preferred generic	PV2
eluryng	EluRyng	Preferred generic	PV2; QL
enilloring	EluRyng	Preferred generic	PV2; QL
enpresse-28	Enpresse-28	Preferred generic	PV2
enskyce		Preferred generic	PV2
est estrogens-methyltest	Covaryx	Nonpreferred generic	
est estrogens-methyltest ds	Covaryx	Nonpreferred generic	
est estrogens-methyltest hs	Covaryx HS	Nonpreferred generic	
estarylla	Estarylla	Preferred generic	PV2
estradiol oral	Estrace	Nonpreferred generic	
estradiol transdermal	Climara	Nonpreferred generic	
estradiol vaginal	Estrace	Nonpreferred generic	
estradiol valerate intramuscular	Delestrogen	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
estradiol-norethindrone acet	Amabelz	Nonpreferred generic	
ESTRING		Preferred brand	
ESTROGEL		Preferred brand	
ethynodiol diac-eth estradiol	Kelnor 1/35	Preferred generic	PV2
etonogestrel-ethinyl estradiol	EluRyng	Preferred generic	PV2; QL
EVAMIST		Nonpreferred brand	
falmina	Afirmelle	Preferred generic	PV2
FEMRING		Nonpreferred brand	
finzala	Charlotte 24 Fe	Preferred generic	PV2
fyavolv	Fyavolv	Nonpreferred generic	
gemmily	Gemmily	Preferred generic	PV2
hailey 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
hailey 24 fe		Preferred generic	PV2
hailey fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
hailey fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
haloette	EluRyng	Preferred generic	PV2; QL
iclevia	Iclevia	Preferred generic	PV2; QL
IMVEXXY MAINTENANCE PACK		Nonpreferred brand	
IMVEXXY STARTER PACK		Nonpreferred brand	
introvale	Iclevia	Preferred generic	PV2; QL
isibloom		Preferred generic	PV2
jaimiess	Amethia	Preferred generic	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
jasmiel	Jasmiel	Preferred generic	PV2
jinteli	Fyavolv	Nonpreferred generic	
jolessa	Iclevia	Preferred generic	PV2; QL
joyeaux	Joyeaux	Preferred generic	PV2
juleber		Preferred generic	PV2
junel 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
junel 1/20	Aurovela 1/20	Preferred generic	PV2
junel fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
junel fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
junel fe 24		Preferred generic	PV2
kaitlib fe	Kaitlib Fe	Preferred generic	PV2
kalliga		Preferred generic	PV2
kariva	Azurette	Preferred generic	PV2
kelnor 1/35	Kelnor 1/35	Preferred generic	PV2
kelnor 1/50	Kelnor 1/50	Preferred generic	PV2
kurvelo	Altavera	Preferred generic	PV2
larin 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
larin 1/20	Aurovela 1/20	Preferred generic	PV2
larin 24 fe		Preferred generic	PV2
larin fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
larin fe 1/20	Aurovela FE 1/20	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
layolis fe	Kaitlib Fe	Preferred generic	PV2
leena		Preferred generic	PV2
lessina	Afirmelle	Preferred generic	PV2
levonest	Enpresse-28	Preferred generic	PV2
levonorgest-eth est & eth est	Rivelsa	Preferred generic	PV2; QL
levonorgest-eth estrad 91-day	Amethia	Preferred generic	PV2; QL
levonorgest-eth estradiol-iron	Joyeaux	Preferred generic	PV2
levonorgestrel-ethinyl estrad	Afirmelle	Preferred generic	PV2
levonorg-eth estrad triphasic	Enpresse-28	Preferred generic	PV2
levora 0.15/30 (28)	Altavera	Preferred generic	PV2
LO LOESTRIN FE		Nonpreferred brand	
lojaimiess	Camrese Lo	Preferred generic	PV2; QL
loryna	Jasmiel	Preferred generic	PV2
low-ogestrel		Preferred generic	PV2
lo-zumandimine	Jasmiel	Preferred generic	PV2
lutera	Afirmelle	Preferred generic	PV2
lyllana	Dotti	Nonpreferred generic	
marlissa	Altavera	Preferred generic	PV2
MENEST		Nonpreferred brand	
MENOSTAR		Nonpreferred brand	
merzee	Gemmily	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
mibelas 24 fe	Charlotte 24 Fe	Preferred generic	PV2
microgestin 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
microgestin 1/20	Aurovela 1/20	Preferred generic	PV2
microgestin 24 fe		Preferred generic	PV2
microgestin fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
microgestin fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
mili	Estarylla	Preferred generic	PV2
mimvey	Amabelz	Nonpreferred generic	
mono-lynyah	Estarylla	Preferred generic	PV2
MYFEMBREE		Nonpreferred brand	PA; QL
NATAZIA		Nonpreferred brand	
necon 0.5/35 (28)		Preferred generic	PV2
NEXTSTELLIS		Nonpreferred brand	
nikki	Jasmiel	Preferred generic	PV2
norethin ace-eth estrad-fe	Aurovela Fe 1.5/30	Preferred generic	PV2
norethindrone acet-ethinyl est	Aurovela 1.5/30	Preferred generic	PV2
norethindrone-eth estradiol	Fyavolv	Nonpreferred generic	
norethindron-ethinyl estrad-fe	Tilia Fe	Preferred generic	PV2
norethin-eth estradiol-fe	Kaitlib Fe	Preferred generic	PV2
norgestimate-eth estradiol	Estarylla	Preferred generic	PV2
norgestimate-ethinyl estradiol triphasic	Tri-Estarylla	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
nortrel 0.5/35 (28)		Preferred generic	PV2
nortrel 1/35 (21)	Dasetta 1/35	Preferred generic	PV2
nortrel 1/35 (28)	Dasetta 1/35	Preferred generic	PV2
nortrel 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
nylia 1/35	Dasetta 1/35	Preferred generic	PV2
nylia 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
nymyo	Estarylla	Preferred generic	PV2
ocella	Ocella	Preferred generic	PV2
ORIAHNN		Nonpreferred brand	PA; QL
philith	Balziva	Preferred generic	PV2
pimtrea	Azurette	Preferred generic	PV2
portia-28	Altavera	Preferred generic	PV2
PREMARIN ORAL		Preferred brand	
PREMARIN VAGINAL		Preferred brand	
PREMPHASE		Preferred brand	
PREMPRO		Preferred brand	
reclipsen		Preferred generic	PV2
rivelsa	Rivelsa	Preferred generic	PV2; QL
setlakin	Iclevia	Preferred generic	PV2; QL
simliya	Azurette	Preferred generic	PV2
simpesse	Amethia	Preferred generic	PV2; QL
sprintec 28	Estarylla	Preferred generic	PV2
sronyx	Afirmelle	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
syeda	Ocella	Preferred generic	PV2
tarina 24 fe		Preferred generic	PV2
tarina fe 1/20 eq	Aurovela FE 1/20	Preferred generic	PV2
taysofy	Gemmily	Preferred generic	PV2
tilia fe	Tilia Fe	Preferred generic	PV2
tri-estarylla	Tri-Estarylla	Preferred generic	PV2
tri-legest fe	Tilia Fe	Preferred generic	PV2
tri-linyah	Tri-Estarylla	Preferred generic	PV2
tri-lo-estarylla	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-marzia	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-mili	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-sprintec	Tri-Lo-Estarylla	Preferred generic	PV2
tri-mili	Tri-Estarylla	Preferred generic	PV2
tri-nymyo	Tri-Estarylla	Preferred generic	PV2
tri-sprintec	Tri-Estarylla	Preferred generic	PV2
trivora (28)	Enpresse-28	Preferred generic	PV2
tri-vylibra	Tri-Estarylla	Preferred generic	PV2
tri-vylibra lo	Tri-Lo-Estarylla	Preferred generic	PV2
TWIRLA		Not covered	QL
tyblume		Preferred generic	PV2
tydemy	Tydemy	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
velivet		Preferred generic	PV2
vestura	Jasmiel	Preferred generic	PV2
vienva	Afirmelle	Preferred generic	PV2
viorele	Azurette	Preferred generic	PV2
volnea	Azurette	Preferred generic	PV2
vyfemla	Balziva	Preferred generic	PV2
vylibra	Estarylla	Preferred generic	PV2
wera		Preferred generic	PV2
wymzya fe	Wymzya Fe	Preferred generic	PV2
xulane		Preferred generic	PV2; QL
yuvaferm	Yuvaferm	Nonpreferred generic	
zafemy		Preferred generic	PV2; QL
zovia 1/35 (28)	Kelnor 1/35	Preferred generic	PV2
zumandimine	Ocella	Preferred generic	PV2
Progestins			
aftera	Aftera	Preventive	PV1; QL
camila	Camila	Preferred generic	PV2
CRINONE VAGINAL GEL 4 %		Preferred brand	
CRINONE VAGINAL GEL 8 %		Preferred brand	PA
curae	Aftera	Preventive	PV1; QL
deblitane	Camila	Preferred generic	PV2
DEPO-SUBQ PROVERA 104		Preferred brand	
econtra one-step	Aftera	Preventive	PV1; QL
ELLA		Nonpreferred brand	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
ENDOMETRIN		Nonpreferred brand	PA
errin	Camila	Preferred generic	PV2
heather	Camila	Preferred generic	PV2
her style	Aftera	Preventive	PV1; QL
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR		Not covered	
incassia	Camila	Preferred generic	PV2
jencycla	Camila	Preferred generic	PV2
levonorgestrel	Aftera	Preventive	PV1; QL
lyleq	Camila	Preferred generic	PV2
lyza	Camila	Preferred generic	PV2
medroxyprogesterone acetate intramuscular	Depo-Provera	Preferred generic	PV2
medroxyprogesterone acetate oral	Provera	Nonpreferred generic	
megestrol acetate oral		Nonpreferred generic	
my choice	Aftera	Preventive	PV1; QL
my way	Aftera	Preventive	PV1; QL
new day	Aftera	Preventive	PV1; QL
nora-be	Camila	Preferred generic	PV2
norethindrone acetate oral		Nonpreferred generic	
norethindrone oral	Camila	Preferred generic	PV2
norlyroc	Camila	Preferred generic	PV2
opcicon one-step	Aftera	Preventive	PV1; QL
option 2	Aftera	Preventive	PV1; QL
progesterone intramuscular		Nonpreferred generic	
progesterone oral	Prometrium	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
react	Aftera	Preventive	PV1; QL
sharobel	Camila	Preferred generic	PV2
SLYND		Nonpreferred brand	QL
take action	Aftera	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents			
OSPHENA		Nonpreferred brand	
raloxifene hcl	Evista	Nonpreferred generic	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
ADTHYZA		Nonpreferred brand	
ARMOUR THYROID		Nonpreferred brand	
ERMEZA		Not covered	
euthyrox	Euthyrox	Preferred generic	
levo-t	Euthyrox	Preferred generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE		Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Euthyrox	Preferred generic	
levoxyl	Euthyrox	Preferred generic	
liothyronine sodium oral	Cytomel	Preferred generic	
NIVA THYROID		Nonpreferred brand	
np thyroid	NP Thyroid	Preferred generic	
SYNTHROID		Nonpreferred brand	
THYQUIDITY		Not covered	
thyroid oral	NP Thyroid	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
TIROSINT		Nonpreferred brand	
TIROSINT-SOL		Nonpreferred brand	
unithroid	Euthyrox	Preferred generic	
Hormonal Agents, Suppressant (Adrenal)			
LYSODREN		Preferred brand	
Hormonal Agents, Suppressant (pituitary)			
CETROTIDE		Preferred brand specialty	PA; SP
fyremadel	Fyremadel	Generic specialty	PA; SP
ganirelix acetate	Fyremadel	Generic specialty	PA; SP
leuprolide acetate injection		Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)		Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)		Preferred brand specialty	SP
LUPRON DEPOT-PED (6-MONTH)		Preferred brand specialty	SP
MYCAPSSA		Nonpreferred specialty	PA; SP; QL
octreotide acetate	SandoSTATIN	Generic specialty	SP
ORLISSA		Preferred brand	PA; QL
SIGNIFOR		Preferred brand specialty	PA; SP; QL
SOMAVERT		Preferred brand specialty	PA; SP
SYNAREL		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
methimazole oral		Nonpreferred generic	
propylthiouracil oral		Nonpreferred generic	
Immunological Agents			
Angioedema Agents			
HAEGARDA		Preferred brand specialty	PA; SP; QL
icatibant acetate	Sajazir	Generic specialty	PA; SP; QL
ORLADEYO		Nonpreferred specialty	PA; SP; QL
RUCONEST		Nonpreferred specialty	PA; SP; QL
sajazir	Sajazir	Generic specialty	PA; SP; QL
TAKHZYRO		Preferred brand specialty	PA; SP; QL
Immune Suppressants			
ADALIMUMAB-ADAZ		Not covered	SP
ADALIMUMAB-ADBM		Not covered	SP
ADALIMUMAB-FKJP		Not covered	SP
AMJEVITA		Not covered	SP
ASTAGRAF XL		Nonpreferred specialty	SP
azathioprine oral	Azasan	Nonpreferred generic	
CIMZIA STARTER KIT		Preferred brand specialty	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT		Preferred brand specialty	PA; SP; QL
cyclosporine modified	Gengraf	Generic specialty	SP
cyclosporine oral	SandIMMUNE	Generic specialty	SP
CYLTEZO		Not covered	SP
CYLTEZO-CD/UC/HS STARTER		Not covered	SP

Drug Name	Brand Reference	Drug Tier	Notes
CYLTEZO-PSORIASIS STARTER		Not covered	SP
ENBREL		Preferred brand specialty	PA; SP; QL
ENBREL MINI		Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK		Preferred brand specialty	PA; SP; QL
ENVARUSUS XR		Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Generic specialty	SP
gengraf	Gengraf	Generic specialty	SP
HADLIMA		Not covered	SP
HADLIMA PUSHTOUCH		Not covered	SP
HULIO		Not covered	SP
HUMIRA		Preferred brand specialty	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PSOR/UEIT STARTER		Preferred brand specialty	PA; SP; QL
HYRIMOZ		Not covered	SP
HYRIMOZ-CROHNS/UC STARTER PACK		Not covered	SP
HYRIMOZ-PED CROHNS STARTER		Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START		Not covered	SP
IDACIO		Not covered	SP; QL
IDACIO FOR CROHNS DISEASE/UC		Not covered	SP; QL
IDACIO FOR PLAQUE PSORIASIS		Not covered	SP; QL
KINERET		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
LUPKYNIS		Nonpreferred specialty	PA; SP; QL
methotrexate sodium (pf)		Nonpreferred generic	
methotrexate sodium injection solution		Nonpreferred generic	
methotrexate sodium oral		Nonpreferred generic	
mycophenolate mofetil oral	CellCept	Generic specialty	SP
mycophenolate sodium	Myfortic	Generic specialty	SP
OLUMIANT		Nonpreferred specialty	PA; SP; QL
ORENCIA CLICKJECT		Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
OTREXUP		Nonpreferred specialty	PA; SP; QL
PROGRAF ORAL PACKET		Nonpreferred specialty	SP
RASUVO		Nonpreferred specialty	PA; SP; QL
REZUROCK		Preferred brand specialty	PA; SP; QL
SANDIMMUNE ORAL SOLUTION		Nonpreferred specialty	SP
SIMPONI		Preferred brand specialty	PA; SP; QL
sirolimus oral	Rapamune	Generic specialty	SP
SKYRIZI PEN		Preferred brand specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
tacrolimus oral	Prograf	Generic specialty	SP
TREXALL		Preferred brand	
XATMEP		Nonpreferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
XELJANZ		Preferred brand specialty	PA; SP; QL
XELJANZ XR		Preferred brand specialty	PA; SP; QL
YUFLYMA 1-PEN KIT		Not covered	SP; QL
YUFLYMA 2-PEN KIT		Not covered	SP; QL
YUFLYMA 2-SYRINGE KIT		Not covered	SP; QL
YUSIMRY		Not covered	SP
Immunoglobulins			
CUTAQUIG		Nonpreferred specialty	PA; SP
CUVITRU		Nonpreferred specialty	PA; SP
GAMMAGARD		Nonpreferred specialty	PA; SP
GAMMAKED		Nonpreferred specialty	PA; SP
GAMUNEX-C		Nonpreferred specialty	PA; SP
HIZENTRA		Nonpreferred specialty	PA; SP
HYQVIA		Nonpreferred specialty	PA; SP
XEMBIFY		Nonpreferred specialty	PA; SP
Immunomodulators			
ACTEMRA ACTPEN		Nonpreferred specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
ACTIMMUNE		Preferred brand specialty	SP
ALFERON N		Preferred brand	
ARCALYST		Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS		Preferred brand specialty	PA; SP; QL
BEYFORTUS		Preventive	PV1; QL
ENSPRYNG		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
KEVZARA		Nonpreferred specialty	PA; SP; QL
leflunomide oral	Arava	Nonpreferred generic	
OTEZLA		Preferred brand specialty	PA; SP; QL
RIDAURA		Preferred brand	
RINVOQ		Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
Immunosuppressants			
JOENJA		Preferred brand specialty	PA; SP; QL
Vaccines			
ABRYSVO		Preventive	PV1; QL
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA 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

Drug Name	Brand Reference	Drug Tier	Notes
HEPLISAV-B		Preventive	PV1; QL
HIBERIX		Preventive	PV1; QL
INFANRIX		Preventive	PV1; QL
IPOL		Preventive	PV1; QL
KINRIX		Preventive	PV1; QL
MENACTRA		Preventive	PV1; QL
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
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

Drug Name	Brand Reference	Drug Tier	Notes
Inflammatory Bowel Disease Agents			
Aminosalicylates			
balsalazide disodium	Colazal	Nonpreferred generic	
DIPENTUM		Nonpreferred brand	
mesalamine er	Apriso	Nonpreferred generic	
mesalamine oral capsule delayed release 400 mg	Delzicol	Nonpreferred generic	
mesalamine oral tablet delayed release 1.2 gm	Lialda	Nonpreferred generic	QL
mesalamine oral tablet delayed release 800 mg		Nonpreferred generic	
mesalamine rectal	Canasa	Nonpreferred generic	
PENTASA		Preferred brand	
SFROWASA		Nonpreferred brand	
Glucocorticoids			
ANALPRAM HC		Nonpreferred brand	
ANALPRAM HC SINGLES		Nonpreferred brand	
ANALPRAM-HC EXTERNAL CREAM		Preferred brand	
ANALPRAM-HC EXTERNAL LOTION		Nonpreferred brand	
anucort-hc	Hemmorex-HC	Nonpreferred generic	
ANUSOL-HC RECTAL		Nonpreferred brand	
budesonide er	Uceris	Nonpreferred generic	QL
budesonide oral		Nonpreferred generic	
budesonide rectal	Uceris	Nonpreferred generic	ST
CORTIFOAM		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG		Preferred brand	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG		Nonpreferred brand	
hydrocortisone (perianal)	Procto-Med HC	Nonpreferred generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram-HC	Nonpreferred generic	
hydrocortisone acetate rectal	Hemmorex-HC	Nonpreferred generic	
hydrocortisone rectal	Cortenema	Nonpreferred generic	
hydrocort-pramoxine (perianal)	Analpram HC	Nonpreferred generic	
lidocaine-hydrocort (perianal)	Lidocort	Nonpreferred generic	
LIDOCORT		Preferred brand	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG		Not covered	
PROCTOCORT RECTAL		Nonpreferred brand	
PROCTOFOAM HC		Preferred brand	
procto-med hc	Procto-Med HC	Nonpreferred generic	
proctosol hc	Procto-Med HC	Nonpreferred generic	
proctozone-hc	Procto-Med HC	Nonpreferred generic	
TARPEYO		Nonpreferred brand	PA; QL
Sulfonamides			
sulfasalazine oral	Azulfidine	Preferred generic	
Metabolic Bone Disease Agents			
alendronate sodium	Fosamax	Preferred generic	QL
BINOSTO		Nonpreferred brand	ST; QL
calcitonin (salmon)	Miacalcin	Nonpreferred generic	
calcitriol oral	Rocaltrol	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
cinacalcet hcl	Sensipar	Generic specialty	SP
doxercalciferol oral		Nonpreferred generic	
FORTEO		Preferred brand specialty	PA; SP; QL
FOSAMAX PLUS D		Nonpreferred brand	ST; QL
ibandronate sodium oral		Preferred generic	QL
paricalcitol oral	Zemplar	Nonpreferred generic	
RAYALDEE		Nonpreferred brand	QL
risedronate sodium oral tablet	Actonel	Nonpreferred generic	QL
risedronate sodium oral tablet delayed release	Atelvia	Nonpreferred generic	ST; QL
TERIPARATIDE (RECOMBINANT)		Not covered	SP; QL
TYMLOS		Preferred brand specialty	PA; SP; QL
Miscellaneous Therapeutic Agents			
AEROCHAMBER MINI CHAMBER		Preferred brand	QL
AEROCHAMBER MV		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU		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

Drug Name	Brand Reference	Drug Tier	Notes
BREATHE EASE LARGE		Nonpreferred brand	QL
BREATHE EASE MEDIUM		Nonpreferred brand	QL
BREATHE EASE SMALL		Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER		Nonpreferred brand	QL
CAYA		Nonpreferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK		Nonpreferred brand	QL
CONDOMS		Preventive	PV1; QL
deferoxamine mesylate	Desferal	Nonpreferred generic	
DOJOLVI		Preferred brand specialty	PA; SP
DUREX EXTRA SENSITIVE THIN		Preventive	PV1; QL
EASIVENT		Nonpreferred brand	QL
ENDARI		Nonpreferred brand	PA; QL
ergoloid mesylates oral		Nonpreferred generic	
FC2 FEMALE CONDOM		Preventive	PV1; QL
FEMCAP		Nonpreferred brand	PV2; QL
FIRDAPSE		Preferred brand specialty	PA; SP; QL
FLEXICHAMBER		Nonpreferred brand	QL
GRASTEK		Nonpreferred brand	PA; QL
KERENDIA		Preferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
K-Y ME & YOU EXTRA LUBRICATED		Preventive	PV1; QL
K-Y ME & YOU INTENSE		Preventive	PV1; QL
methergine	Methergine	Nonpreferred generic	PA; QL
methylergonovine maleate oral	Methergine	Nonpreferred generic	PA; QL
MICROCHAMBER DEVICE		Nonpreferred brand	QL
MONOJECT FLUSH SYRINGE		Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH		Nonpreferred brand	
normal saline flush	Aquastat	Nonpreferred 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 POD (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 specialty	PA; SP; QL
PHEXXI		Preventive	PV1; QL
POCKET SPACER		Nonpreferred brand	QL
PRO COMFORT SPACER ADULT		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
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	Nonpreferred generic	
SOHONOS		Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Argyle Sterile Water	Nonpreferred generic	
TAVNEOS		Nonpreferred specialty	PA; SP; QL
TIS-U-SOL		Not covered	
VEOZAH		Nonpreferred brand	PA; QL
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred brand specialty	SP; QL
VORTEX VALVED HOLDING CHAMBER		Nonpreferred brand	QL
water for irrigation, sterile	Argyle Sterile Water	Nonpreferred generic	
WEGOYV		Nonpreferred brand	PA; QL
WIDE-SEAL DIAPHRAGM 60		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65		Nonpreferred brand	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 70		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95		Nonpreferred brand	PV2; QL
XENICAL		Nonpreferred brand	PA; QL
ZOKINVY		Preferred brand specialty	PA; SP; QL
Ophthalmic Agents			
Aminoglycosides			
gentamicin sulfate ophthalmic		Nonpreferred generic	
neomycin-polymyxin-gramicidin		Nonpreferred generic	
TOBRADEX OPHTHALMIC OINTMENT		Preferred brand	
TOBRADEX ST		Nonpreferred brand	
tobramycin ophthalmic		Nonpreferred generic	
tobramycin-dexamethasone		Nonpreferred generic	
TOBEX		Nonpreferred brand	
Antibacterials, Other			
bacitracin ophthalmic		Nonpreferred generic	
bacitracin-polymyxin b ophthalmic	Polycin	Nonpreferred generic	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	Nonpreferred generic	
neomycin-bacitracin zn-polymyx	Neo-Polycin	Nonpreferred generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	Nonpreferred generic	

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

Drug Name	Brand Reference	Drug Tier	Notes
CYSTARAN		Preferred brand specialty	PA; SP; QL
homatropaire		Nonpreferred generic	
ISOPTO ATROPINE		Nonpreferred brand	
LACRISERT		Nonpreferred brand	
MIEBO		Nonpreferred brand	PA; QL
OXERVATE		Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE		Preferred brand	
sulfacetamide-prednisolone		Nonpreferred generic	
tropicamide ophthalmic	Mydracyl	Nonpreferred generic	
TYRVAYA		Nonpreferred brand	QL
VERKAZIA		Nonpreferred brand	PA; QL
XIIDRA		Preferred brand	QL
ZYLET		Nonpreferred brand	
Ophthalmic Anti-allergy Agents			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	
altafrin	Altafrin	Nonpreferred generic	
azelastine hcl ophthalmic		Nonpreferred generic	
bepotastine besilate	Bepreve	Nonpreferred generic	
cromolyn sodium ophthalmic		Nonpreferred generic	
CYCLOMYDRIL		Nonpreferred brand	
epinastine hcl		Nonpreferred generic	
olopatadine hcl ophthalmic	Pataday	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
phenylephrine hcl ophthalmic	Altafrin	Nonpreferred generic	
UPNEEQ		Not covered	QL
ZERVIAE		Not covered	
Ophthalmic Antiglaucoma Agents			
apraclonidine hcl		Nonpreferred generic	
betaxolol hcl ophthalmic		Nonpreferred generic	
BETIMOL		Preferred brand	
BETOPTIC-S		Preferred brand	
brimonidine tartrate ophthalmic	Alphagan P	Nonpreferred generic	
brimonidine tartrate-timolol	Combigan	Nonpreferred generic	
brinzolamide	Azopt	Nonpreferred generic	
carteolol hcl		Preferred generic	
dorzolamide hcl ophthalmic		Nonpreferred generic	
dorzolamide hcl-timolol mal	Cosopt	Nonpreferred generic	
dorzolamide hcl-timolol mal pf	Cosopt PF	Nonpreferred generic	
IOPIDINE		Nonpreferred brand	
levobunolol hcl		Preferred generic	
PHOSPHOLINE IODIDE		Not covered	
pilocarpine hcl ophthalmic		Nonpreferred generic	
RHOPRESSA		Preferred brand	ST; QL
ROCKLATAN		Preferred brand	ST; QL
SIMBRINZA		Nonpreferred brand	
timolol maleate (once-daily)	Istalol	Nonpreferred generic	
timolol maleate ocudose	Timolol Maleate Ocudose	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
timolol maleate ophthalmic		Preferred generic	
timolol maleate pf	Timolol Maleate Ocular	Nonpreferred generic	
Ophthalmic Anti-inflammatories			
ACUVAIL		Nonpreferred brand	
ALREX		Preferred brand	
bromfenac sodium (once-daily)		Nonpreferred generic	
BROMSITE		Not covered	
dexamethasone sodium phosphate ophthalmic		Nonpreferred generic	
diclofenac sodium ophthalmic		Nonpreferred generic	
difluprednate	Durezol	Nonpreferred generic	
EYSUVIS		Not covered	QL
FLAREX		Nonpreferred brand	
fluorometholone	FML Liquifilm	Nonpreferred generic	
flurbiprofen sodium		Nonpreferred generic	
FML FORTE		Preferred brand	
ILEVRO		Not covered	
INVELTYS		Nonpreferred brand	QL
ketorolac tromethamine ophthalmic	Acular	Nonpreferred generic	
LOTEMAX OPTHALMIC OINTMENT		Nonpreferred brand	
LOTEMAX SM		Nonpreferred brand	QL
loteprednol etabonate	Lotemax	Nonpreferred generic	
MAXIDEX		Nonpreferred brand	
NEVANAC		Not covered	
PRED MILD		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
prednisolone acetate ophthalmic	Pred Forte	Nonpreferred generic	
PREDNISOLONE ACETATE P-F		Nonpreferred brand	
prednisolone sodium phosphate ophthalmic		Nonpreferred generic	
PROLENSA		Preferred brand	
Ophthalmic Prostaglandin and Prostanoid Analogs			
bimatoprost ophthalmic		Nonpreferred generic	
IYUZEH		Nonpreferred brand	PA; QL
latanoprost ophthalmic	Xalatan	Preferred generic	
LUMIGAN		Preferred brand	
tafluprost (pf)	Zioptan	Nonpreferred generic	
travoprost (bak free)	Travatan Z	Nonpreferred generic	
VYZULTA		Nonpreferred brand	PA
XELPROS		Nonpreferred brand	PA; QL
Quinolones			
BESIVANCE		Nonpreferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Nonpreferred generic	
gatifloxacin ophthalmic	Zymaxid	Nonpreferred generic	
levofloxacin ophthalmic		Nonpreferred generic	
moxifloxacin hcl (2x day)		Nonpreferred generic	
moxifloxacin hcl ophthalmic	Vigamox	Nonpreferred generic	
ofloxacin ophthalmic	Ocuflox	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Sulfonamides			
sulfacetamide sodium ophthalmic		Nonpreferred generic	
Otic Agents			
acetic acid otic		Nonpreferred generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetraxal	Nonpreferred generic	
ciprofloxacin-dexamethasone		Nonpreferred generic	
CIPROFLOXACIN-FLUOCINOLONE PF		Preferred brand	
CORTISPORIN-TC		Nonpreferred brand	
flac	Flac	Nonpreferred generic	
fluocinolone acetonide otic	Flac	Nonpreferred generic	
hydrocortisone-acetic acid	Acetasol HC	Nonpreferred generic	
neomycin-polymyxin-hc otic		Nonpreferred generic	
ofloxacin otic		Nonpreferred generic	
OTOVEL		Preferred brand	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
azelastine hcl nasal	Astepro	Nonpreferred generic	QL
carbinoxamine maleate oral solution		Nonpreferred generic	
carbinoxamine maleate oral tablet 4 mg		Nonpreferred generic	
carbinoxamine maleate oral tablet 6 mg	RyVent	Not covered	
clemastine fumarate oral syrup		Not covered	
clemastine fumarate oral tablet 2.68 mg		Nonpreferred generic	
cyproheptadine hcl oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
diphenhydramine hcl oral elixir		Nonpreferred generic	
KARBINAL ER		Nonpreferred brand	ST; QL
olopatadine hcl nasal		Nonpreferred generic	QL
promethazine vc		Nonpreferred generic	
RYCLORA		Not covered	
ryvent	RyVent	Not covered	
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 generic	QL
ASMANEX (120 METERED DOSES)		Not covered	QL
ASMANEX (30 METERED DOSES)		Not covered	QL
ASMANEX (60 METERED DOSES)		Not covered	QL
ASMANEX HFA		Not covered	QL
BEVESPI AEROSPHERE		Not covered	QL
BREO ELLIPTA		Preferred brand	QL
breyana	Breyana	Nonpreferred generic	QL
budesonide inhalation	Pulmicort	Preferred generic	
budesonide-formoterol fumarate	Symbicort	Nonpreferred generic	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	
FLOVENT DISKUS		Preferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
FLOVENT HFA		Preferred generic	QL
FLUTICASONE FUROATE-VILANTEROL		Not covered	ABA; QL
FLUTICASONE PROPIONATE HFA		Not covered	ABA; 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	Nonpreferred 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
PULMICORT FLEXHALER		Preferred generic	QL
QVAR REDIHALER		Preferred generic	QL
wixela inhub	Wixela Inhub	Nonpreferred generic	QL
Antileukotrienes			
montelukast sodium oral	Singulair	Preferred generic	QL
zafirlukast	Accolate	Nonpreferred generic	QL
zileuton er		Nonpreferred generic	QL
ZYFLO		Not covered	QL
Bronchodilators, Anticholinergic			
ATROVENT HFA		Preferred brand	QL
INCRUSE ELLIPTA		Not covered	QL
ipratropium bromide inhalation		Nonpreferred generic	
ipratropium bromide nasal		Nonpreferred generic	QL
SPIRIVA HANDIHALER		Preferred brand	QL
SPIRIVA RESPIMAT		Preferred brand	QL
tiotropium bromide monohydrate	Spiriva HandiHaler	Nonpreferred generic	QL
TUDORZA PRESSAIR		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
YUPELRI		Preferred brand	QL
Bronchodilators, Sympathomimetic			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	ProAir HFA	Nonpreferred 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		Nonpreferred generic	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%		Preferred brand	
albuterol sulfate oral		Nonpreferred generic	
arformoterol tartrate	Brovana	Nonpreferred generic	QL
AUVI-Q		Not covered	QL
epinephrine injection solution auto-injector	EpiPen/Jr	Nonpreferred generic	QL
formoterol fumarate inhalation	Perforomist	Nonpreferred generic	QL
levalbuterol hcl inhalation		Nonpreferred 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		Nonpreferred brand	QL
SYMJEPI		Preferred brand	QL
terbutaline sulfate oral		Nonpreferred generic	
VENTOLIN HFA		Not covered	QL
XOPENEX HFA		Nonpreferred brand	QL
Cystic Fibrosis Agents			
BRONCHITOL		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
BRONCHITOL TOLERANCE TEST		Nonpreferred specialty	PA; SP; QL
CAYSTON		Nonpreferred specialty	PA; SP; QL
KALYDECO		Preferred brand specialty	PA; SP; QL
ORKAMBI		Preferred brand specialty	PA; SP; QL
PULMOZYME		Preferred brand specialty	PA; SP
SYMDEKO		Preferred brand specialty	PA; SP; QL
TOBI PODHALER		Nonpreferred specialty	PA; SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	Bethkis	Generic specialty	PA; SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	Tobi	Generic specialty	SP; QL
TRIKAFTA		Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers			
cromolyn sodium inhalation		Nonpreferred generic	
Phosphodiesterase Inhibitors, Airways Disease			
elixophyllin	Elixophyllin	Nonpreferred generic	
roflumilast	Daliresp	Nonpreferred generic	QL
THEO-24		Preferred brand	
theophylline	Elixophyllin	Nonpreferred generic	
theophylline er		Nonpreferred generic	
Pulmonary Antihypertensives			
ADEMPAS		Preferred brand specialty	PA; SP; QL
alyq	Alyq	Generic specialty	PA; SP; QL
ambrisentan	Letairis	Generic specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
bosentan	Tracleer	Generic specialty	PA; SP; QL
LIQREV		Not covered	QL
OPSUMIT		Preferred brand specialty	PA; SP; QL
ORENITRAM		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3		Nonpreferred specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Revatio	Nonpreferred generic	PA; QL
sildenafil citrate oral tablet 20 mg	Revatio	Nonpreferred generic	QL
tadalafil (pah)	Alyq	Generic specialty	PA; SP; QL
TADLIQ		Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG		Nonpreferred specialty	PA; SP; QL
TYVASO		Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT		Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT		Preferred brand specialty	PA; SP; QL
TYVASO REFILL		Preferred brand specialty	PA; SP; QL
TYVASO STARTER		Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL		Nonpreferred specialty	PA; SP; QL
VENTAVIS		Nonpreferred specialty	PA; SP; QL
Pulmonary Fibrosis Agents			
OFEV		Preferred brand specialty	PA; SP; QL
pirfenidone	Esbriet	Generic specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Respiratory Tract Agents, Other			
acetylcysteine inhalation		Nonpreferred generic	
AIRSUPRA		Nonpreferred brand	QL
ANORO ELLIPTA		Preferred brand	QL
benzonatate		Nonpreferred generic	
BREZTRI AEROSPHERE		Preferred brand	QL
BROMFED DM		Nonpreferred brand	
COMBIVENT RESPIMAT		Preferred brand	QL
DUAKLIR PRESSAIR		Not covered	QL
FASENRA PEN		Preferred brand specialty	PA; SP; QL
GILPHEX TR ORAL TABLET 10-388 MG		Not covered	
guaifenesin ac		Nonpreferred generic	
guaifenesin-codeine		Nonpreferred generic	
hydrocod poli-chlorophe poli er		Nonpreferred generic	
hydrocodone bit-homatrop mbr	Hycodan	Nonpreferred generic	
hydromet	Hycodan	Nonpreferred generic	
HYPERSAL		Nonpreferred brand	
ipratropium-albuterol		Nonpreferred generic	
maxi-tuss ac		Nonpreferred generic	
nebusal inhalation nebulization solution 3 %	Nebusal	Nonpreferred generic	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %		Nonpreferred brand	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ORALAIR		Nonpreferred brand	PA; QL
potassium iodide oral	SSKI	Nonpreferred generic	
promethazine vc/codeine		Nonpreferred generic	
promethazine-codeine		Nonpreferred generic	
promethazine-dm		Nonpreferred generic	
pseudoephedrine-bromphen-dm	Bromfed DM	Nonpreferred generic	
pulmosal	PulmoSal	Nonpreferred generic	
sodium chloride inhalation	Nebusal	Nonpreferred generic	
SSKI		Nonpreferred brand	
STIOLTO RESPIMAT		Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Nonpreferred specialty	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	Nonpreferred generic	PA; QL
baclofen oral tablet		Nonpreferred 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		Nonpreferred generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL
cyclobenzaprine hcl oral	Fexmid	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
dantrolene sodium oral	Dantrium	Nonpreferred generic	
LYVISPAH		Nonpreferred brand	PA; QL
metaxalone		Nonpreferred generic	
methocarbamol oral tablet 1000 mg		Not covered	
methocarbamol oral tablet 500 mg, 750 mg		Nonpreferred generic	
NORGESIC		Not covered	QL
NORGESIC FORTE		Not covered	
orphenadrine citrate er		Nonpreferred generic	
orphenadrine-aspirin-caffeine	Norgesic	Not covered	QL
ORPHENGESIC FORTE		Not covered	
OZOBAX		Nonpreferred brand	PA; QL
tizanidine hcl oral	Zanaflex	Nonpreferred generic	
Sleep Disorder Agents			
GABA Receptor Modulators			
EDLUAR		Nonpreferred brand	ST; QL
eszopiclone	Lunesta	Nonpreferred generic	QL
flurazepam hcl		Nonpreferred generic	QL
temazepam	Restoril	Nonpreferred generic	QL
triazolam	Halcion	Nonpreferred generic	QL
zaleplon		Nonpreferred generic	QL
zolpidem tartrate er	Ambien CR	Nonpreferred generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE		Not covered	QL
zolpidem tartrate oral tablet	Ambien	Nonpreferred generic	QL
zolpidem tartrate sublingual		Nonpreferred generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
Sleep Disorders, Other			
BELSOMRA		Nonpreferred brand	ST; QL
DAYVIGO		Nonpreferred brand	ST; QL
doxepin hcl oral tablet	Silenor	Nonpreferred generic	QL
HETLIOZ LQ		Nonpreferred specialty	PA; SP; QL
QUVIVIQ		Nonpreferred brand	ST; QL
ramelteon	Rozerem	Nonpreferred generic	QL
tasimelteon	Hetlioz	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents			
armodafinil	Nuvigil	Nonpreferred generic	QL
LUMRYZ		Nonpreferred specialty	PA; SP; QL
modafinil	Provigil	Nonpreferred generic	QL
SODIUM OXYBATE		Nonpreferred specialty	PA; ABA; SP; QL
SUNOSI		Nonpreferred brand	PA; QL
WAKIX		Nonpreferred specialty	PA; SP; QL
XYREM		Nonpreferred specialty	PA; SP; QL
XYWAV		Nonpreferred specialty	PA; SP; QL

Index of Drugs

abacavir sulfate.....	53	AEMCOLO.....	20	ALPHANATE.....	65
abacavir sulfate-lamivudine.....	53	AEROCHAMBER MINI		ALPHANINE SD.....	65
ABILIFY ASIMTUFII.....	49	CHAMBER.....	131	alprazolam.....	55
ABILIFY MAINTENA.....	49	AEROCHAMBER MV.....	131	alprazolam er.....	55
abiraterone acetate.....	38	AEROCHAMBER PLUS FLO-		alprazolam intensol.....	55
ABRYSVO.....	127	VU.....	131	alprazolam xr.....	55
ABSORICA LD.....	84	AEROCHAMBER PLUS		ALPROLIX.....	65
acamprosate calcium.....	18	FLOW VU.....	131	ALREX.....	139
acarbose.....	58	AEROCHAMBER		ALTABAX.....	20
ACCRUFER.....	89	W/FLOWSIGNAL.....	131	altafrin.....	137
ACCU-CHEK AVIVA PLUS		afirmelle.....	110	altavera.....	110
KIT W/DEVICE.....	56	AFLURIA QUADRIVALENT ...	127	ALTOPREV.....	75
ACCU-CHEK GUIDE TEST		AFREZZA.....	61	ALTRENO.....	84
STRIPS.....	56	AFSTYLA.....	65	ALTUVIIIIO.....	65
ACCU-CHEK SMARTVIEW		aftera.....	119	ALUNBRIG.....	42
TEST STRIPS.....	56	AGAMATRIX PRESTO TEST...	56	ALVESCO.....	142
ACCURETIC.....	71	AIMOVIG.....	35	alyacen 1/35.....	110
accutane.....	84	AIRDUO DIGIHALER.....	142	alyacen 7/7/7.....	110
acebutolol hcl.....	69	AIRDUO RESPICLICK 113/14	142	alyq.....	145
acetaminophen-codeine.....	15	AIRDUO RESPICLICK 232/14	142	amabelz.....	110
acetazolamide.....	73	AIRDUO RESPICLICK 55/14 ..	142	amantadine hcl.....	47
acetazolamide er.....	73	AIRSUPRA.....	147	ambrisentan.....	145
acetic acid.....	102, 141	AJOVY.....	35	amcinonide.....	103
acetylcysteine.....	147	AKEEGA.....	40	amethia.....	110
acitretin.....	84	AKLIEF.....	84	amethyst.....	110
ACTEMRA.....	126	AKYNZEO.....	32	amiloride hcl.....	74
ACTEMRA ACTPEN.....	126	ALA SCALP.....	103	amiloride-hydrochlorothiazide...	71
ACTHAR.....	107	ala-cort.....	103	aminocaproic acid.....	65
ACTHIB.....	127	albendazole.....	46	amiodarone hcl.....	68
ACTIMMUNE.....	126	albuterol sulfate.....	144	amitriptyline hcl.....	31
ACUVAIL.....	139	ALBUTEROL SULFATE.....	144	AMJEVITA.....	123
acyclovir.....	52	albuterol sulfate hfa.....	144	amlodipine besylate.....	70
ADACEL.....	127	ALBUTEROL SULFATE HFA.	144	amlodipine besylate-benazepril	
ADALIMUMAB-ADAZ.....	123	alclometasone dipropionate...	103	hcl.....	71
ADALIMUMAB-ADBIM.....	123	ALECENSA.....	42	amlodipine besylate-valsartan..	71
ADALIMUMAB-FKJP.....	123	alendronate sodium.....	130	amlodipine-atorvastatin.....	71
adapalene.....	84	ALFERON N.....	126	amlodipine-olmesartan.....	71
ADAPALENE.....	84	alfuzosin hcl er.....	101	amlodipine-valsartan-hctz.....	71
adapalene-benzoyl peroxide....	84	ALINIA.....	46	ammonium lactate.....	84
ADBRY.....	84	aliskiren fumarate.....	71	amnesteam.....	84
ADDERALL.....	77	ALKINDI SPRINKLE.....	103	amoxapine.....	31
ADDERALL XR.....	77	allopurinol.....	35	amoxicill-clarithro-lansopraz....	94
ADDYI.....	79	ALLOPURINOL.....	35	amoxicillin.....	22
adefovir dipivoxil.....	51	ALLZITAL.....	15	amoxicillin-potassium	
ADEMPAS.....	145	almotriptan malate.....	36	clavulanate.....	22
ADLARITY.....	28	ALOCRIIL.....	137	amoxicillin-potassium	
ADMELOG.....	61	ALOGLIPTIN BENZOATE.....	58	clavulanate er.....	22
ADMELOG SOLOSTAR.....	61	ALOGLIPTIN-METFORMIN		amphetamine sulfate.....	77
ADTHYZA.....	121	HCL.....	58	amphetamine-	
ADVAIR HFA.....	142	ALOGLIPTIN-PIOGLITAZONE.	58	dextroamphetamine.....	77
ADVATE.....	65	ALOMIDE.....	137	amphetamine-	
ADYNOVATE.....	65	ALORA.....	110	dextroamphetamine er.....	77
ADZENYS XR-ODT.....	77	alose tron hcl.....	96		

amphet-dextroamphet 3-bead er.....	77	ASMANEX (30 METERED DOSES).....	142	azelastine hcl.....	137, 141
ampicillin.....	22	ASMANEX (60 METERED DOSES).....	142	AZELEX.....	84
AMZEEQ.....	84	ASMANEX HFA.....	142	AZESCO.....	91
anagrelide hcl.....	64	aspirin.....	11	azithromycin.....	22
ANALPRAM HC.....	129	aspirin 81.....	11	AZSTARYS.....	78
ANALPRAM HC SINGLES.....	129	aspirin adult low dose.....	11	azurette.....	111
ANALPRAM-HC.....	129	aspirin adult low strength.....	11	bac.....	15
anastrozole.....	41	aspirin childrens.....	11	bacitracin.....	135
ANDRODERM.....	109	aspirin ec low dose.....	11	bacitracin-polymyxin b.....	135
ANGELIQ.....	110	aspirin ec low strength.....	11	bacitra-neomycin-polymyxin-hc	135
ANNOVERA.....	110	aspirin low dose.....	11	BACLOFEN.....	148
ANORO ELLIPTA.....	147	aspirin regimen.....	11	baclofen.....	148
anucort-hc.....	129	aspirin-dipyridamole er.....	66	BAFIERTAM.....	81
ANUSOL-HC.....	129	ASPRUZYO SPRINKLE.....	71	balsalazide disodium.....	129
ANZEMET.....	32	ASSURE PLATINUM.....	56	BALVERSA.....	41
APADAZ.....	15	ASTAGRAF XL.....	123	balziva.....	111
apap-caff-dihydrocodeine.....	15	ATABEX OB.....	91	BAQSIMI ONE PACK.....	60
APEXICON E.....	103	atazanavir sulfate.....	54	BAQSIMI TWO PACK.....	60
APIDRA SOLOSTAR.....	61	atenolol.....	69	BARACLUDGE.....	51
APIDRA VIAL.....	61	atenolol-chlorthalidone.....	71	BASAGLAR KWIKPEN.....	61
APLENZIN.....	28	atomoxetine hcl.....	78	BAXDELA.....	23
apomorphine hcl.....	48	ATORVALIQ.....	75	BD AUTOSHIELD DUO PEN NEEDLES.....	131
APO-VARENICLINE.....	19	atorvastatin calcium.....	75	BD POSIFLUSH.....	131
apraclonidine hcl.....	138	atovaquone.....	46	BD ULTRA-FINE INSULIN SYRINGES.....	131
aprepitant.....	32	atovaquone-proguanil hcl.....	46	BD ULTRA-FINE PEN NEEDLES.....	131
apri.....	110	atropine sulfate.....	136	BELBUCA.....	14
APTIOM.....	27	ATROVENT HFA.....	143	belladonna alkaloids-opium.....	94
APTIVUS.....	54	aubra eq.....	110	BELSOMRA.....	150
AQUASTAT.....	131	AUGMENTIN.....	22	benazepril hcl.....	68
AQUASTAT SFR.....	131	aurovela 1.5/30.....	110	benazepril-hydrochlorothiazide.....	71
ARAKODA.....	46	aurovela 1/20.....	110	BENEFIX.....	65
aranelle.....	110	aurovela 24 fe.....	110	BENLYSTA.....	126
ARANESP (ALBUMIN FREE).....	64	aurovela fe 1.5/30.....	110	BENZHYDROCODONE- ACETAMINOPHEN.....	15
ARAZLO.....	84	aurovela fe 1/20.....	110	BENZNIDAZOLE.....	46
ARCALYST.....	126	AURYXIA.....	91	benzonatate.....	147
AREXVY.....	127	AUSTEDO.....	79	benzoyl peroxide-erythromycin.....	84
arformoterol tartrate.....	144	AUSTEDO XR.....	79	benzphetamine hcl.....	79
ARGYLE STERILE SALINE.....	102	AUSTEDO XR PATIENT TITRATION.....	79	benztropine mesylate.....	47
ARIKAYCE.....	19	AUVELITY.....	28	bepotastine besilate.....	137
aripiprazole.....	49	AUVI-Q.....	144	BESIVANCE.....	140
ARISTADA.....	49	aviane.....	110	BESREMI.....	40
ARISTADA INITIO.....	49	avidoxy.....	23	betaine.....	99
armodafinil.....	150	AVITA.....	84	betamethasone dipropionate..	103
ARMONAIR DIGIHALER.....	142	AVONEX PEN.....	81	betamethasone dipropionate aug.....	103
ARMOUR THYROID.....	121	AVONEX PREFILLED.....	81	betamethasone valerate.....	103
ARNUITY ELLIPTA.....	142	ayuna.....	110	BETASERON.....	81
ascomp-codeine.....	15	AYVAKIT.....	42	betaxolol hcl.....	69, 138
asenapine maleate.....	49	AZASITE.....	136		
ashlyna.....	110	azathioprine.....	123		
ASMANEX (120 METERED DOSES).....	142	azelaic acid.....	84		

bethanechol chloride.....	102	BRONCHITOL.....	144	CAPEX.....	103
BETIMOL.....	138	BRONCHITOL TOLERANCE		CAPLYTA.....	49
BETOPTIC-S.....	138	TEST.....	145	CAPRELSA.....	42
BEVESPI AEROSPHERE.....	142	BRUKINSA.....	42	captopril.....	68
bexarotene.....	46	BRYHALI.....	103	captopril-hydrochlorothiazide....	72
BEXSERO.....	127	budesonide.....	129, 142	CARAC.....	40
BEYFORTUS.....	126	budesonide er.....	129	carbamazepine.....	27
bicalutamide.....	38	budesonide-formoterol		carbamazepine er.....	27
BIJUVA.....	111	fumarate.....	142	carbidopa.....	48
BIKTARVY.....	52	bumetanide.....	73	carbidopa-levodopa.....	48
bimatoprost.....	140	buprenorphine.....	14	carbidopa-levodopa er.....	48
BINOSTO.....	130	buprenorphine hcl.....	18	carbidopa-levodopa-	
bis subcit-metronid-tetracyc.....	95	buprenorphine hcl-naloxone		entacapone.....	47
bisacodyl.....	96	hcl.....	18	carbinoxamine maleate.....	141
bisacodyl ec.....	96	bupropion hcl.....	29	CARDURA XL.....	101
bismuth/metronidaz/tetracyclin..	95	bupropion hcl er (smoking det)..	19	CARESENS LANCETS 30G.....	56
bisoprolol fumarate.....	69	bupropion hcl er (sr).....	28	CARETOUCH TEST.....	56
bisoprolol-hydrochlorothiazide..	71	bupropion hcl er (xl).....	28	carglumic acid.....	89
blisovi 24 fe.....	111	BUPROPION HCL ER (XL).....	29	carisoprodol.....	148
blisovi fe 1.5/30.....	111	buspirone hcl.....	55	CAROSPIR.....	74
blisovi fe 1/20.....	111	butalbital-acetaminophen....	15, 16	carteolol hcl.....	138
BLOOD GLUCOSE TEST.....	56	BUTALBITAL-		cartia xt.....	70
BLULINK GLUCOSE TEST.....	56	ACETAMINOPHEN.....	15	carvedilol.....	69
BONJESTA.....	31	butalbital-apap-caff-cod.....	16	carvedilol phosphate er.....	69
BOOSTRIX.....	127	butalbital-apap-caffeine.....	16	CAVERJECT.....	102
bosentan.....	146	butalbital-asa-caff-codeine.....	16	CAVERJECT IMPULSE.....	102
BOSULIF.....	42	butalbital-aspirin-caffeine.....	16	CAYA.....	132
BRAFTOVI.....	42	butorphanol tartrate.....	16	CAYSTON.....	145
BREATHE COMFORT		BYDUREON BCISE		cefaclor.....	21
CHAMBER/ADULT.....	131	AUTOINJECTOR.....	58	cefaclor er.....	21
BREATHE COMFORT		BYETTA 10 MCG PEN.....	58	cefadroxil.....	21
CHAMBER/CHILD.....	131	BYETTA 5 MCG PEN.....	58	cefdinir.....	21
BREATHE EASE LARGE.....	132	BYLVAY.....	82	cefixime.....	21
BREATHE EASE MEDIUM.....	132	BYLVAY (PELLETS).....	82	cefopodoxime proxetil.....	22
BREATHE EASE SMALL.....	132	cabergoline.....	107	cefprozil.....	22
BREATHERITE VALVED MDI		CABLIVI.....	66	cefuroxime axetil.....	22
CHAMBER.....	132	CABOMETYX.....	42	celecoxib.....	11
BRENZAVVY.....	58	caffeine citrate.....	79	cephalexin.....	22
BREO ELLIPTA.....	142	calcipotriene.....	84, 85	CEQUA.....	136
BREXAFEMME.....	33	CALCIPOTRIENE.....	84	CEQUR SIMPLICITY 2U 10PK.56	
breyana.....	142	calcipotriene-betameth diprop...85		CEQUR SIMPLICITY	
BREZTRI AEROSPHERE.....	147	calcitonin (salmon).....	130	INSERTER.....	56
briellyn.....	111	calcitriol.....	85, 130	CERDELGA.....	99
BRILINTA.....	66	calcium acetate.....	91	CETROTIDE.....	122
brimonidine tartrate.....	138	calcium acetate (phos binder)...91		cevimeline hcl.....	82
brimonidine tartrate-timolol....	138	CALQUENCE.....	42	charlotte 24 fe.....	111
brinzolamide.....	138	camila.....	119	chateal eq.....	111
BRIVIACT.....	24	camrese.....	111	CHEMET.....	90
BROMFED DM.....	147	camrese lo.....	111	CHENODAL.....	95
bromfenac sodium (once-daily)		CAMZYOS.....	71	chlordiazepoxide hcl.....	55
.....	139	candesartan cilexetil.....	67	chlordiazepoxide-amitriptyline...29	
bromocriptine mesylate.....	48	candesartan cilexetil-hctz.....	72	chlordiazepoxide-clidinium.....	95
BROMSITE.....	139	capecitabine.....	39	chlorhexidine gluconate.....	82

chloroquine phosphate.....	46	CLINDESSE.....	20	CONTOUR NEXT GEN	
chlorpromazine hcl.....	49	CLINPRO 5000.....	82	MONITOR.....	56
chlorthalidone.....	74	clobazam.....	25	CONTOUR NEXT GEN TEST	
chlorzoxazone.....	148	clobetasol prop emollient base	103	STRIPS.....	56
CHOLBAM.....	99	clobetasol propionate.....	104	CONTOUR NEXT MONITOR	
cholestyramine.....	76	clobetasol propionate e.....	103	KIT W/DEVICE.....	56
cholestyramine light.....	76	clobetasol propionate emulsion		CONTOUR NEXT ONE KIT.....	56
CHORIONIC		.....	104	CONTOUR TEST STRIPS.....	56
GONADOTROPIN.....	107	clocortolone pivalate.....	104	CONTRAVE.....	79
CIBINQO.....	85	clodan.....	104	CONZIP.....	14
ciclodan.....	33	CLOMID.....	109	COPAXONE.....	81
ciclopirox.....	33	clomipramine hcl.....	31	COPIKTRA.....	40
ciclopirox olamine.....	33	clonazepam.....	55	CORDRAN.....	104
cilostazol.....	66	clonidine.....	67	CORIFACT.....	65
CILOXAN.....	140	clonidine hcl.....	67	CORLANOR.....	72
CIMDUO.....	53	CLONIDINE HCL ER.....	67	CORTIFOAM.....	129
cimetidine.....	96	clonidine hcl er.....	78	CORTISONE ACETATE.....	104
CIMZIA.....	123	clopidogrel bisulfate.....	66	CORTISPORIN-TC.....	141
CIMZIA STARTER KIT.....	123	clorazepate dipotassium.....	55	CORTROPHIN.....	107
cinacalcet hcl.....	131	clotrimazole.....	33	COSENTYX (300 MG DOSE)...	85
CIPRO.....	23	clotrimazole-betamethasone.....	33	COSENTYX 150 MG/ML....	85, 86
CIPRO HC.....	141	clozapine.....	50	COSENTYX SENSOREADY	
ciprofloxacin hcl.....	23, 140, 141	COAGADEx.....	65	(300 MG).....	86
ciprofloxacin-dexamethasone.	141	COARTEM.....	46	COSENTYX SENSOREADY	
CIPROFLOXACIN-		codeine sulfate.....	16	PEN.....	86
FLUOCINOLONE PF.....	141	COLCHICINE.....	35	COSENTYX UNOREADY.....	86
CITALOPRAM		colchicine.....	35	COTELLIC.....	42
HYDROBROMIDE.....	29	colchicine-probenecid.....	35	COTEMPLA XR-ODT.....	78
citalopram hydrobromide.....	29	colesevelam hcl.....	76	COVARYX.....	111
CITRANATAL BLOOM.....	91	colestipol hcl.....	76	COVARYX HS.....	111
CITRANATAL MEDLEY.....	91	COMBIPATCH.....	111	CREON.....	99
citroma.....	96	COMBIVENT RESPIMAT.....	147	CRESEMBA.....	33
claravis.....	85	COMETRIQ.....	42	CRINONE.....	119
clarithromycin.....	22	COMIRNATY.....	127	cromolyn sodium.....	95, 137, 145
clarithromycin er.....	22	COMPACT SPACE		CROTAN.....	47
clearlax.....	96	CHAMBER.....	132	cryselle-28.....	111
clemastine fumarate.....	141	COMPACT SPACE		curae.....	119
CLENPIQ.....	96	CHAMBER/LG MASK.....	132	CURITY STERILE SALINE....	102
CLEOCIN.....	20	COMPACT SPACE		CUTAQUIG.....	126
CLEVER CHOICE COMFORT		CHAMBER/MED MASK.....	132	CUVITRU.....	126
EZ.....	56	COMPACT SPACE		CUVRIOR.....	90
CLEVER CHOICE HOLDING		CHAMBER/SM MASK.....	132	cyanocobalamin.....	91
CHAMBER.....	132	COMPLERA.....	52	cyclobenzaprine hcl.....	148
CLIMARA PRO.....	111	compro.....	31	cyclobenzaprine hcl er.....	148
clindacin.....	85	CONCERTA.....	78	CYCLOGYL.....	136
clindacin etz.....	85	CONDOMS.....	132	CYCLOMYDRIL.....	137
clindacin-p.....	85	CONDYLOX.....	85	cyclopentolate hcl.....	136
clindamycin hcl.....	20	CONJUPRI.....	70	cyclophosphamide.....	38
clindamycin palmitate hcl.....	20	constulose.....	96	CYCLOPHOSPHAMIDE.....	38
clindamycin phosphate.....	20, 85	CONTOUR MONITOR		cycloserine.....	37
clindamycin phosphate-		DEVICE.....	56	CYCLOSET.....	58
benzoyl peroxide.....	85	CONTOUR NEXT EZ KIT		cyclosporine.....	123, 136
clindamycin-tretinoin.....	85	W/DEVICE.....	56	cyclosporine modified.....	123

CYLTEZO.....	123	dexamethasone sodium phosphate.....	139	DIURIL.....	74
CYLTEZO-CD/UC/HS STARTER.....	123	DEXCOM G6 RECEIVER.....	56	divalproex sodium.....	56
CYLTEZO-PSORIASIS STARTER.....	124	DEXCOM G6 SENSOR.....	57	divalproex sodium er.....	56
cyproheptadine hcl.....	141	DEXCOM G6 TRANSMITTER..	57	DODEX.....	92
cyred eq.....	111	DEXCOM G7 RECEIVER.....	57	dofetilide.....	68
CYSTADROPS.....	136	DEXCOM G7 SENSOR.....	57	DOJOLVI.....	132
CYSTAGON.....	99	dexmethylphenidate hcl.....	78	dolishale.....	112
CYSTARAN.....	137	dexmethylphenidate hcl er.....	78	donepezil hcl.....	28
dabigatran etexilate mesylate...	63	dextroamphetamine sulfate.....	77	DOPTELET.....	64
dalfampridine er.....	81	dextroamphetamine sulfate er..	77	DORYX MPC.....	23
danazol.....	109	DHIVY.....	48	dorzolamide hcl.....	138
dantrolene sodium.....	149	DIACOMIT.....	25	dorzolamide hcl-timolol mal....	138
dapsone.....	37, 86	DIATHRIVE BLOOD GLUCOSE TEST.....	57	dorzolamide hcl-timolol mal pf	138
DAPTACEL.....	127	DIATHRIVE GLUCOSE TEST..	57	dotti.....	112
darifenacin hydrobromide er...	101	DIATHRIVE+ GLUCOSE TEST.....	57	DOVATO.....	52
DARTISLA ODT.....	94	diazepam.....	25, 55	doxazosin mesylate.....	67
darunavir.....	54	diazepam intensol.....	55	doxepin hcl.....	31, 86, 150
dasetta 1/35.....	111	diazoxide.....	60	doxercalciferol.....	131
dasetta 7/7/7.....	111	dichlorphenamide.....	73	doxycycline.....	86
DAURISMO.....	42	DICLOFENAC PATCH 1.3%....	11	doxycycline hyclate.....	23
DAYBUE.....	79	diclofenac potassium.....	11	DOXYCYCLINE HYCLATE.....	23
daysee.....	111	diclofenac potassium(migraine)	35	doxycycline monohydrate.....	24
DAYVIGO.....	150	diclofenac sodium.....	11, 40, 139	doxylamine-pyridoxine.....	31
deblitane.....	119	diclofenac sodium er.....	11	dronabinol.....	32
deferasirox.....	90	diclofenac sodium misoprostol.....	11	drosipren-eth estrad-levomefol	112
deferasirox granules.....	90	dicloxacillin sodium.....	22	drosiprenone-ethinyl estradiol.	112
deferiprone.....	90	dicyclomine hcl.....	94	DROXIA.....	39
deferoxamine mesylate.....	132	diethylpropion hcl.....	79	droxidopa.....	72
DELSTRIGO.....	52	diethylpropion hcl er.....	79	DRYSOL.....	86
delyla.....	111	DIFFERIN.....	86	DUAKLIR PRESSAIR.....	147
demeclocycline hcl.....	23	DIFICID.....	22	DUAVEE.....	112
DENGVAXIA.....	127	diflorasone diacetate.....	104	DULERA.....	142
DENTA 5000 PLUS.....	82	diflunisal.....	11	duloxetine hcl.....	29
DENTAGEL.....	82	difluprednate.....	139	DUOBRII.....	86
DEPO-ESTRADIOL.....	111	digoxin.....	72	DUOPA.....	48
DEPO-SUBQ PROVERA 104.	119	dihydroergotamine mesylate....	36	DUPIXENT.....	86
DERMACINRX PRETRATE.....	92	DILANTIN.....	27	DUREX EXTRA SENSITIVE THIN.....	132
DESCOVY.....	53	diltiazem hcl.....	70	dutasteride.....	102
desipramine hcl.....	31	diltiazem hcl er.....	70	dutasteride-tamsulosin hcl.....	102
desmopressin ace spray refig	107	diltiazem hcl er beads.....	70	DYANAVEL XR.....	77
desmopressin acetate.....	107	diltiazem hcl er coated beads...	70	E.E.S. 400.....	22
desmopressin acetate pf.....	107	dilt-xr.....	70	EASIVENT.....	132
desmopressin acetate spray...	107	dimethyl fumarate.....	81	EASY TALK PLUS II TEST STRIPS.....	57
desogestrel-ethinyl estradiol...	112	dimethyl fumarate starter pack..	81	EASY TOUCH HEALTHPRO GLUCOSE.....	57
desonide.....	104	DIPENTUM.....	129	EASY TRAK II GLUCOSE TEST.....	57
desoximetasone.....	104	diphenhydramine hcl.....	142	ec-naproxen.....	11
DESVENLAFAXINE ER.....	29	diphenoxylate-atropine.....	95	econazole nitrate.....	33
desvenlafaxine succinate er.....	29	dipyridamole.....	66	econtra one-step.....	119
DEXABLISS.....	104	disopyramide phosphate.....	68	ECOZA.....	33
dexamethasone.....	104	disulfiram.....	18		
dexamethasone intensol.....	104				

EDARBI.....	67	enpresse-28.....	112	etodolac.....	11
EDARBYCLOR.....	72	enskyce.....	112	etodolac er.....	12
EDEX.....	102	ENSPRYNG.....	126	etonogestrel-ethinyl estradiol..	113
EDLUAR.....	149	ENSTILAR.....	86	etoposide.....	42
EDURANT.....	52	entacapone.....	47	etravirine.....	53
EEMT.....	112	ENTADFI.....	102	EUCRISA.....	86
EEMT HS.....	112	entecavir.....	51	EULEXIN.....	38
efavirenz.....	52	ENTRESTO.....	72	euthyrox.....	121
efavirenz-emtricitab-tenofo df..	52	enulose.....	96	EVAMIST.....	113
efavirenz-lamivudine-tenofovir..	52	ENVARBUS XR.....	124	EVEKEO ODT.....	77
EFFER-K.....	89	EPCLUSA.....	51	everolimus.....	43, 124
effer-k.....	89	EPIDIOLEX.....	24	EVOTAZ.....	54
EGRIFTA SV.....	107	EPIFOAM.....	86	EVRYSDI.....	99
ELEPSIA XR.....	24	epinastine hcl.....	137	EXELDERM.....	33
ELESTRIN.....	112	epinephrine.....	144	exemestane.....	41
eletriptan hydrobromide.....	36	epitol.....	27	EXKIVITY.....	43
elinest.....	112	eplerenone.....	74	EXSERVAN.....	79
ELIQUIS.....	63	EPOGEN.....	64	EXTAVIA.....	81
ELIQUIS DVT/PE STARTER PACK.....	63	EPRONTIA.....	26	EYSUVIS.....	139
ELITE-OB.....	92	EPSOLAY.....	86	EZALLOR SPRINKLE.....	75
elixophyllin.....	145	EQUETRO.....	56	ezetimibe.....	76
ELLA.....	119	ergocalciferol.....	92	EZETIMIBE-ROSUVASTATIN..	76
ELMIRON.....	102	ergoloid mesylates.....	132	ezetimibe-simvastatin.....	76
ELOCTATE.....	65	ERGOMAR.....	36	FABIOR.....	86
eluryng.....	112	ergotamine-caffeine.....	36	falmina.....	113
ELYXYB.....	11	ERIVEDGE.....	43	famciclovir.....	52
EMBRACE TALK GLUCOSE TEST.....	57	ERLEADA.....	38	famotidine.....	96
EMBRACE WAVE BLOOD GLUCOSE.....	57	erlotinib hcl.....	43	FANAPT.....	49
EMCYT.....	39	ERMEZA.....	121	FANAPT TITRATION PACK.....	49
EMEND.....	32	errin.....	120	FARXIGA.....	58
EMFLAZA.....	104	ERTACZO.....	33	FASENRA PEN.....	147
EMGALITY.....	36	ery.....	86	FC2 FEMALE CONDOM.....	132
EMPAVELI.....	63	ERYTHROCIN STEARATE.....	22	febuxostat.....	35
EMSAM.....	29	erythromycin.....	22, 86, 136	FEIBA.....	65
emtricitabine.....	53	erythromycin base.....	22	felbamate.....	26
emtricitabine-tenofovir df.....	53	erythromycin ethylsuccinate.....	22	felodipine er.....	70
EMTRIVA.....	53	escitalopram oxalate.....	30	FEMCAP.....	132
EMVERM.....	46	ESPEROCT.....	65	FEMRING.....	113
enalapril maleate.....	68	est estrogens-methyltest.....	112	fenofibrate.....	74
enalapril-hydrochlorothiazide....	72	est estrogens-methyltest ds....	112	fenofibrate micronized.....	74
ENBRACE HR.....	92	est estrogens-methyltest hs....	112	FENOFIBRATE MICRONIZED..	74
ENBREL.....	124	estarylla.....	112	fenofibric acid.....	74, 75
ENBREL MINI.....	124	estazolam.....	55	fenopropfen calcium.....	12
ENBREL SURECLICK.....	124	estradiol.....	112	fentanyl.....	14
ENDARI.....	132	estradiol valerate.....	112	fentanyl citrate.....	16
endocet.....	16	estradiol-norethindrone acet...	113	FENTANYL CITRATE.....	16
ENDOMETRIN.....	120	ESTRING.....	113	FENTORA.....	16
ENGERIX-B.....	127	ESTROGEL.....	113	FERRIPROX.....	91
enilloring.....	112	eszopiclone.....	149	FERRIPROX TWICE-A-DAY....	91
enoxaparin sodium.....	63	ethacrynic acid.....	73	fesoterodine fumarate er.....	101
		ethambutol hcl.....	37	FETZIMA.....	30
		ethosuximide.....	25	FETZIMA TITRATION.....	30
		ethynodiol diac-eth estradiol...	113	FIASP.....	61

FIASP FLEXTOUCH.....	61	FLUTICASONE FUROATE-		frovatriptan succinate.....	36
FIASP PENFILL.....	61	VILANTEROL.....	143	ft aspirin low dose.....	12
FIASP PUMPCART.....	61	fluticasone propionate.....	105	ft clearlax.....	97
FIBRICOR.....	75	FLUTICASONE PROPIONATE		ft laxative.....	97
FILSPARI.....	102	HFA.....	143	ft magnesium citrate.....	97
FINACEA.....	86	FLUTICASONE-		ft milk of magnesia.....	97
finasteride.....	102	SALMETEROL.....	143	FULPHILA.....	64
fingolimod hcl.....	81	fluticasone-salmeterol.....	143	fulvestrant.....	39
FINTEPLA.....	24	fluvastatin sodium.....	75	FUROSCIX.....	73
finzala.....	113	fluvastatin sodium er.....	75	furosemide.....	73
FIRDAPSE.....	132	fluvoxamine maleate.....	30	FUZEON.....	54
flac.....	141	fluvoxamine maleate er.....	30	fyavolv.....	113
FLAREX.....	139	FLUZONE HIGH-DOSE		FYCOMPA.....	26
flavoxate hcl.....	101	QUADRIVALENT.....	127	FYLNETRA.....	64
flecainide acetate.....	68	FLUZONE QUADRIVALENT..	127	fyremadel.....	122
FLECTOR.....	12	FML FORTE.....	139	gabapentin.....	25
FLEXICHAMBER.....	132	folate.....	92	GALAFOLD.....	99
FLOLIPID.....	75	folic acid.....	92	galantamine hydrobromide.....	28
FLOVENT DISKUS.....	142	FOLLISTIM AQ.....	107	galantamine hydrobromide er...	28
FLOVENT HFA.....	143	fondaparinux sodium.....	63	GALZIN.....	89
FLUAD QUADRIVALENT.....	127	FORA 6 CONNECT.....	57	GAMMAGARD.....	126
FLUARIX QUADRIVALENT....	127	FORA 6 CONNECT/GTEL		GAMMAKED.....	126
FLUBLOK QUADRIVALENT..	127	TEST.....	57	GAMUNEX-C.....	126
FLUCELVAX		FORA GTEL BLOOD		ganirelix acetate.....	122
QUADRIVALENT.....	127	GLUCOSE TEST.....	57	GARDASIL 9.....	127
fluconazole.....	33	FORA TN'G ADVANCE PRO...	57	gatifloxacin.....	140
flucytosine.....	33	FORFIVO XL.....	29	GATTEX.....	95
fludrocortisone acetate.....	104	formoterol fumarate.....	144	gavilax.....	97
FLULAVAL QUADRIVALENT..	127	FORTEO.....	131	gavilyte-c.....	97
FLUMIST QUADRIVALENT....	127	FOSAMAX PLUS D.....	131	gavilyte-g.....	97
fluocinolone acetonide....	104, 141	fosamprenavir calcium.....	54	GAVRETO.....	43
fluocinolone acetonide body...	104	fosfomycin tromethamine.....	20	gefitinib.....	43
fluocinolone acetonide scalp...	104	fosinopril sodium.....	68	GELNIQUE.....	101
fluocinonide.....	105	fosinopril sodium-hctz.....	72	gemfibrozil.....	75
fluocinonide emulsified base...	104	FOSRENOL.....	91	gemmily.....	113
FLUORIDEX.....	82	FOTIVDA.....	43	GEMTESA.....	101
FLUORIDEX ENHANCED		FRAGMIN.....	63	generlac.....	97
WHITENING.....	82	FREESTYLE INSULINX TEST..	57	gengraf.....	124
FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 14 DAY		GENOTROPIN.....	107
RELIEF.....	83	READER.....	57	GENOTROPIN MINIQUICK....	107
FLUORIMAX 5000.....	83	FREESTYLE LIBRE 14 DAY		gentamicin sulfate.....	19, 135
FLUORIMAX 5000 SENSITIVE	83	SENSOR.....	57	gentle laxative.....	97
fluorometholone.....	139	FREESTYLE LIBRE 2		gentlelax.....	97
FLUOROURACIL.....	40	READER.....	57	GENVOYA.....	52
fluorouracil.....	40	FREESTYLE LIBRE 2		GILENYA.....	81
fluoxetine hcl.....	30	SENSOR.....	57	GILOTRIF.....	43
fluoxetine hcl (pmdd).....	30	FREESTYLE LIBRE 3		GILPHEX TR.....	147
fluphenazine decanoate.....	49	SENSOR.....	57	GIMOTI.....	32
fluphenazine hcl.....	49	FREESTYLE LIBRE READER..	57	GLASSIA.....	99
flurandrenolide.....	105	FREESTYLE LITE TEST.....	57	glatiramer acetate.....	81
flurazepam hcl.....	149	FREESTYLE PRECISION		glatopa.....	81
flurbiprofen.....	12	NEO TEST.....	57	GLEOSTINE.....	38
flurbiprofen sodium.....	139	FREESTYLE TEST.....	57	glimepiride.....	58

glipizide er.....	58	hailey fe 1.5/30.....	113	HUMIRA PEN-PS/UV/ADOL	
glipizide ir.....	59	hailey fe 1/20.....	113	HS START.....	124
glipizide xl.....	59	halcinonide.....	105	HUMIRA PEN-PSOR/UVEIT	
glipizide-metformin hcl.....	59	halobetasol propionate.....	105	STARTER.....	124
GLUCAGEN HYPOKIT.....	60	HALOBETASOL		HUMULIN 70/30 KWIKPEN.....	61
glucagon emergency kit.....	60	PROPIONATE.....	105	HUMULIN 70/30 VIAL.....	61
GLUCAGON EMERGENCY		haloette.....	113	HUMULIN N KWIKPEN.....	61
KIT.....	60	HALOG.....	105	HUMULIN N VIAL.....	61
GLUCOCARD 01 SENSOR		haloperidol.....	49	HUMULIN R U-500 KWIKPEN..	61
PLUS.....	57	haloperidol decanoate.....	49	HUMULIN R U-500 VIAL.....	61
GLUCOCARD EXPRESSION		haloperidol lactate.....	49	HUMULIN R VIAL.....	61
TEST.....	57	HARVONI.....	51	HW EMBRACE PRO	
GLUCOCARD SHINE TEST.....	57	HAVRIX.....	127	GLUCOSE TEST.....	57
GLUCOCARD VITAL TEST.....	57	healthylax.....	97	HW EMBRACE TALK	
glyburide.....	59	heather.....	120	GLUCOSE TEST.....	57
glyburide micronized.....	59	HELIDAC THERAPY.....	95	HYCANTIN.....	42
glyburide-metformin.....	59	HEMADY.....	105	hydralazine hcl.....	77
GLYCATE.....	94	HEMANGEOL.....	69	hydrochlorothiazide.....	74
glycolax.....	97	HEMLIBRA.....	65	hydrocod poli-chlorphe poli er.	147
glycopyrrolate.....	94	HEMMOREX-HC.....	130	hydrocodone bitartrate er.....	14
GLYCOPYRROLATE.....	94	HEMOPIL M.....	65	hydrocodone bit-homatrop mbr	
glydo.....	17	heparin sodium (porcine).....	63	.....	147
GLYXAMBI.....	59	heparin sodium (porcine) pf.....	63	hydrocodone-acetaminophen...	16
GOCOVRI.....	47	HEPLISAV-B.....	128	hydrocodone-ibuprofen.....	16
GOJJI BLOOD GLUCOSE		her style.....	120	hydrocortisone.....	105, 106, 130
TEST.....	57	HETLIOZ LQ.....	150	hydrocortisone (perianal).....	130
GONAL-F.....	107	HIBERIX.....	128	hydrocortisone ace-pramoxine	
GONAL-F RFF.....	108	HIDEX 6-DAY.....	105	.....	86, 130
GONAL-F RFF REDIJECT.....	108	HIZENTRA.....	126	hydrocortisone acetate.....	130
goodsense aspirin low dose.....	12	homatropaire.....	137	hydrocortisone butyr lipo base	105
goodsense milk of magnesia....	97	HORIZANT.....	79	hydrocortisone butyrate.....	105
goodsense nicotine.....	19	HULIO.....	124	hydrocortisone valerate.....	106
GRALISE.....	79	HUMALOG.....	61	hydrocortisone-acetic acid.....	141
granisetron hcl.....	32	HUMALOG KWIKPEN.....	61	hydrocort-pramoxine (perianal)	
GRANIX.....	64	HUMALOG MIX 50/50		.....	130
GRASTEK.....	132	KWIKPEN.....	61	hydromet.....	147
griseofulvin microsize.....	33	HUMALOG MIX 50/50 VIAL.....	61	hydromorphone hcl.....	16
griseofulvin ultramicrosize.....	33	HUMALOG MIX 75/25		hydromorphone hcl er.....	14
guaifenesin ac.....	147	KWIKPEN.....	61	hydroxocobalamin acetate.....	92
guaifenesin-codeine.....	147	HUMALOG MIX 75/25 VIAL.....	61	hydroxychloroquine sulfate.....	46
guanfacine hcl.....	67	HUMALOG U-100 JUNIOR		HYDROXYPROGESTERONE	
guanfacine hcl er.....	78	KWIKPEN.....	61	CAPROATE.....	120
GVOKE HYPOPEN 1-PACK.....	60	HUMATE-P.....	66	hydroxyurea.....	39
GVOKE HYPOPEN 2-PACK.....	61	HUMATIN.....	20	hydroxyzine hcl.....	55
GVOKE KIT.....	61	HUMATROPE.....	108	hydroxyzine pamoate.....	55
GVOKE PFS.....	61	HUMIRA.....	124	HYFTOR.....	86
GYNAZOLE-1.....	33	HUMIRA PEDIATRIC		hyoscyamine sulfate.....	94
habitrol.....	19	CROHNS START.....	124	hyoscyamine sulfate er.....	94
HADLIMA.....	124	HUMIRA PEN.....	124	hyoscyamine sulfate sl.....	94
HADLIMA PUSHTOUCH.....	124	HUMIRA PEN-CD/UC/HS		hyosyne.....	94
HAEGARDA.....	123	STARTER.....	124	HYPERSAL.....	147
hailey 1.5/30.....	113	HUMIRA PEN-PEDIATRIC UC		HYQVIA.....	126
hailey 24 fe.....	113	START.....	124	HYRIMOZ.....	124

HYRIMOZ-CROHNS/UC STARTER PACK.....	124	INREBIC.....	40	IXINITY.....	66
HYRIMOZ-PED CROHNS STARTER.....	124	INSULIN ASP PROT & ASP FLEXPEN.....	61	IYUZEH.....	140
HYRIMOZ-PLAQUE PSORIASIS START.....	124	INSULIN ASPART.....	61	jaimiess.....	113
ibandronate sodium.....	131	INSULIN ASPART FLEXPEN... ..	61	JAKAFI.....	43
IBRANCE.....	43	INSULIN ASPART PENFILL....	61	jantoven.....	63
IBSRELA.....	96	INSULIN ASPART PROT & ASPART.....	61	JANUMET.....	59
ibuprofen.....	12	INSULIN DEGLUDEC.....	62	JANUMET XR.....	59
ibuprofen-famotidine.....	12	INSULIN DEGLUDEC.....	62	JANUVIA.....	59
icatibant acetate.....	123	FLEXTOUCH.....	62	JARDIANCE.....	59
iclevia.....	113	INSULIN GLARGINE.....	62	jasmiel.....	114
ICLUSIG.....	43	INSULIN GLARGINE.....	62	JATENZO.....	109
icosapent ethyl.....	76	SOLOSTAR.....	62	JAYPIRCA.....	43
IDACIO.....	124	INSULIN GLARGINE-YFGN....	62	jencycla.....	120
IDACIO FOR CROHNS DISEASE/UC.....	124	INSULIN LISPRO.....	62	JENLIVA.....	
IDACIO FOR PLAQUE PSORIASIS.....	124	INSULIN LISPRO (1 UNIT DIAL).....	62	PRENATAL/POSTNATAL.....	92
IDELVION.....	66	INSULIN LISPRO JUNIOR.....	62	JENTADUETO.....	59
IDHIFA.....	43	KWIKPEN.....	62	JENTADUETO XR.....	59
ILEVRO.....	139	INSULIN LISPRO PROT & LISPRO.....	62	JESDUVROQ.....	64
imatinib mesylate.....	43	INTELENCE.....	53	jinteli.....	114
IMBRUVICA.....	43	INTRAROSA.....	109	JIVI.....	66
IMCIVREE.....	80	introvale.....	113	JOENJA.....	127
imipramine hcl.....	31	INVEGA HAFYERA.....	50	jolessa.....	114
imipramine pamoate.....	31	INVEGA SUSTENNA.....	50	JORNAY PM.....	78
imiquimod.....	86	INVEGA TRINZA.....	50	joyeaux.....	114
imiquimod pump.....	87	INVELTYS.....	139	JUBLIA.....	34
IMPAVIDO.....	46	INVOKAMET.....	59	juleber.....	114
IMPOYZ.....	106	INVOKAMET XR.....	59	JULUCA.....	52
IMVEXXY MAINTENANCE PACK.....	113	INVOKANA.....	59	junel 1.5/30.....	114
IMVEXXY STARTER PACK... ..	113	iodine strong.....	89	junel 1/20.....	114
INBRIJA.....	48	IOPIDINE.....	138	junel fe 1.5/30.....	114
incassia.....	120	IPOL.....	128	junel fe 1/20.....	114
INCRELEX.....	108	ipratropium bromide.....	143	junel fe 24.....	114
INCRUSE ELLIPTA.....	143	ipratropium-albuterol.....	147	JUST RIGHT 5000.....	83
indapamide.....	74	irbesartan.....	67	JUXTAPID.....	76
INDERAL XL.....	69	irbesartan-hydrochlorothiazide..	72	JYNARQUE.....	91
INDOCIN.....	12	ISENTRESS.....	52	kaitlib fe.....	114
indomethacin.....	12	ISENTRESS HD.....	52	kalliga.....	114
INDOMETHACIN.....	12	isibloom.....	113	KALYDECO.....	145
indomethacin er.....	12	isoniazid.....	37	KAPSPARGO SPRINKLE.....	69
INFANRIX.....	128	ISOPTO ATROPINE.....	137	KARBINAL ER.....	142
INFINITY BLOOD GLUCOSE TEST.....	57	isosorb dinitrate-hydralazine....	72	kariva.....	114
INGREZZA.....	80	isosorbide dinitrate.....	76	KATERZIA.....	70
INLYTA.....	43	isosorbide mononitrate.....	76	KAZANO.....	59
INNOPRAN XL.....	69	isosorbide mononitrate er.....	77	kelnor 1/35.....	114
INPEFA.....	72	isotretinoin.....	87	kelnor 1/50.....	114
INQOVI.....	43	isradipine.....	70	KERENDIA.....	132
		ISTURISA.....	108	KESIMPTA.....	81
		itraconazole.....	34	ketoconazole.....	34
		ivermectin.....	46, 87	ketodan.....	34
				ketoprofen.....	12
				ketoprofen er.....	12
				ketorolac tromethamine....	12, 139
				KEVZARA.....	127

KINERET.....	124	larin 1/20.....	114	LIDOCORT.....	130
KINRIX.....	128	larin 24 fe.....	114	linezolid.....	20
KISQALI.....	40	larin fe 1.5/30.....	114	LINZESS.....	96
KISQALI FEMARA.....	44	larin fe 1/20.....	114	liothyronine sodium.....	121
KLISYRI.....	40	latanoprost.....	140	LIQREV.....	146
klor-con.....	89	layolis fe.....	115	lisdexamfetamine dimesylate....	78
klor-con 10.....	89	LEDIPASVIR-SOFOSBUVIR....	51	lisinopril.....	68
klor-con m10.....	89	leena.....	115	lisinopril-hydrochlorothiazide....	72
klor-con m15.....	89	leflunomide.....	127	LITFULO.....	87
klor-con m20.....	89	lenalidomide.....	39	lithium.....	56
klor-con/ef.....	89	LENVIMA.....	44	lithium carbonate.....	56
KLOXXADO.....	18	lessina.....	115	lithium carbonate er.....	56
KOATE.....	66	letrozole.....	41	LITHOSTAT.....	102
KOATE-DVI.....	66	leucovorin calcium.....	40	LIVALO.....	75
KOGENATE FS.....	66	LEUKERAN.....	38	LIVMARLI.....	82
KORLYM.....	109	LEUKINE.....	64	LIVTENCITY.....	51
KOSELUGO.....	44	leuprolide acetate.....	122	LO LOESTRIN FE.....	115
kourzeq.....	83	levabuterol hcl.....	144	LODOCO.....	72
KOVALTRY.....	66	LEVALBUTEROL HFA.....	144	lojaimiess.....	115
K-PHOS.....	89	LEVAMLODIPINE MALEATE... 70		LOKELMA.....	91
K-PHOS NO 2.....	90	LEVBID.....	94	LOMAIRA.....	80
k-prime.....	90	LEVEMIR FLEXPEN.....	62	LONSURF.....	40
KRAZATI.....	40	LEVEMIR U-100 VIAL.....	62	loperamide hcl.....	95
KRINTAFEL.....	46	levetiracetam.....	25	lopinavir-ritonavir.....	54
KRISTALOSE.....	97	levetiracetam er.....	24	lorazepam.....	55
KROGER HEALTHPRO		levobunolol hcl.....	138	lorazepam intensol.....	55
GLUCOSE TEST.....	57	levocarnitine.....	90	LORBRENA.....	44
kurvelo.....	114	levocarnitine sf.....	90	LOREEV XR.....	55
K-Y ME & YOU EXTRA		levofloxacin.....	23, 140	loryna.....	115
LUBRICATED.....	133	levonest.....	115	losartan potassium.....	67
K-Y ME & YOU INTENSE.....	133	levonorgest-eth est & eth est..	115	losartan potassium-hctz.....	72
KYZATREX.....	109	levonorgest-eth estrad 91-day	115	LOTEMAX.....	139
labetalol hcl.....	69	levonorgest-eth estradiol-iron.	115	LOTEMAX SM.....	139
lacosamide.....	27	levonorgestrel.....	120	loteprednol etabonate.....	139
LACRISERT.....	137	levonorgestrel-ethinyl estrad... 115		lovastatin.....	75
lactulose.....	97	levonorg-eth estrad triphasic... 115		low-ogestrel.....	115
lactulose encephalopathy.....	97	levora 0.15/30 (28).....	115	loxapine succinate.....	49
LAGEVRIO.....	50	levorphanol tartrate.....	14	lo-zumandimine.....	115
LAMICTAL XR.....	26	levo-t.....	121	lubiprostone.....	96
lamivudine.....	51, 53	LEVOTHYROXINE SODIUM..	121	LUCEMYRA.....	18
lamivudine-zidovudine.....	53	levothyroxine sodium.....	121	LULICONAZOLE.....	34
lamotrigine.....	26	levoxyl.....	121	LUMAKRAS.....	40
lamotrigine er.....	26	LEVSIN.....	94	LUMIGAN.....	140
lamotrigine starter kit-blue.....	26	LEVSIN/SL.....	94	LUMRYZ.....	150
lamotrigine starter kit-green.....	26	LEXETTE.....	106	LUPKYNIS.....	125
lamotrigine starter kit-orange....	26	LEXIVA.....	54	LUPRON DEPOT (1-MONTH) 122	
LAMPIT.....	46	LICART.....	12	LUPRON DEPOT (3-MONTH) 122	
LANCETS.....	58	lidocaine.....	17, 18	LUPRON DEPOT-PED (1-	
lanthanum carbonate.....	91	lidocaine hcl.....	18	MONTH).....	122
LANTUS SOLOSTAR.....	62	lidocaine hcl urethral/mucosal... 18		LUPRON DEPOT-PED (3-	
LANTUS U-100 VIAL.....	62	lidocaine viscous hcl.....	18	MONTH).....	122
lapatinib ditosylate.....	44	lidocaine-hydrocort (perianal). 130		LUPRON DEPOT-PED (6-	
larin 1.5/30.....	114	lidocaine-prilocaine.....	18	MONTH).....	122

lurasidone hcl.....	50	meprobamate.....	55	microgestin 1.5/30.....	116
lutera.....	115	mercaptapurine.....	39	microgestin 1/20.....	116
LUZU.....	34	merzee.....	115	microgestin 24 fe.....	116
LYBALVI.....	29	mesalamine.....	129	microgestin fe 1.5/30.....	116
lyleq.....	120	mesalamine er.....	129	microgestin fe 1/20.....	116
lyllana.....	115	MESNEX.....	46	midazolam hcl.....	55
LYNPARZA.....	44	metaxalone.....	149	midodrine hcl.....	67
LYSODREN.....	122	metformin hcl er.....	59	MIEBO.....	137
LYTGOBI (12 MG DAILY DOSE).....	42	metformin hcl er (mod).....	59	MIGERGOT.....	36
LYTGOBI (16 MG DAILY DOSE).....	42	metformin hcl er (osm).....	59	miglitol.....	59
LYTGOBI (20 MG DAILY DOSE).....	42	metformin hcl ir.....	59	miglustat.....	99
LYUMJEV KWIKPEN.....	62	methadone hcl.....	14	mili.....	116
LYUMJEV VIAL.....	62	methadone hcl intensol.....	14	milk of magnesia.....	98
LYVISPAH.....	149	methamphetamine hcl.....	78	milk of magnesia concentrate... 98	
lyza.....	120	methazolamide.....	73	mimvey.....	116
mafenide acetate.....	20	methenamine hippurate.....	20	minocycline hcl.....	24
magnesium citrate.....	98	methergine.....	133	MINOCYCLINE HCL ER.....	24
malathion.....	47	methimazole.....	123	minocycline hcl er.....	24
maraviroc.....	54	METHITEST.....	109	MINOLIRA.....	24
marlissa.....	115	methocarbamol.....	149	minoxidil.....	77
MARPLAN.....	29	methotrexate sodium.....	125	MIRCERA.....	64
MATULANE.....	38	methotrexate sodium (pf).....	125	mirtazapine.....	29
matzim la.....	70	methoxsalen rapid.....	87	misoprostol.....	99
MAVENCLAD.....	81	methscopolamine bromide.....	94	MITIGARE.....	35
MAVYRET.....	51	methsuximide.....	25	mm aspirin.....	13
MAXIDEX.....	139	METHYLDOPA.....	67	mm clearlax.....	98
maxi-tuss ac.....	147	methylergonovine maleate.....	133	M-M-R II.....	128
MAYZENT.....	81	methylphenidate.....	78	M-NATAL PLUS.....	92
MAYZENT STARTER PACK... 81		methylphenidate hcl.....	79	modafinil.....	150
meclizine hcl.....	32	methylphenidate hcl er.....	78	MODERNA COVID-19 VAC	
meclofenamate sodium.....	13	methylphenidate hcl er (cd).....	78	6M-11Y.....	128
MEDROL.....	106	methylphenidate hcl er (la).....	78	moexipril hcl.....	68
medroxyprogesterone acetate 120		methylphenidate hcl er (osm).....	78, 79	molindone hcl.....	49
mefenamic acid.....	13	METHYLPHENIDATE HCL ER (OSM).....	78	mometasone furoate.....	106
mefloquine hcl.....	46	methylphenidate hcl er (xr).....	79	mondoxyne nl.....	24
megestrol acetate.....	120	methylprednisolone.....	106	MONOJECT FLUSH	
MEKINIST.....	44	methyltestosterone.....	109	SYRINGE.....	133
MEKTOVI.....	44	metoclopramide hcl.....	32	MONOJECT SODIUM	
meloxicam.....	13	metolazone.....	74	CHLORIDE FLUSH.....	133
MELOXICAM.....	13	metoprolol succinate er.....	69	mono-lynyah.....	116
melphalan.....	38	metoprolol tartrate.....	69	montelukast sodium.....	143
memantine hcl.....	28	metoprolol-hydrochlorothiazide. 72		morphine sulfate.....	16
memantine hcl er.....	28	metronidazole.....	20, 87	morphine sulfate (concentrate). 16	
MENACTRA.....	128	metyrosine.....	72	morphine sulfate er.....	14
MENEST.....	115	mexiletine hcl.....	68	morphine sulfate er beads.....	14
MENOPUR.....	108	mibelas 24 fe.....	116	MOTEGRITY.....	95
MENOSTAR.....	115	miconazole 3.....	34	MOTOFEN.....	95
MENQUADFI.....	128	MICONAZOLE-ZINC OXIDE- PETROLAT.....	34	MOTPOLY XR.....	27
MENVEO.....	128	MICROCHAMBER.....	133	MOUNJARO.....	59
meperidine hcl.....	16	MICRODOT TEST.....	58	MOVANTIK.....	95
				moxifloxacin hcl.....	23, 140
				moxifloxacin hcl (2x day).....	140
				MULPLETA.....	64

MULTAQ.....	68	NEONATAL FE.....	92	NITRO-TIME.....	77
mupirocin.....	20	NEONATAL PLUS.....	92	NITYR.....	99
mupirocin calcium.....	20	neo-polycin.....	136	NIVA THYROID.....	121
MUSE.....	102	neo-polycin hc.....	136	NIVESTYM.....	64
my choice.....	120	NEO-SYNALAR.....	20	nizatidine.....	96
my way.....	120	NERLYNX.....	44	NOCDURNA.....	108
MYALEPT.....	99	NESINA.....	59	nora-be.....	120
MYCAPSSA.....	122	NESTABS.....	92	NORDITROPIN FLEXPRO.....	108
mycophenolate mofetil.....	125	NESTABS ONE.....	92	norethin ace-eth estrad-fe.....	116
mycophenolate sodium.....	125	neuac.....	87	norethindrone.....	120
MYFEMBREE.....	116	NEULASTA.....	64	norethindrone acetate.....	120
MYLERAN.....	38	NEUPOGEN.....	64	norethindrone acet-ethinyl est.....	116
MYRBETRIQ.....	101	NEUPRO.....	48	norethindrone-eth estradiol.....	116
MYTESI.....	95	NEVANAC.....	139	norethindron-ethinyl estrad-fe.....	116
na sulfate-k sulfate-mg sulf.....	98	nevirapine.....	53	norethin-eth estradiol-fe.....	116
nabumetone.....	13	nevirapine er.....	53	NORGESIC.....	149
nadolol.....	69	new day.....	120	NORGESIC FORTE.....	149
naftifine hcl.....	34	NEXICLON XR.....	67	norgestimate-eth estradiol.....	116
NAFTIN.....	34	NEXLETOL.....	76	norgestimate-ethinyl estradiol	
nalbuphine hcl.....	16	NEXLIZET.....	76	triphasic.....	116
NALOCET.....	17	NEXTSTELLIS.....	116	NORITATE.....	87
naloxone hcl.....	18	NGENLA.....	108	NORLIQVA.....	71
naltrexone hcl.....	18	niacin (antihyperlipidemic).....	76	norlyroc.....	120
NAMZARIC.....	28	niacin er (antihyperlipidemic)....	76	normal saline flush.....	133
naproxen.....	13	niacor.....	76	NORPACE CR.....	68
naproxen dr.....	13	nicardipine hcl.....	70	nortrel 0.5/35 (28).....	117
naproxen sodium.....	13	nicotine.....	19	nortrel 1/35 (21).....	117
naproxen sodium er.....	13	nicotine mini.....	19	nortrel 1/35 (28).....	117
naproxen-esomeprazole mg.....	13	nicotine polacrilex.....	19	nortrel 7/7/7.....	117
naratriptan hcl.....	36	nicotine polacrilex mini.....	19	nortriptyline hcl.....	31
NARCAN.....	18	nicotine step 1.....	19	NORVIR.....	54
NASCOBAL.....	92	nicotine step 2.....	19	NOURIANZ.....	47
NATACYN.....	136	nicotine step 3.....	19	NOVAREL.....	108
NATAZIA.....	116	NICOTROL.....	19	NOVAVAX COVID-19	
nateglinide.....	59	NICOTROL NS.....	19	VACCINE.....	128
NATESTO.....	109	nifedipine.....	70	NOVOEIGHT.....	66
NAYZILAM.....	25	nifedipine er.....	70	NOVOFINE AUTOCOVER	
nebivolol hcl.....	69	nifedipine er osmotic release.....	70	PEN NEEDLE.....	133
nebusal.....	147	nikki.....	116	NOVOFINE PEN NEEDLE.....	133
NEBUSAL.....	147	nilutamide.....	39	NOVOFINE PLUS PEN	
necon 0.5/35 (28).....	116	nimodipine.....	70	NEEDLE.....	133
nefazodone hcl.....	30	NINLARO.....	40	NOVOLIN 70/30 FLEXPEN.....	62
neomycin sulfate.....	20	nisoldipine er.....	71	NOVOLIN 70/30 RELION.....	62
neomycin-bacitracin zn-		nitazoxanide.....	47	NOVOLIN 70/30 VIAL.....	62
polymyx.....	135	nitisinone.....	99	NOVOLIN N FLEXPEN.....	62
neomycin-polymyxin-dexameth		NITRO-BID.....	77	NOVOLIN N RELION.....	62
.....	135, 136	NITRO-DUR.....	77	NOVOLIN N VIAL.....	62
neomycin-polymyxin-		nitrofurantoin.....	20	NOVOLIN R FLEXPEN.....	62
gramicidin.....	135	NITROFURANTOIN.....	21	NOVOLIN R RELION.....	62
neomycin-polymyxin-hc..	136, 141	nitrofurantoin macrocrystal.....	20	NOVOLIN R VIAL.....	62
NEONATAL + DHA.....	92	nitrofurantoin monohydrate		NOVOLOG 70/30 FLEXPEN	
NEONATAL 19.....	92	macrocrystals.....	20	RELION.....	62
NEONATAL COMPLETE.....	92	nitroglycerin.....	77	NOVOLOG FLEXPEN.....	62

NOVOLOG FLEXPEN		OLPRUVA (3 GM DOSE).....	99	ORALAIR.....	148
RELION.....	62	OLPRUVA (4 GM DOSE).....	99	oralone.....	83
NOVOLOG MIX 70/30		OLPRUVA (5 GM DOSE).....	100	ORAVIG.....	34
FLEXPEN.....	63	OLPRUVA (6 GM DOSE).....	100	ORENCIA.....	125
NOVOLOG MIX 70/30		OLPRUVA (6.67 GM DOSE)..	100	ORENCIA CLICKJECT.....	125
RELION.....	63	OLUMIANT.....	125	ORENITRAM.....	146
NOVOLOG MIX 70/30 VIAL.....	63	OMECLAMOX-PAK.....	95	ORENITRAM MONTH 1.....	146
NOVOLOG PENFILL.....	63	omega-3-acid ethyl esters.....	76	ORENITRAM MONTH 2.....	146
NOVOLOG RELION.....	63	OMNIPOD 5 G6 INTRO (GEN		ORENITRAM MONTH 3.....	146
NOVOLOG U-100 VIAL.....	63	5).....	133	ORFADIN.....	100
NOVOSEVEN RT.....	66	OMNIPOD 5 G6 POD (GEN 5)		ORGOVYX.....	39
NOXAFIL.....	34	.....	133	ORIAHNN.....	117
np thyroid.....	121	OMNIPOD CLASSIC PODS		ORLISSA.....	122
NUBEQA.....	39	(GEN 3).....	133	ORKAMBI.....	145
NUCALA.....	147	OMNIPOD DASH INTRO		ORLADEYO.....	123
NUCYNTA.....	17	(GEN 4).....	133	ORLISTAT.....	133
NUCYNTA ER.....	14	OMNIPOD DASH PDM (GEN		orphenadrine citrate er.....	149
NUEDEXTA.....	80	4).....	133	orphenadrine-aspirin-caffeine.	149
NULEV.....	94	OMNIPOD DASH PODS (GEN		ORPHENGESIC FORTE.....	149
NUPLAZID.....	50	4).....	133	ORSERDU.....	39
NURTEC.....	36	OMNIPOD GO.....	133	ORTIKOS.....	130
NUTROPIN AQ NUSPIN 10... 108		OMNITROPE.....	108	OSCIMIN.....	94
NUTROPIN AQ NUSPIN 20... 108		ondansetron hcl.....	32	oseltamivir phosphate.....	54
NUTROPIN AQ NUSPIN 5.... 108		ondansetron odt.....	33	OSENI.....	59
NUVESSA.....	21	ONE DROP TEST.....	58	OSMOLEX ER.....	47
NUWIQ.....	66	ONE VITE WOMENS PLUS.....	92	OSPHENA.....	121
NUZYRA.....	24	ONETOUCH ULTRA 2 KIT		OTEZLA.....	127
nyamyc.....	34	W/DEVICE.....	58	OTOVEL.....	141
nylia 1/35.....	117	ONETOUCH ULTRA TEST		OTREXUP.....	125
nylia 7/7/7.....	117	STRIPS.....	58	OVIDREL.....	108
NYMALIZE.....	71	ONETOUCH VERIO FLEX		oxaprozin.....	13
nymyo.....	117	SYSTEM.....	58	OXAYDO.....	17
nystatin.....	34	ONETOUCH VERIO KIT		oxazepam.....	55
nystatin-triamcinolone.....	34	W/DEVICE.....	58	OXBRYTA.....	64
nystop.....	34	ONETOUCH VERIO		oxcarbazepine.....	27
NYVEPRIA.....	64	REFLECT KIT W/DEVICE.....	58	OXERVATE.....	137
OBIZUR.....	66	ONGENTYS.....	47	oxiconazole nitrate.....	34
OICALIVA.....	99	ONUREG.....	40	OXISTAT.....	34
ocella.....	117	ONZETRA XSAIL.....	36	OXTELLAR XR.....	27
octreotide acetate.....	122	opcicon one-step.....	120	oxybutynin chloride.....	101
ODACTRA.....	133	OPSUMIT.....	146	oxybutynin chloride er.....	101
ODEFSEY.....	53	OPTICHAMBER DIAMOND... 133		oxycodone hcl.....	17
ODOMZO.....	44	OPTICHAMBER DIAMOND-		OXYCODONE HCL ER.....	14, 15
OFEV.....	146	LG MASK.....	133	OXYCODONE-	
ofloxacin.....	23, 140, 141	OPTICHAMBER DIAMOND-		ACETAMINOPHEN.....	17
OJJAARA.....	40	MD MASK.....	133	oxycodone-acetaminophen.....	17
olanzapine.....	50	OPTICHAMBER DIAMOND-		OXYCONTIN.....	15
olanzapine-fluoxetine hcl.....	29	SM MASK.....	133	oxymorphone hcl.....	17
olmesartan medoxomil.....	67	option 2.....	120	oxymorphone hcl er.....	15
olmesartan medoxomil-hctz.....	72	OPTIONS GYNOL II		OXYTROL.....	101
olmesartan-amlodipine-hctz.....	72	CONTRACEPTIVE.....	102	OZEMPIC.....	60
olopatadine hcl.....	137, 142	OPVEE.....	18	OZOBAX.....	149
OLPRUVA (2 GM DOSE).....	99	OPZELURA.....	87	PALFORZIA.....	133

paliperidone er.....	50	PHOSPHOLINE IODIDE.....	138	PREDNISOLONE ACETATE	
PALYNZIQ.....	100	PHOSPHO-TRIN K500.....	90	P-F.....	140
PANCREAZE.....	100	phytonadione.....	92	prednisolone sodium	
PANDEL.....	106	PIFELTRO.....	53	phosphate.....	106, 140
PANRETIN.....	46	pilocarpine hcl.....	83, 138	prednisone.....	106
paricalcitol.....	131	pimecrolimus.....	87	prednisone intensol.....	106
paroxetine hcl.....	30	pimozide.....	49	pregabalin.....	80
paroxetine hcl er.....	30	pimtrea.....	117	pregabalin er.....	80
paroxetine mesylate.....	30	pindolol.....	69	PREGEN DHA.....	92
PAXLOVID (150/100).....	50	pioglitazone hcl.....	60	PREGENNA.....	92
PAXLOVID (300/100).....	51	pioglitazone hcl-glimepiride.....	60	PREGNYL.....	108
PEDIARIX.....	128	pioglitazone hcl-metformin hcl..	60	PREHEVBRIO.....	128
PEDVAX HIB.....	128	PIQRAY.....	41	PREMARIN.....	117
peg 3350.....	98	pirfenidone.....	146	PREMESISRX.....	92
peg 3350-kcl-na bicarb-nacl.....	98	piroxicam.....	13	PREMPHASE.....	117
peg-3350/electrolytes.....	98	PLEGRIDY.....	81	PREMPRO.....	117
peg-3350/electrolytes/ascorbat.....	98	PLEGRIDY STARTER PACK...	81	PRENAISSANCE.....	92
PEGASYS.....	51	PLENVU.....	98	prenatal.....	92
peg-kcl-nacl-nasulf-na asc-c.....	98	PLIAGLIS.....	18	prenatal plus vitamin/mineral....	92
PEMAZYRE.....	42	PNEUMOVAX 23.....	128	PRENATE.....	92
penciclovir.....	52	PNV TABS 20-1.....	92	PRENATE DHA.....	92
penicillamine.....	102	POCKET SPACER.....	133	PRENATE ELITE.....	93
penicillin v potassium.....	22	PODOCON-25.....	87	PRENATE ENHANCE.....	93
PENTACEL.....	128	podofilox.....	87	PRENATE ESSENTIAL.....	93
pentamidine isethionate.....	47	POKONZA.....	90	PRENATE MINI.....	93
PENTASA.....	129	polycin.....	136	PRENATE PIXIE.....	93
pentazocine-naloxone hcl.....	17	polyethylene glycol 3350.....	98	PRENATE RESTORE.....	93
pentoxifylline er.....	72	polymyxin b-trimethoprim.....	136	PRENATRIX.....	93
perindopril erbumine.....	68	POMALYST.....	39	PRENATRYL.....	93
perio gard.....	83	PONVORY.....	81	PRENATVITE COMPLETE.....	93
permethrin.....	47	PONVORY STARTER PACK...	81	PRENATVITE PLUS.....	93
perphenazine.....	32	portia-28.....	117	PRENATVITE RX.....	93
perphenazine-amitriptyline.....	29	posaconazole.....	35	PRESTALIA.....	72
PERSERIS.....	50	potassium chloride.....	90	PRETOMANID.....	37
PERTZYE.....	100	potassium chloride crys er.....	90	prevalite.....	76
PFIZER COVID-19 VAC-TRIS		potassium chloride er.....	90	PREVIDENT.....	83
5-11Y.....	128	potassium citrate er.....	90	PREVIDENT 5000 BOOSTER	
PFIZER COVID-19 VAC-TRIS		potassium iodide.....	148	PLUS.....	83
6M-4Y.....	128	PRADAXA.....	63, 64	PREVIDENT 5000 DRY	
PHEBURANE.....	100	PRALUENT.....	76	MOUTH.....	83
phendimetrazine tartrate.....	80	pramipexole dihydrochloride....	48	PREVIDENT 5000 ENAMEL	
phendimetrazine tartrate er.....	80	pramipexole dihydrochloride er.	48	PROTECT.....	83
phenelzine sulfate.....	29	PRAMOSONE.....	87	PREVIDENT 5000 ORTHO	
phenobarbital.....	25	prasugrel hcl.....	67	DEFENSE.....	83
phenoxybenzamine hcl.....	67	pravastatin sodium.....	75	PREVIDENT 5000 PLUS.....	83
phentermine hcl.....	80	praziquantel.....	46	PREVIDENT 5000 SENSITIVE.	83
phenylephrine hcl.....	138	prazosin hcl.....	67	PREVNAR 13.....	128
PHENYTEK.....	27	PRECISION XTRA BLOOD		PREVNAR 20.....	128
phenytoin.....	27	GLUCOSE.....	58	PREVYMIS.....	51
phenytoin infatabs.....	27	PRED MILD.....	139	PREZCOBIX.....	54
phenytoin sodium extended.....	27	prednisolone.....	106	PREZISTA.....	54
PHEXXI.....	133	prednisolone acetate.....	140	PRIFTIN.....	38
philith.....	117			PRIMACARE.....	93

primaquine phosphate.....	47	pyridostigmine bromide.....	37	REGRANEX.....	87
primidone.....	25	pyridostigmine bromide er.....	37	RELAFEN DS.....	13
PRIORIX.....	128	pyrimethamine.....	47	RELENZA DISKHALER.....	54
PRO COMFORT SPACER ADULT.....	133	PYRUKYND.....	65	RELEUKO.....	65
PRO COMFORT SPACER CHILD.....	134	PYRUKYND TAPER PACK.....	65	RELEXXII.....	79
PRO COMFORT SPACER INFANT.....	134	QBRELIS.....	68	RELION PREMIER TEST.....	58
PROAIR DIGIHALER.....	144	QBREXZA.....	87	RELISTOR.....	95
PROAIR RESPICLICK.....	144	qc magnesium citrate.....	98	RELNATE DHA.....	93
probenecid.....	35	QDOLO.....	15	RELTONE.....	95
PROCARE SPACER/ADULT MASK.....	134	QELBREE.....	79	RELYVRIO.....	80
PROCARE SPACER/CHILD MASK.....	134	QINLOCK.....	44	RENACIDIN.....	102
prochlorperazine.....	32	QSYMIA.....	80	repaglinide.....	60
prochlorperazine maleate.....	32	QTERN.....	60	REPATHA.....	76
PROCRIT.....	64	QUADRACEL.....	128	REPATHA PUSHTRONEX SYSTEM.....	76
PROCTOCORT.....	130	quazepam.....	56	REPATHA SURECLICK.....	76
PROCTOFOAM HC.....	130	quetiapine fumarate.....	50	RESTASIS MULTIDOSE.....	137
procto-med hc.....	130	quetiapine fumarate er.....	50	RETACRIT.....	65
proctosol hc.....	130	QUILLICHEW ER.....	79	RETEVMO.....	44
proctozone-hc.....	130	QUILLIVANT XR.....	79	RETIN-A MICRO PUMP.....	87
PROCYSBI.....	100	quinapril hcl.....	68	REVCOVI.....	100
PROFILNINE.....	66	quinapril-hydrochlorothiazide....	72	REVLIMID.....	39
progesterone.....	120	quinidine gluconate er.....	69	REXULTI.....	50
PROGRAF.....	125	quinidine sulfate.....	69	REYATAZ.....	54
PROLATE.....	17	quinine sulfate.....	47	REYVOW.....	36
PROLENSA.....	140	QULIPTA.....	36	REZLIDHIA.....	44
PROMACTA.....	65	QUVIVIQ.....	150	REZUROCK.....	125
promethazine hcl.....	32	QVAR REDIHALER.....	143	REZVOGLAR KWIKPEN.....	63
promethazine vc.....	142	RADICAVA ORS.....	80	RHOPRESSA.....	138
promethazine vc/codeine.....	148	RADICAVA ORS STARTER KIT.....	80	ribavirin.....	51
promethazine-codeine.....	148	RADIOGARDASE.....	134	RIDAURA.....	127
promethazine-dm.....	148	RAGWITEK.....	134	rifabutin.....	37
promethegan.....	32	raloxifene hcl.....	121	rifampin.....	38
propafenone hcl.....	68	ramelteon.....	150	riluzole.....	80
propafenone hcl er.....	69	ramipril.....	68	rimantadine hcl.....	54
propranolol hcl.....	70	ranolazine er.....	72	RINVOQ.....	127
propranolol hcl er.....	70	rasagiline mesylate.....	48	risedronate sodium.....	131
propylthiouracil.....	123	RASUVO.....	125	RISPERDAL CONSTA.....	50
PROQUAD.....	128	RAVICTI.....	100	risperidone.....	50
protriptyline hcl.....	31	RAYALDEE.....	131	ritonavir.....	54
pseudoephedrine-bromphen- dm.....	148	RAYOS.....	106	rivastigmine.....	28
PULMICORT FLEXHALER.....	143	react.....	121	rivastigmine tartrate.....	28
pulmosal.....	148	REBIF.....	81	rivelsa.....	117
PULMOZYME.....	145	REBIF REBIDOSE.....	82	RIXUBIS.....	66
PURE COMFORT SPACER CHAMBER.....	134	REBIF REBIDOSE TITRATION PACK.....	82	rizatriptan benzoate.....	36
PURIXAN.....	39	REBIF TITRATION PACK.....	82	ROCKLATAN.....	138
pyrazinamide.....	38	REBINYN.....	66	roflumilast.....	145
		reclipsen.....	117	ROLVEDON.....	65
		RECOMBINATE.....	66	ropinirole hcl.....	48
		RECOMBIVAX HB.....	128	ropinirole hcl er.....	48
		RECORLEV.....	108	rosuvastatin calcium.....	75
		RECTIV.....	77	ROSZET.....	76
				ROTARIX.....	128

ROTATEQ.....	128	SIKLOS.....	40	sprintec 28.....	117
roweepra.....	25	sildenafil citrate.....	102, 146	SPRITAM.....	25
ROXYBOND.....	17	SILIQ.....	87	SPRIX.....	13
ROZLYTREK.....	41	silodosin.....	102	SPRYCEL.....	44
RUBRACA.....	42	silver sulfadiazine.....	21	sps.....	91
RUCONEST.....	123	SIMBRINZA.....	138	sronyx.....	117
rufinamide.....	27	simliya.....	117	ssd.....	21
RUKOBIA.....	54	simpesse.....	117	SSKI.....	148
RYBELSUS.....	60	SIMPONI.....	125	sss 10-5.....	88
RYCLORA.....	142	simvastatin.....	75	STEGLATRO.....	60
RYDAPT.....	44	sirolimus.....	125	STEGLUJAN.....	60
RYKINDO.....	50	SIRTURO.....	38	STELARA.....	88
RYTARY.....	48	SITAVIG.....	52	STENDRA.....	103
ryvent.....	142	SIVEXTRO.....	21	sterile water for irrigation.....	134
SAIZEN.....	108	SKYCLARYS.....	80	STIMUFEND.....	65
sajazir.....	123	SKYRIZI.....	87, 125	STIOLTO RESPIMAT.....	148
salsalate.....	13	SKYRIZI PEN.....	125	STIVARGA.....	44
SANCUSO.....	33	SKYTROFA.....	108	STRENSIQ.....	100
SANDIMMUNE.....	125	SLYND.....	121	STRIBILD.....	52
SANTYL.....	87	sm milk of magnesia.....	98	STRIVERDI RESPIMAT.....	144
sapropterin dihydrochloride.....	100	SOANZ.....	73	SUBSYS.....	17
SAVAYSA.....	64	sodium chloride.....	102, 148	subvenite.....	26
SAVELLA.....	80	sodium chloride (pf).....	90	subvenite starter kit-blue.....	26
SAVELLA TITRATION PACK...	80	sodium chloride flush.....	134	subvenite starter kit-green.....	26
saxagliptin hcl.....	60	sodium fluoride.....	83, 90	subvenite starter kit-orange.....	26
saxagliptin-metformin er.....	60	sodium fluoride 5000 plus.....	83	SUCRAID.....	100
SAXENDA.....	134	sodium fluoride 5000 ppm.....	83	sucralfate.....	99
SCEMBLIX.....	44	SODIUM OXYBATE.....	150	SUFLAVE.....	99
scopolamine.....	32	sodium phenylbutyrate.....	100	SULCONAZOLE NITRATE.....	35
SECUADO.....	50	sodium polystyrene sulfonate...	91	sulfacetamide sodium.....	88, 141
SEGLENTIS.....	17	sodium sulfacetamide wash.....	87	sulfacetamide sodium (acne)....	88
SEGLUROMET.....	60	SOFOSBUVIR-VELPATASVIR.51		sulfacetamide sodium-sulfur....	88
SELECT-OB.....	93	SOGROYA.....	109	sulfacetamide sod-sulfur wash..	88
selegiline hcl.....	48	SOHONOS.....	134	sulfacetamide-prednisolone....	137
selenium sulfide.....	87	solifenacin succinate.....	101	sulfadiazine.....	23
SELZENTRY.....	54	SOLQUA.....	60	sulfamethoxazole-trimethoprim.23	
SEMGLEE (YFGN).....	63	SOLOSEC.....	21	SULFAMYLON.....	21
SEREVENT DISKUS.....	144	SOLTAMOX.....	39	sulfasalazine.....	130
SERNIVO.....	106	SOLU-CORTEF.....	106	sulfatrim pediatric.....	23
SEROSTIM.....	95	SOMAVERT.....	122	sulindac.....	13
SERTRALINE HCL.....	30	sorafenib tosylate.....	44	sumatriptan.....	36
sertraline hcl.....	30	SORILUX.....	87	sumatriptan succinate.....	37
setlakin.....	117	sotalol hcl.....	69	sumatriptan succinate refill	
sevelamer carbonate.....	91	sotalol hcl (af).....	69	subcutaneous solution	
sevelamer hcl.....	91	SOTYKTU.....	88	cartridge.....	37
SEVENFACT.....	66	SOTYLIZE.....	69	sumatriptan-naproxen sodium..	37
SEYSARA.....	24	SOVALDI.....	51	sunitinib malate.....	44
sf.....	83	SPIKEVAX.....	128	SUNLENCA.....	54
sf 5000 plus.....	83	spinosad.....	47	SUNOSI.....	150
SFROWASA.....	129	SPIRIVA HANDIHALER.....	143	SUTAB.....	99
sharobel.....	121	SPIRIVA RESPIMAT.....	143	syeda.....	118
SHINGRIX.....	128	spironolactone.....	74	SYMDEKO.....	145
SIGNIFOR.....	122	spironolactone-hctz.....	73	SYMJEPI.....	144

SYMLINPEN 120.....	60	TENIVAC.....	128	TODAY SPONGE.....	103
SYMLINPEN 60.....	60	tenofovir disoproxil fumarate.....	53	TOLAK.....	41
SYMPAZAN.....	25	TEPMETKO.....	45	tolcapone.....	47
SYMPROIC.....	95	terazosin hcl.....	102	tolmetin sodium.....	13
SYMTUZA.....	54	terbinafine hcl.....	35	TOLSURA.....	35
SYNAREL.....	122	terbutaline sulfate.....	144	tolterodine tartrate.....	101
SYNDROS.....	33	terconazole.....	35	tolterodine tartrate er.....	101
SYNJARDY.....	60	teriflunomide.....	82	tolvaptan.....	91
SYNJARDY XR.....	60	TERIPARATIDE		TOPAMAX.....	26
SYNRIBO.....	41	(RECOMBINANT).....	131	topiramate.....	27
SYNTHROID.....	121	testosterone.....	109	topiramate er.....	27
TABLOID.....	40	testosterone cypionate.....	109	toremifene citrate.....	39
TABRECTA.....	44	testosterone enanthate.....	109	torsemide.....	73
tacrolimus.....	88, 125	tetrabenazine.....	80	TOSYMRA.....	37
tadalafil.....	103	tetracycline hcl.....	24	TOUJEO MAX SOLOSTAR.....	63
tadalafil (pah).....	146	TEXACORT.....	106	TOUJEO SOLOSTAR.....	63
TADLIQ.....	146	TEZSPIRE.....	148	tovet.....	106
TAFINLAR.....	45	THALITONE.....	74	TRACLEER.....	146
tafluprost (pf).....	140	THALOMID.....	39	TRADJENTA.....	60
TAGRISSE.....	45	THEO-24.....	145	TRAMADOL HCL (ER	
take action.....	121	theophylline.....	145	BIPHASIC).....	15
TAKHZYRO.....	123	theophylline er.....	145	tramadol hcl (er biphasic).....	15
TALICIA.....	95	THIOLA EC.....	103	tramadol hcl er.....	15
TALTZ.....	88	thioridazine hcl.....	49	TRAMADOL HCL IR.....	15
TALZENNA.....	42	thiothixene.....	49	tramadol hcl ir.....	17
tamoxifen citrate.....	39	THYQUIDITY.....	121	tramadol-acetaminophen.....	17
tamsulosin hcl.....	102	thyroid.....	121	trandolapril.....	68
TAPERDEX 12-DAY.....	106	tiadylt er.....	71	trandolapril-verapamil hcl er.....	73
TAPERDEX 6-DAY.....	106	tiagabine hcl.....	25	tranexamic acid.....	66
TAPERDEX 7-DAY.....	106	TIBSOVO.....	45	tranylcypromine sulfate.....	29
tarina 24 fe.....	118	TIGLUTIK.....	80	travoprost (bak free).....	140
tarina fe 1/20 eq.....	118	tilia fe.....	118	trazodone hcl.....	30
TARPEYO.....	130	timolol maleate.....	70, 139	TRECTOR.....	38
TASCENSO ODT.....	82	timolol maleate (once-daily)....	138	TRELEGY ELLIPTA.....	148
TASIGNA.....	45	timolol maleate ocudose.....	138	TREMFYA.....	88
tasimelteon.....	150	timolol maleate pf.....	139	TRESIBA.....	63
tavorole.....	35	tinidazole.....	21	TRESIBA FLEXTOUCH.....	63
TAVALISSE.....	66	tiopronin.....	103	tretinoin.....	46, 88
TAVNEOS.....	134	tiotropium bromide		tretinoin microsphere.....	88
taysofy.....	118	monohydrate.....	143	tretinoin microsphere pump.....	88
tazarotene.....	88	TIROSINT.....	122	TRETTEN.....	66
TAZAROTENE.....	88	TIROSINT-SOL.....	122	TREXALL.....	125
TAZORAC.....	88	TIS-U-SOL.....	134	triamcinolone acetonide	
taztia xt.....	71	TIVICAY.....	52	.....	83, 106, 107
TAZVERIK.....	41	TIVICAY PD.....	52	triamcinolone in absorbbase.....	107
TDVAX.....	128	tizanidine hcl.....	149	triamterene.....	74
TEGSEDI.....	100	TLANDO.....	109	triamterene-hctz.....	73
telmisartan.....	67	TOBI PODHALER.....	145	triazolam.....	149
telmisartan-amlodipine.....	73	TOBRADEX.....	135	triderm.....	107
telmisartan-hctz.....	73	TOBRADEX ST.....	135	trientine hcl.....	91
temazepam.....	149	tobramycin.....	135, 145	tri-estarylla.....	118
temozolomide.....	38	tobramycin-dexamethasone....	135	trifluoperazine hcl.....	49
TENCON.....	17	TOBEX.....	135	trifluridine.....	136

trihexyphenidyl hcl.....	47	UDENYCA.....	65	VERIFINE SAFE LANCET	
TRIJARDY XR.....	60	ULTRAVATE.....	107	MINI 23G.....	58
TRIKAFTA.....	145	unithroid.....	122	VERIFINE SAFE LANCET	
tri-legest fe.....	118	UPNEEQ.....	138	MINI 28G.....	58
tri-linyah.....	118	UPTRAVI.....	146	VERIFINE SAFE LANCET	
tri-lo-estarylla.....	118	URSODIOL.....	95	MINI 30G.....	58
tri-lo-marzia.....	118	ursodiol.....	95	VERKAZIA.....	137
tri-lo-mili.....	118	UZEDY.....	50	VERQUVO.....	73
tri-lo-sprintec.....	118	valacyclovir hcl.....	52	VERSACLOZ.....	50
trimethobenzamide hcl.....	32	VALCHLOR.....	38	VERZENIO.....	41
trimethoprim.....	21	valganciclovir hcl.....	51	VESICARE LS.....	101
tri-mili.....	118	valproic acid.....	25	vestura.....	119
trimipramine maleate.....	31	VALSARTAN.....	67	V-GO 20.....	134
TRINATE.....	93	valsartan.....	67	V-GO 30.....	134
TRINTELLIX.....	30	valsartan-hydrochlorothiazide... 73		V-GO 40.....	134
tri-nymyo.....	118	VALTOCO.....	25	VIBERZI.....	96
tri-sprintec.....	118	vancomycin hcl.....	21	VICTOZA.....	60
TRISTART DHA.....	93	VANDAZOLE.....	21	vienva.....	119
TRIUMEQ.....	53	VANFLYTA.....	45	vigabatrin.....	26
TRIUMEQ PD.....	53	VAQTA.....	128	vigadrone.....	26
trivora (28).....	118	vardenafil hcl.....	103	VIIBRYD STARTER PACK.....	31
tri-vylibra.....	118	varenicline tartrate.....	19	VIJOICE.....	45
tri-vylibra lo.....	118	varenicline tartrate (starter).....	19	vilazodone hcl.....	31
TRIZIVIR.....	53	varenicline tartrate(continue)....	19	VINATE ONE.....	93
tropicamide.....	137	VARIVAX.....	128	VIOKACE.....	100
tropium chloride.....	101	VARUBI (180 MG DOSE).....	33	viorele.....	119
tropium chloride er.....	101	VAXELIS.....	128	VIRACEPT.....	54
TRUDHESA.....	36	VAXNEUVANCE.....	128	VIREAD.....	53
TRUE METRIX BLOOD		VCF VAGINAL		VISTOGARD.....	134
GLUCOSE TEST.....	58	CONTRACEPTIVE.....	103	VITAFOL FE+.....	93
TRUETRACK TEST.....	58	vcf vaginal contraceptive.....	103	VITAFOL STRIPS.....	93
TRULANCE.....	95	VECAMYL.....	73	VITAFOL-NANO.....	93
TRULICITY.....	60	velivet.....	119	VITAFOL-OB+DHA.....	93
TRUMENBA.....	128	VELPHORO.....	91	VITAMEDMD ONE	
TUDORZA PRESSAIR.....	143	VELTASSA.....	91	RX/QUATREFOLIC.....	93
TUKYSA.....	45	VEMLIDY.....	51	vitamin d (ergocalciferol).....	93
TURALIO.....	45	VENCLEXTA.....	45	vitamin k1.....	93
TUXARIN ER.....	148	VENCLEXTA STARTING		VITAPEARL.....	93
TWINRIX.....	128	PACK.....	45	VITATHELY WITH GINGER.....	93
TWIRLA.....	118	VENLAFAXINE BESYLATE		VITRAKVI.....	45
TWYNEO.....	88	ER.....	31	VIVAGUARD INO TEST	
tyblume.....	118	venlafaxine hcl.....	31	STRIPS.....	58
TYBOST.....	52	venlafaxine hcl er.....	31	VIVJOA.....	35
tydemy.....	118	VENTAVIS.....	146	VIZIMPRO.....	45
TYMLOS.....	131	VENTOLIN HFA.....	144	volnea.....	119
TYRVAYA.....	137	VEOZAH.....	134	VONJO.....	41
TYVASO.....	146	verapamil hcl.....	71	VONVENDI.....	66
TYVASO DPI MAINTENANCE		verapamil hcl er.....	71	voriconazole.....	35
KIT.....	146	VERDESO.....	107	VORTEX VALVED HOLDING	
TYVASO DPI TITRATION KIT	146	VEREGEN.....	88	CHAMBER.....	134
TYVASO REFILL.....	146	VERIFINE SAFE LANCET		VOSEVI.....	51
TYVASO STARTER.....	146	MINI 21G.....	58	VOTRIENT.....	45
UBRELVY.....	36			VOWST.....	95

VOXZOGO.....	100	XEPI.....	21	ZEJULA.....	42
VRAYLAR.....	50	XERESE.....	52	ZELAPAR.....	48
VTAMA.....	89	XERMELO.....	95	ZELBORAF.....	45
VUMERITY.....	82	XIFAXAN.....	21	ZEMBRACE SYMTOUCH.....	37
VUSION.....	35	XIGDUO XR.....	60	zenatane.....	89
vyfemla.....	119	XIIDRA.....	137	ZENPEP.....	101
VYLEESI.....	80	XIMINO.....	24	ZENZEDI.....	78
vylibra.....	119	XOFLUZA (40 MG DOSE).....	54	ZEPATIER.....	51
VYNDAMAX.....	73	XOFLUZA (80 MG DOSE).....	54	ZEPOSIA.....	82
VYNDAQEL.....	73	XOLAIR.....	127	ZEPOSIA 7-DAY STARTER	
VYVANSE.....	78	XOPENEX HFA.....	144	PACK.....	82
VYZULTA.....	140	XOSPATA.....	45	ZEPOSIA STARTER KIT.....	82
WAKIX.....	150	XPOVIO (100 MG ONCE		ZERVIATE.....	138
warfarin sodium.....	64	WEEKLY).....	41	zidovudine.....	53
water for irrigation, sterile.....	134	XPOVIO (40 MG ONCE		ZIEXTENZO.....	65
WEGOVI.....	134	WEEKLY).....	41	zileuton er.....	143
WELIREG.....	41	XPOVIO (40 MG TWICE		ZILXI.....	89
wera.....	119	WEEKLY).....	41	ZIMHI.....	18
WESCAP-C DHA.....	93	XPOVIO (60 MG ONCE		ZIPHEX.....	93
WESCAP-PN DHA.....	93	WEEKLY).....	41	ziprasidone hcl.....	50
WESNATAL DHA COMPLETE.....	93	XPOVIO (60 MG TWICE		ZIRGAN.....	136
WESNATE DHA.....	93	WEEKLY).....	41	ZOKINVY.....	135
WESTAB PLUS.....	93	XPOVIO (80 MG ONCE		ZOLINZA.....	41
WESTGEL DHA.....	93	WEEKLY).....	41	zolmitriptan.....	37
WIDE-SEAL DIAPHRAGM 60.....	134	XPOVIO (80 MG TWICE		ZOLPIDEM TARTRATE.....	149
WIDE-SEAL DIAPHRAGM 65.....	134	WEEKLY).....	41	zolpidem tartrate.....	149
WIDE-SEAL DIAPHRAGM 70.....	135	XTAMPZA ER.....	15	zolpidem tartrate er.....	149
WIDE-SEAL DIAPHRAGM 75.....	135	XTANDI.....	39	ZOMACTON.....	109
WIDE-SEAL DIAPHRAGM 80.....	135	xulane.....	119	ZOMIG.....	37
WIDE-SEAL DIAPHRAGM 85.....	135	XULTOPHY.....	60	ZONISADE.....	25
WIDE-SEAL DIAPHRAGM 90.....	135	XURIDEN.....	101	zonisamide.....	25
WIDE-SEAL DIAPHRAGM 95.....	135	XYNTHA.....	66	ZONTIVITY.....	64
WILATE.....	66	XYNTHA SOLOFUSE.....	66	ZORBTIVE.....	96
WINLEVI.....	89	XYOSTED.....	109	ZORVOLEX.....	14
wixela inhub.....	143	XYREM.....	150	ZORYVE.....	89
wymzya fe.....	119	XYWAV.....	150	zovia 1/35 (28).....	119
WYNZORA.....	89	yargesa.....	101	ZTALMY.....	26
XACIATO.....	21	yl folic acid.....	93	ZTLIDO.....	18
XADAGO.....	48	YONSA.....	39	ZUBSOLV.....	18
XALKORI.....	45	YOSPRALA.....	67	zumandimine.....	119
XARELTO.....	64	YUFLYMA 1-PEN KIT.....	126	ZYCLARA PUMP.....	89
XARELTO STARTER PACK.....	64	YUFLYMA 2-PEN KIT.....	126	ZYDELIG.....	45
XATMEP.....	125	YUFLYMA 2-SYRINGE KIT.....	126	ZYFLO.....	143
XCOPRI.....	26	YUPELRI.....	144	ZYKADIA.....	45
XDEMVI.....	136	YUSIMRY.....	126	ZYLET.....	137
XELJANZ.....	126	yuvafem.....	119	ZYPITAMAG.....	76
XELJANZ XR.....	126	zafemy.....	119	ZYPREXA RELPREVV.....	50
XELODA.....	40	zafirlukast.....	143		
XELPROS.....	140	zaleplon.....	149		
XELSTRYM.....	78	ZALVIT.....	93		
XEMBIFY.....	126	ZARXIO.....	65		
XENICAL.....	135	ZAVZPRET.....	36		
XENLETA.....	21	ZEGALOGUE.....	61		



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