

## Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective April 1, 2022

This PDL is a list of the most commonly prescribed drugs. It is not all-inclusive and is not a guarantee of coverage. Plan Benefit Design is the final determinate of coverage. For drugs not listed, please call the pharmacy program number listed on the back of your Prescription Drug ID card for benefit coverage information.

**PLEASE NOTE:** The Program enforces a Generic Incentive Policy for brand-name drugs that are available generically. In the event a brand-name drug is chosen for which a generic exists, the member will pay their generic co-payment PLUS the difference in cost between the generic and brand-name drug. Members are encouraged to choose generic drugs, when possible, to reduce out-of-pocket cost. Most generic drugs are noted in *italics*.

**Specialty drugs** *may require* prior authorization (PA) by EBRx to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4. Physicians may contact EBRx, toll-free, at (833) 339-8401.

**Medications listed as reference priced are considered non-covered by the Program and out-of-pocket payments for these drugs are not applied to your maximum out-of-pocket limit. Note: Some generic drugs may be subject to reference pricing and identified within the appropriate section of the PDL and are in *italics*.**

**Key:** Certain drugs (\*) may be subject to Quantity Limits (QL), Prior Authorization (PA), Step Therapy (ST), Contingent Therapy (CT), or Reference Pricing (RP) requirements according to Benefit Design. **Items indicated as \*(RP) require special copayment pricing and do not apply to the standard tier copayments. This PDL is subject to change at any time.**

	Tier 1	Tier 2	Tier 3	Tier 4
<b>ANTI-INFECTIVES</b>				
<b>Antibiotics- Cephalosporins</b>	<i>cephadroxil, cephalixin, cefaclor, cefprozil, cefuroxime, cefdinir, cefditoren, cefixime, cefpodoxime, ceftibuten</i>			
<b>Antibiotics-Macrolides</b>	<i>erythromycin, azithromycin, clarithromycin</i>			
<b>Antibiotics- Fluoroquinolones</b>	<i>ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin</i>			Baxdela (PA)
<b>Antibiotics-Penicillins</b>	<i>amoxicillin, ampicillin, dicloxacillin, penicillin VK, amoxicillin/clavulanate</i>			
<b>Antibiotics: Tetracyclines (doxycycline, minocycline)</b>	<i>doxycycline 50mg, 100mg minocycline 50mg, 75mg, 100mg, tetracycline caps</i>			
	<b>*(RP) Reference Priced doxycycline- and minocycline-containing products: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Acticlate, Adoxa, Avidoxy, <i>doxycycline</i> 40mg, 75mg, 150mg, Doryx, Monodox, Morgidox, Okebo, Oracea, Targidox, Vibramycin Coremino, Minocin, Solodyn		
<b>Antibiotics-Other</b>	<i>metronidazole, trimethoprim, trimethoprim/ sulfamethoxazole (SMX/TMP), vancomycin (oral), clindamycin, linezolid</i>		Aemcolo (PA), Xifaxin (PA)	
<b>Antifungals</b>	<i>fluconazole, itraconazole*(PA), ketoconazole, nystatin, terbinafine</i>			

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<b>Antivirals - Antiretrovirals</b>	abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine	Isentress*(PA), Isentress Chewable*(PA), Prezista tablets, Reyataz, Sustiva, Viracept	Epivir, Evotaz, Reyataz powder, Vitekta	Aptivus, Biktarvy, Cimduo, Combivir, Crixivan, Delstrigo, Descovy, Dovata*(PA), <b>efavirenz/emtricitabine/tenofovir*(NG)</b> , Emtriva, Epzicom, Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezcobix, Prezista soln*(PA), Rescriptor, Rukobia*(PA,QL), Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Temixys, Tivicay, Trizivir, Truvada, Viread
<b>Antivirals - Flu</b>	<i>oseltamivir</i>	Xofluza (QL)	Tamiflu, Relenza	
<b>Antivirals - Herpes</b>	<i>acyclovir, valacyclovir, famciclovir, valganciclovir</i>		Sitavig	
<b>Antivirals - Other-Interferons/Interferon combinations</b>	<i>ribavirin (PA)</i>			Zepatier (PA), Mavyret (PA)
<b>CARDIOVASCULAR</b>				
<b>Lipid-Lowering Agents (Statins)</b> (NOTE: See Wellness/Preventive section.)	<i>atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>			
	<b>*(RP) Reference Priced Lipid Lowering Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Altoprev, Crestor, <i>ezetimibe/simvastatin, fluvastatin, fluvastatin ER</i> , Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor		
<b>Lipid-Lowering Agents (Other)</b>	<i>cholestyramine, colestipol, ezetimibe, gemfibrozil</i>	Welchol	Vascepa (PA)	<i>Praluent (PA), Repatha (PA)</i>
<b>Antiplatelet Agents</b>	<i>anagrelide, aspirin/dipyridamole, cilostazol, clopidogrel, dipyridamole, prasugrel</i>			
<b>Anticoagulants</b>	<i>warfarin</i>	Eliquis, Xarelto	All other agents excluded	
<b>Antihypertensives -ACE Inhibitors and ACE Inhibitors combinations</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</i>			
<b>Antihypertensives - Antihypertensive Combinations</b>	<i>eprosartan, irbesartan, losartan, olmesartan, omesartan/HCTZ, valsartan (including combinations with HCTZ)</i>			
	<b>*(RP) Reference Priced Antihypertensive Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>Amlodipine/atorvastatin, Amlodipine/olmesartan, Amlodipine/valsartan, Amlodipine/telmisartan</i> , Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Caduet, <i>candesartan</i> , Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturma, <i>telmisartan, telmisartan/HCTZ</i> , Tribenzor, Twynsta		

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<p><b>Beta Blockers</b></p>	<p><i>acebutolol, atenolol, betaxolol, bisoprolol, carvedilol immediate-release, metoprolol, nadolol, nebivolol, pindolol, propranolol, sotalol, timolol</i></p>			
	<p><b>*(RP) Reference Priced Beta Blockers: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> <i>carvedilol ER</i>, Coreg CR, Inderal LA, Inderal XL, Innopran XL</p>		
<p><b>Calcium Channel Blockers</b></p>	<p><i>amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, nisoldipine, verapamil</i></p>		<p>Nymalize</p>	<p>nimodipine (PA)</p>
<b>CENTRAL NERVOUS SYSTEM</b>				
<p><b>ADHD Medications</b></p>	<p><i>amphetamine + dextroamphetamine, atomoxetine, dexmethylphenidate, dexmethylphenidate ER, dextroamphetamine, guanfacine ER, methylphenidate, methylphenidate ER</i></p>	<p>Vyvanse</p>	<p>Adzenys XR, Cotempla, Daytrana Patches, Dyanavel XR, Mydayis, Quillichew</p>	
	<p><b>*(RP) Reference Priced ADHD Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Long-Acting Stimulants (amphetamine-containing and methylphenidate products) are <b>reference priced</b> for members 19 years of age or older. <b>*Quantity Limits</b> apply to all drugs in this category, including <b>reference priced</b> long-acting products.</p>		
<p><b>Alzheimers Agents</b></p>	<p><i>donepezil, galantamine, galantamine ER, memantine, rivastigmine patches</i></p>	<p><b>rivastigmine patch*(NG)</b></p>		
<p><b>Analgesics - Opioids</b></p>	<p><i>buprenorphine tab, buprenorphine/naloxone tablets only, fentanyl patch, hydromorphone, meperidine, methadone, morphine, morphine ER, oxycodone IR, oxycodone ER, tramadol</i></p>		<p>Abstral, Bunavail, Fentora</p>	
	<p><b>*(RP) Reference Priced Opioid Analgesics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Conzip, <i>tramadol extended-release</i>, Ultracet, Ultram, Ultram ER, Zorvolex, Zipsor</p>		

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<b>Opioid Antidotes</b>	<i>naloxone injection</i>			
<b>Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	<i>celecoxib, diclofenac, diclofenac ER, diclofenac topical gel (generic), etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, sulindac, tolmetin</i>			
	<b>*(RP) Reference Priced Non-Steroidal Anti-Inflammatory Agents (NSAIDs): Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Anaprox DS, Arthotec, Celebrex, Daypro, <i>diclofenac/misoprostol</i> , Feldene, <i>indomethacin ER</i> , <i>mefenamic acid</i> , <i>naproxen sod. 375mg, 550mg</i> , Mobic, Naprelan, <i>oxaprozin</i> , <i>piroxicam</i> , Ponstel, Vivlodex		
<b>Anticonvulsants</b>	<i>carbamazepine, clonazepam, diazepam gel, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, tiagabine, topiramate</i>	Nayzilam*(PA,QL)	Banzel*(PA), Fycompa, Potiga*(PA), Xcopri*(QL)	Diacomit*(PA), Fintepla*(PA), Sabril*(PA)
	<b>*(RP) Reference Priced Anticonvulsants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Lyrica, Lyrica CR, Neurontin, <i>pregabalin</i> , Spritam		
<b>Fibromyalgia</b>	<i>gabapentin</i>			
	<b>*(RP) Reference Priced Fibromyalgia Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Gralise, Horizant, Lyrica, Lyrica CR, <i>pregabalin</i> , <i>pregabalin ER</i> , Savella		
<b>Antidepressants Miscellaneous</b>	<i>amitriptyline, bupropion, bupropion XL, clomipramine, desipramine, doxepin, imipramine, mirtazapine, nefazodone, nortriptyline, trazodone</i>		Emsam patches	
<b>Antidepressants (SNRIs)</b>	<i>duloxetine, venlafaxine tab, venlafaxine extended release capsules</i>			
	<b>*(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing :</b> <i>desvenlafaxine ER</i> , Cymbalta, Effexor XR, Fetzima, Khedezla ER, Pristiq, <i>venlafaxine extended release tablets</i>		

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<p><b>Antidepressants (SSRIs)</b></p>	<p><i>citalopram, escitalopram, fluoxetine 10, 20 &amp; 40mg, fluvoxamine, paroxetine, sertraline</i></p>			
	<p><b>*(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Celexa, Lexapro, Luvox CR, <i>fluoxetine 60mg</i>, Paxil, Paxil CR, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft</p>		
<p><b>Anti-Parkinsons Agents</b></p>	<p><i>amantadine, carbidopa/levodopa, carbidopa/levodopa/entacapone, entacapone, pramipexole, rasagiline, ropinirole, ropinirole ER, selegiline, tolcapone</i></p>		<p>Neupro*(PA), <b>pramipexole SR*(NG)</b></p>	<p>Kynmobi*(QL), Nouriaz*(PA)</p>
<p><b>Antipsychotic Agents</b></p>	<p><i>aripiprazole, clozapine, haloperidol, loxapine, olanzapine, paliperidone, quetiapine, quetiapine ER, risperidone, ziprasidone</i></p>	<p>Abilify Tablet*(PA), Seroquel XR*(QL)</p>	<p>Abilify Solution*(PA), Equetro, Latuda*(PA)</p>	<p>Invega Sustenna, Invega Trinz*(PA)</p>
<p><b>Migraine Products (Tryptans)</b></p>	<p><i>dihydroergotamine mesylate nasal*(PA), eletriptan (QL), rizatriptan(QL), rizatriptan ODT(QL), sumatriptan tablets(QL), sumatriptan injection (QL)</i></p>			
	<p><b>*(RP) Reference Priced Anti-Migraine: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing :</b> <i>almotriptan (QL)</i>, Amerge (QL), Axert (QL), Frova (QL), <i>frovatriptan( QL)</i>, Imitrex tablets / nasal spray, injection (QL), Maxalt (QL), Maxalt-MLT (QL), <i>naratriptan (QL)</i>, Relpax (QL), <i>sumatriptan nasal spray (QL)</i>, Tosymra (QL), Zembrace injection (QL), <i>zolmitriptan (QL)</i>, Zomig (QL)</p>		
<p><b>Migraine Products (Calcitonin Gene-Related Peptide Inhibitors)</b></p>				<p>Aimovig* (PA), Emgality* (PA), Nurtec ODT* (PA)</p>
<p><b>Multiple Sclerosis Drugs</b></p>				<p>Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), <b>Dimethyl Fumarate*(NG)(PA)(QL)</b>, Extavia, <b>glatopa*(NG)</b>, Rebif*(PA), Zeposia* (PA)</p>
<p><b>Sedative Hypnotics</b></p>	<p><i>temazepam 15mg, 30mg, zaleplon, zolpidem immediate release</i></p>			
	<p><b>*(RP) Reference Priced Sedative/Hypnotics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Ambien, Ambien CR, Belsomra, Edluar, <i>eszopiclone</i>, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, <i>temazepam cap 22.5mg</i>, <i>zolpidem ER</i>, Zolpimist spray</p>		

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<b>Skeletal Muscle Relaxants</b>	baclofen, carisoprodol 350mg, chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine			
	<b>*(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Amrix, <i>carisoprodol 250mg</i> , Fexmid, Lorzone, <i>metaxalone</i> , Parafon Forte, Robaxin, Skelaxin, Soma, Zanaflex		
<b>ENDOCRINE</b>				
<b>Anti-diabetic Agents</b> Insulin	<i>insulin lispro</i> (generic for Humalog 100u/ml vials and pens)	Humalog, Humulin, Lantus, Lyumjev, Toujeo	Insulin Glargine - YFGN, Semglee	
<b>Anti-diabetic Agents</b> Glucagon-like peptide receptor (GLP-1) Agonists	no generics available at this time	Ozempic*(PA), Rybelsus*(PA), Trulicity*(PA), Victoza*(PA)	<b>All other agents excluded</b>	
<b>Anti-diabetic Agents</b> Insulin Sensitizing Agents	<i>metformin, pioglitazone</i>		Avandia, Riomet Solution	
<b>Anti-diabetic Agents</b> Insulin Secreting Agents	<i>chlorpropamide, glimepiride, glipizide, glyburide, nateglinide, repaglinide, tolazamide</i>			
<b>Anti-diabetic Agents</b> Sodium-glucose co-transporter-2 (SGLT2) Inhibitors		Jardiance, Synjardy, Synjardy XR	<b>All other agents excluded</b>	
<b>Anti-diabetic Agents</b> Combinations	<i>Glyburide/Metformin, pioglitazone/metformin, pioglitazone HCL/glimepiride</i>	Soliqua		
<b>Anti-diabetic Agents</b> Miscellaneous	<i>acarbose</i>		Baqsimi, Gvoke Hypopen	
<b>Diabetic Supplies</b>	<b>Free Diabetic Supplies:</b> You can receive your blood glucose strips and lancets at your local pharmacy. These supplies are available for a \$0 co-payment when purchased within 100 days of your insulin or diabetic medication. The pharmacy must process the prescription for your insulin or diabetic medication before processing the supplies.			
	<b>Blood Glucose Test Strips</b>	Accu-chek Guide strips, Accu-chek Guide Me meter	<b>All other brands excluded</b>	
	<b>Insulin Syringes / Pen Needles</b>	TruePlus Syringes, TruePlus Pen Needles	<b>All other brands excluded</b>	<b>All other brands excluded</b>
	<b>Continual Blood Glucose (CGM) products</b>	Dexcom Transmitter* (PA), Dexcom Receiver* (PA)	Dexcom Sensors* (PA) - requires Tier-3 copay/30 days' supply	<b>All other brands excluded</b>
<b>Thyroid Agents</b>	<i>levothyroxine, Levoxyl, liothyronine</i>		Tirosint	
<b>GASTROINTESTINAL/URINARY</b>				
<b>Digestive Aids</b>		Creon, Zenpep	Pancreaze, Pertzeye, Viokace	
<b>Constipation</b>		Linzees	lubiprosone*(PA,QL)	
<b>Gallstone Solubilizing Agents</b>	<i>ursodiol</i>		Chenodal	
<b>H-2 Antagonists</b>	<i>cimetidine, famotidine, nizatidine, ranitidine</i>			

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<b>Bowel Preparation Drugs</b>	<i>PEG powder/solution</i>		Clenpiq, Moviprep, Prepopik	
<b>Overactive Bladder Agents</b>	<i>oxybutynin immediate release</i>			
	<b>*(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> darifenacin, Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Gemtesa, Myrbetriq, oxybutynin Extended-Release (ER), Oxytrol Patches, <b>solifenacin*(NG)</b> , tolterodine, tolterodine ER, Toviaz, trospium, trospium ER, Vesicare		
<b>Inflammatory Bowel</b>	budesonide 3mg capsules, sulfasalazine	<b>mesalamine DR 400mg caps*(NG)</b>	<b>mesalamine ER 0.375gm caps*(NG,QL), budesonide 9mg tablets*(PA), Canasa</b>	
<b>MEN'S HEALTH</b>				
<b>Erectile Dysfunction</b>	sildenafil*(QL), tadalafil*(QL)	Cialis 10mg, 20mg (PA/QL) - <b>Note: Cialis for daily use is excluded from coverage.</b>	Caverject (PA/QL), Edex (PA/QL), Levitra (PA/QL), Muse (PA/QL), Staxyn (PA/QL)	
<b>Hormone Replacement</b>	<i>Testosterone Injectable(s)*(PA)</i>	All other testosterone products are excluded from coverage		
<b>Prostate Health</b>	<i>alfuzosin, dutasteride, finasteride, tamsulosin, dutasteride/tamsulosin</i>		<b>silodosin*(NG)</b>	
<b>RESPIRATORY</b>				
<b>Leukotriene Modulators</b>	<i>montelukast, zafirlukast</i>			
<b>Inhaled Corticosteroids</b>	<i>budesonide suspension</i>	Asmanex, QVAR	<b>All other brands excluded</b>	
<b>Short-Acting Beta Agonists (bronchodilators)</b>	<i>albuterol nebulizer solution, albuterol tablets, levalbuterol nebulizer solution</i>	ProAir HFA, ProAir Respiclick	<b>All other brands excluded</b>	
<b>Long-Acting Beta Agonists (bronchodilators)</b>		Serevent (ST)	<b>formoterol fumarate (ST, NG)</b>	
<b>Inhaled Corticosteroids / Long Acting Beta Agonists</b>	<i>fluticasone/salmeterol (generic for Advair), Wixela</i>	budesonide/formoterol, Dulera, Symbicort	<b>All other brands excluded</b>	
<b>Long-Acting Muscarinic Agents</b>		Spiriva	<b>All other brands excluded</b>	
<b>Long-Acting Muscarinic Agents + Long-Acting Beta Agonists</b>		Stiolto	<b>All other brands excluded</b>	
<b>Inhaled Corticosteroids / Long-Acting Muscarinic Agents / Long-Acting Beta Agonists</b>		Breztri	<b>All other brands excluded</b>	

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<b>Biologics for Moderate-to-severe asthma and chronic rhinosinusitis w/nasal polyps</b>				Dupixent*(PA), Xolair*(PA)
<b>Respiratory</b> Miscellaneous	<i>ipatropium</i>	Combivent	Atrovent HFA	
<b>TOPICAL</b>				
<b>Otic (Ear) Products)</b>	<i>acetic acid, ciprofloxacin, fluocinolone, hydrocort/ acetic acid, ofloxacin, tri-biotic susp.</i>	Ciprodex	Coly-Mycin S Susp.	
<b>Ophthalmic Agents</b> Glaucoma	brimonidine, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/ timolol drops	Alphagan P 0.1% (if no generic available), Betimol, Betoptic, <b>brinzolamide*(NG)</b> , Combigan, Cosopt drops, Lumigan	Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, Timoptic, Trusopt, Xelpros, Xalatan	
<b>Ophthalmic Agents</b> Allergy	<i>cromolyn</i>		Alocril	
<b>Ophthalmic Agents</b> Dry Eyes		Cequa	<b>All other brands excluded</b>	
<b>Ophthalmic Agents</b> Miscellaneous	<i>bi-biotic solution &amp; ointment, ciprofloxacin, diclofenac, erythromycin, gatifloxacin, gentamicin, ketorolac, levofloxacin, moxifloxacin, ofloxacin, prednisolone, sodium sulfacetamide, tobramycin, tobramycin/dexamethasone, tri-biotic solution &amp; ointment</i>		Moxeza	
<b>Dermatologicals</b> Acne / Rosacea Agents	<i>adapalene, benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin, clindamycin/benzoyl peroxide, dapsone, isotretinoin caps, metronidazole, sulfacetamide sodium, tretinoin</i>		Finacea	
<b>Dermatologicals</b> Miscellaneous Anti-Infectives, Anti-Inflammatory Agents	<i>clotrimazole, clotrimazole/betamethasone, cycl opirox cr/gel/shampoo, econazole, erythromycin, gentamicin, imiquimod, ketoconazole, miconazole, mupirocin, naftifine, nystatin, nystatin/triamcinolone, oxiconazole, tacrolimus</i>		Altabax, Elidel	
<b>Dermatologicals</b> Psoriasis Agents	<i>acitretin, calcipotriene</i>		Tazorac	Taltz (PA/ST)
<b>Dermatologicals</b> -Atopic Dermatitis	Topical steroids, tacrolimus	<b>Pimecrolimus*(NG)</b>		Dupixent*(PA), Opzelura*(PA), Rinvoq* (PA)



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<p><b>Dermatologicals</b> Topical Steroids</p>	<p><i>alclometasone, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, triamcinolone</i></p>	<p>Psorcon</p>	<p>Capex, Cloderm, Halog, Verdeso</p>	
<b>WOMEN'S HEALTH</b>				
<p><b>Contraceptives</b></p>	<p>Plan will pay 100% for all <u>COVERED GENERIC contraceptives</u> . <u>COVERED BRANDS</u> with <b>no</b> generic available will be covered by the plan under <b>Tier 3 (limited to oral forms)</b>.                       ***<u>Brand/Generic difference/penalty pricing will apply if member chooses a COVERED BRAND where a generic is available.</u>***</p>			
	<p><b>Examples of COVERED GENERICS paid at 100%:</b>                      Altavera, Amethia, Apri, Aranelle, Aubra, Aviane, Azurette, Balziva, Camila, Camrese, Caziant, Cyclessa, Dasetta, Emoquette, Errin, Falmina, Gianvi, Gildess, Heather, Jencycla, Jolessa, Jolivette, Juleber, Junel, Kelnor, Larin, Leena, Loryna, Levonest, Lessina, Larin, Larissia, Levora, Low-Ogestrel, Lutera, Lyza, Marlissa, Microgestin, Mononessa, Natazia, Necon, Nikki, Nora-Be, norethindrone, Norlyda, Nortrel, Ocella, Orsythia, Portia, Rajani, Reclipsen, Sprintec, Sronyx, Tilia, Trinessa, Tri-Sprintec, Trivora, Velivet, Vestura, Zarah, Zenchent, Zovia</p>	<p>Liletta IUD, Mirena IUD, Skyla IUD</p>		
	<p><b>Examples of COVERED BRANDS paid at 100%:</b>                      Nuvaring</p>			
<p><b>Hormone Replacement Therapy (HRT)</b></p>	<p><i>estradiol, estradiol patch</i></p>	<p>Menest, Premarin</p>	<p>Alora, Divigel packets, Estrogel</p>	
<p><b>Combination HRT</b></p>	<p><i>estradiol + norethindrone generic combinations available</i></p>	<p>Premphase, Prempro</p>	<p>Angeliq, Combipatch</p>	
<p><b>Osteoporosis Calcium Regulators</b></p>	<p><i>alendronate, etidronate, calcitonin nasal spray</i></p>		<p>Miacalcin Injection</p>	
	<p><b>*(RP) Reference Priced Osteoporosis Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Actonel, <i>alendronate 40mg</i>, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate, risedronate</i></p>		
<p><b>Osteoporosis Hormone Receptor Modulators</b></p>	<p><i>raloxifene</i></p>		<p>Osphena</p>	<p>Prolia*(PA)</p>
<p><b>Vaginal Products</b></p>	<p><i>clindamycin vag. cream, estradiol cr., metronidazole vaginal gel, terconazole vaginal cream, Yuvaferm vaginal tablets</i></p>	<p>Cleocin Vag. Supp., Premarin Vaginal Cr.</p>	<p>Femring, Nuessa Gel</p>	
<p><b>Miscellaneous Products</b></p>		<p>Oriahnn (PA)</p>		

**Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective April 1, 2022**

**MISCELLANEOUS**

<b>Anaphylaxis (allergic reactions)</b>		Symjepi (QL)		
<b>Antiemetics</b>	<i>aprepitant, granisetron(QL), ondansetron(QL), promethazine, scopolamine patch</i>		Anzemet (QL), Sancuso Patch(QL), (PA), Sustol Inj. (PA)	
<b>Botulinum Toxins</b>				Xeomin® (PA)
<b>Colony Stimulating Factors</b>				Zarxio (filgrastim), Fulphila (pegfilgrastim)
<b>Gout</b>	<i>allopurinol, probenecid</i>	Colcrys, <i>febuxostat</i>		
<b>Immunosuppressive Agents</b>	<i>azathioprine, cyclosporine, mycophenolate, sirolimus, tacrolimus</i>	Sandimmune oral solution	Envarsus, Sandimmune oral capsules, Zortress	
<b>Immune Modulators (rheumatoid arthritis, Crohns disease, plaque psoriasis, etc.)</b>	<i>leflunomide, methotrexate</i>	Enbrel*(PA), Humira*(PA), Olumiant*(PA, QL), Renflexis*(PA), Rinvoq*(PA), Skyrizi*(PA), Taltz*(PA)		Actemra*(PA), Cimzia*(PA), Cosentyx*(PA), Entyvio*(PA), Inflectra*(PA), Kevzara*(PA), Kineret*(PA), Orencia*(PA), Otezla*(PA), Simponi*(PA), Stelara*(PA), Tysabri*(ST), Xeljanz*(PA), **Ruxience*(PA)(medical plan benefit)

**WELLNESS/PREVENTIVE**

	<b>Drugs / Drug Categories</b>	<b>Coverage Parameters</b>
<p><b>Note:</b> Drug categories listed to the right include products that are provided by the Program at no member cost as required by the Affordable Care Act (ACA)</p>	Aspirin to Prevent Cardiovascular Disease	For members > 45 years of age. Quantity Limit of 100
	Iron Supplementation for Children	For children up to 1 year of age
	Oral Fluorides for Children	For children > 6 months and < 6 years of age
	Folic Acid Supplements	For female members < 55 years of age. Quantity Limit of 100
	Tobacco Cessation	For members > 18 years of age. Annual Limit: 2 cycles of treatment (12 weeks/cycle)
	Routine Vaccinations for Children & Adults	Please refer to the Preventive Care section of the Program Booket for detailed coverage policy
	All FDA approved contraceptive methods	Coverage limited to The Program's custom list and is subject to change
	Breast Cancer Prevention	Tamoxifen, raloxifene
	Vitamin D Supplementation	For members > 65 years of age
	Cholesterol Reducers (Statins)	The following low-to-moderate potency agents are covered for members between 40 - 75 y/o for primary prevention: <b>Atorvastatin</b> 10mg, 20mg: <b>Lovastatin</b> 10mg, 20mg, 40mg: <b>Pravastatin</b> 10mg, 20mg, 40mg, 80mg: <b>Rosuvastatin</b> 5mg, 10mg: <b>Simvastatin</b> 5mg, 10mg, 20mg, 40mg