

## Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective January 1, 2023

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), linezolid (PA), Xifaxin (PA)	Vabomere*(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	<b>atazanavir caps*(NG)</b> , Isentress tabs*(PA), Isentress Chewable*(PA), Prezista tablets, Sustiva caps	Evotaz, Reyataz powder	<b>abacavir solution, abacavir-lamivudine*(NG)</b> , Aptivus, Biktarvy, Cimduo, Crixivan, Delstrigo, Descovy, Dovato*(PA), <b>efavirenz*(NG)</b> , <b>efavirenz/emtricitabine/tenofovir*(NG)</b> , <b>efavirenz/lamivudine/tenofovir*(NG)</b> , <b>emtricitabine / tenofovir disoproxil fumarate*(NG)</b> , <b>emtricitabine*(NG)</b> , Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezcoibix, Prezista soln*(PA), Rescriptor, Rukobia*(PA,QL), Selzentry*(PA), Stribild tabs*(QL)*(PA), Temixys, Tivicay, Trizivir, Viracept, 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> Altprev, 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>	colesevelam tablet		<i>Praluent (PA), Repatha (PA)</i>
<b>Antiplatelet Agents</b>	<i>anagrelide, aspirin/dipyridamole, cilostazol, clopidogrel, dipyridamole, prasugrel</i>	prasugrel*(NG)		
<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, <b>candesartan, candesartan/hctz*(NG)</b> , Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturna, <b>telmisartan, telmisartan/amlodipine*(NG)</b> , <b>telmisartan/HCTZ</b> , 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, Coreg CR, Inderal LA, Inderal XL, Innopran XL</i></p>		
<p><b>Calcium Channel Blockers</b></p>	<p><i>amlodipine, diltiazem, felodipine, isradipine, 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><b>atomoxetine*(NG)(QL)</b>, Daytrana*(QL), <b>methylphenidate patch*(NG,QL)</b></p>	<p>Adderall XR*(QL), <b>dexmethylphenidate ER*(NG)</b>, dextroamphetamine ER, dextroamphetamine/amphetamine ER, Dexedrine*(QL), Metadate CD*(QL), ER*(QL), Ritalin LA*(QL), Vyvanse*(QL)</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 <u>reference priced</u> for members 19 years of age or older. *<u>Quantity Limits</u> apply to all drugs in this category, including <u>reference priced</u> 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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Opioid Antidotes	<i>naloxone injection</i>			
Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	<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		
Anticonvulsants	<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, <i>pregabalin ER</i> , Neurontin, <i>pregabalin</i> , Spritam		
Fibromyalgia	<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		
Antidepressants Miscellaneous	<i>amitriptyline, bupropion, bupropion XL, clomipramine, desipramine, doxepin, imipramine, mirtazapine, nefazodone, nortriptyline, trazodone</i>		Emsam patches	
Antidepressants (SNRIs)	<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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	<i>citalopram, escitalopram, fluoxetine 10, 20 &amp; 40mg, fluvoxamine, paroxetine, sertraline</i>			
<b>Antidepressants (SSRIs)</b>	<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> Celexa, Lexapro, Luvox CR, <i>fluoxetine 60mg</i> , Paxil, Paxil CR, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft		
<b>Anti-Parkinsons Agents</b>	<i>amantadine, carbidopa/levodopa, carbidopa/levodopa/entacapone, entacapone, pramipexole, rasagiline, ropinirole, ropinirole ER, selegiline, tolcapone</i>		Neupro*(PA), <b>pramipexole SR*(NG)</b>	Kynmobi*(QL), Nouriaz*(PA)
<b>Antipsychotic Agents</b>	<i>aripiprazole, clozapine, haloperidol, loxapine, olanzapine, paliperidone, quetiapine, quetiapine ER, risperidone, ziprasidone</i>	Abilify Tablet*(PA), Seroquel XR*(QL)	Abilify Solution*(PA), Equetro, Latuda*(PA)	Invega Sustenna, Invega Trinz*(PA)
<b>Migraine Products (Triptans)</b>	<i>dihydroergotamine mesylate nasal*(PA), eletriptan (QL), rizatriptan(QL), rizatriptan ODT(QL), sumatriptan tablets(QL), sumatriptan injection (QL)</i>			
	<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>	<b>Drugs subject to Reference Pricing :</b> <i>almotriptan (QL)</i> , Amerge (QL), Axert (QL), Frova (QL), <i>froatriptan( 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)		
<b>Migraine Products (Calcitonin Gene-Related Peptide Inhibitors)</b>				<b>Acute Treatments:</b> Nurtec ODT* (PA, QL) <b>Chronic Treatments:</b> Aimovig*(PA,QL), Emgality*(PA,QL)
<b>Multiple Sclerosis Drugs</b>				Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), <b>Dimethyl Fumarate*(NG)(PA)(QL)</b> , Extavia, <b>glatopa*(NG)</b> , Rebif*(PA), Zeposia* (PA)
	<i>temazepam 15mg, 30mg, zaleplon, zolpidem immediate release</i>			
<b>Sedative Hypnotics</b>	<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>	<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		

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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	insulin lispro (generic for Humalog), insulin glargine (generic for Lantus)	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, Pertzye, 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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Bowel Preparation Drugs	PEG powder/solution		Clenpiq, Moviprep, Prepopik	
Overactive Bladder Agents	oxybutynin immediate release			
	<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, solifenacin*(NG), tolterodine, tolterodine ER, Toviaz, trospium, trospium ER, Vesicare		
Inflammatory Bowel	budesonide 3mg capsules, sulfasalazine	mesalamine DR 400mg caps*(NG)	mesalamine ER 0.375gm caps*(NG,QL), budesonide 9mg tablets*(PA), Canasa	
MEN'S HEALTH				
Erectile Dysfunction	sildenafil*(QL), tadalafil*(QL)	Cialis 10mg, 20mg (PA/QL) - <b>Note:</b> <i>Cialis for daily use is excluded from coverage.</i>	Caverject (PA/QL), Edex (PA/QL), Levitra (PA/QL), Muse (PA/QL), Staxyn (PA/QL)	
Hormone Replacement	Testosterone Injactable(s)*(PA)	All other testosterone products are excluded from coverage		
Prostate Health	alfuzosin, dutasteride, finasteride, tamsulosin, dutasteride/tamsulosin		silodosin*(NG)	
RESPIRATORY				
Leukotriene Modulators	montelukast, zafirlukast			
Inhaled Corticosteroids	budesonide suspension	Asmanex, QVAR	<b>All other brands excluded</b>	
Short-Acting Beta Agonists (bronchodilators)	albuterol nebulizer solution, albuterol tablets, levalbuterol nebulizer solution	ProAir HFA, ProAir Respiclick	<b>All other brands excluded</b>	
Long-Acting Beta Agonists (bronchodilators)		Serevent (ST)	formoterol fumarate (ST, NG)	
Inhaled Corticosteroids / Long Acting Beta Agonists	fluticasone/salmeterol (generic for Advair), Wixela	budesonide/formoterol, Dulera, Symbicort	<b>All other brands excluded</b>	
Long-Acting Muscarinic Agents		Spiriva	<b>All other brands excluded</b>	
Long-Acting Muscarinic Agents + Long-Acting Beta Agonists		Stiolto	<b>All other brands excluded</b>	
Inhaled Corticosteroids / Long-Acting Muscarinic Agents / Long-Acting Beta Agonists		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	<b>ciprofloxacin / dexamethasone*(NG)</b>	
<b>Ophthalmic Agents</b> Glaucoma	brimonidine, brimonidine tartrate 0.15% drops, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/ timolol drops	Alphagan P 0.1% (if no generic available), Betimol, Betoptic, <b>brimonidine tartrate/timolol*(NG)</b> , <b>brinzolamide*(NG)</b> , Lumigan	Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, 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, cyclo pirox 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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<b>Dermatologicals</b> Topical Steroids	<i>alclometasone, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, triamcinolone</i>	Psorcon	Capex, Cloderm, Halog, Verdeso	
<b>WOMEN'S HEALTH</b>				
<b>Contraceptives</b>	Plan will pay 100% for all <u>COVERED GENERIC contraceptives</u> . <u>COVERED BRANDS</u> with no 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> ***			
	<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, Luter, 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	Liletta IUD, Mirena IUD, Skyla IUD		
	<b>Examples of COVERED BRANDS paid at 100%:</b> Nuvaring			
<b>Hormone Replacement Therapy (HRT)</b>	<i>estradiol, estradiol patch</i>	Menest, Premarin	Climara, Divigel, Enjuvia, Estrace Tablet, Estring, Femring	
<b>Combination HRT</b>	<i>estradiol + norethindrone generic combinations available</i>	Premphase, Prempro	Angeliq, Combipatch	
<b>Osteoporosis</b> Calcium Regulators	<i>alendronate, etidronate, calcitonin nasal spray</i>		Miacalcin Injection	
	<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>	<b>Drugs subject to Reference Pricing:</b> Actonel, <i>alendronate 40mg</i> , Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate</i> , <i>risedronate</i>		
<b>Osteoporosis</b> Hormone Receptor Modulators	<i>raloxifene</i>		Osphena	Prolia*(PA)
<b>Vaginal Products</b>	<i>clindamycin vag. cream, estradiol cr., metronidazole vaginal gel, terconazole vaginal cream, Yuvaferm vaginal tablets</i>	Cleocin Vag. Supp., Premarin Vaginal Cr.	Femring, Nuversa Gel	
<b>Miscellaneous Products</b>		Oriahnn (PA)		

**Municipal Health Benefit Program (MHP) Preferred Drug List (PDL) - Effective January 1, 2023**

**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>	<i>Colcrys, 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), Olaner*(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), Xeljanz*(PA), **Ruxience*(PA)(medical plan benefit)

**WELLNESS/PREVENTIVE**

<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>	<b>Drugs / Drug Categories</b>	<b>Coverage Parameters</b>
	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 Booklet 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