Traditional Open Drug List

Drug list — Three Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

Here are a few things to remember about the list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. To find out more, view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com and go to **My Plan ->Benefits-> Plan Documents**.
- To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) about how the list is set up and what to do if a drug you take isn't on it.
- This booklet is updated on a quarterly basis. To view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more - log in at anthem.com and choose Prescription Benefits.

If you have questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Traditional Open Drug List

What is a drug list?
The drug list, also called a formulary, is a list of prescription medicines your plan covers. It includes hundreds of brand-name and generic drugs approved by the U.S. Food & Drug Administration (FDA).

Is this a complete listing of all covered drugs?
Yes, this is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design. Your coverage has limitations and exclusions, which means there are certain conditions that determine what's covered by your plan and what isn't. To find out more, read your Certificate/Evidence of Coverage or your Summary Plan Description, which you got when you signed up for your plan.

How can I find a drug on the list?
The drugs are listed in alphabetical order based on the name of their drug class, also called therapeutic class. You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

The Notes column will tell you if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

When I search the list, I see that each drug is on a tier. What are the tiers for?
The drug list is set up in tiers or levels. We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. Your share of the drug cost will depend on what tier a drug is on. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:

  - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?
You can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

If my medicine isn't on the drug list, what are my options?
Here are a few things to think about:

- If you want to take a drug that's not on the drug list, you may have to pay the full cost for it.
- You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.
- You can search for generic drugs at anthem.com. OTC drugs aren't shown on the list.
- If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization. Your doctor can get the process started by calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

Who decides what drugs are on the list?
The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What's the difference between brand-name and generic drugs?
A brand-name drug is FDA-approved and usually available from only one manufacturer. It may be protected by a patent, which means it can only be made or sold by the company that has the patent.

A generic drug is also FDA-approved and has the same active ingredients as the brand-name drug. But a generic drug is usually available only after the patent on the brand-name drug ends. It may look different, but a generic drug works the same as the brand-name drug.

Online Pharmacy Resources

Find your closest network pharmacy, get the most up-to-date coverage information on your drug list including details about pricing your medication, brands and generics, dosage/strength options, and much more — when you log in at anthem.com.

Does the drug list change, and how will I know if it does?
Drugs on our list are reviewed on a regular basis. Sometimes, drugs are added, removed or moved to a different tier. We'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at anthem.com.

Does my plan cover preventive drugs?
We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA).

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

KEY

Here are some terms and notes you'll find on the drug list.

Brand name drugs are in **UPPER CASE, bold type.**

Generic drugs are in lower case, plain type.

$0 = preventive drugs. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Traditional Open Drug List

Three-Tier

Table of Contents

Three-Tier

CURRENT AS OF 4/1/2021

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA; DO; QL
guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg	1 or 1b*	PA; QL
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG	3	PA; DO; QL
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG	3	PA; QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR**		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1 or 1b*	PA; DO; QL
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	PA; DO; QL
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	PA; QL
AMPHETAMINE MIXTURES**		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA; DO; QL
ADDERALL ORAL TABLET 20 MG, 30 MG	3	PA; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	3	PA; DO; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	3	PA; QL
amphetamine-dextroamphetamer oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO; QL
amphetamine-dextroamphetamer oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO; QL
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
AMPHETAMINES**		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	PA; QL
amphetamine er oral suspension extended release	1 or 1b*	
amphetamine sulfate oral tablet 10 mg	1 or 1b*	
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
DESOXYN ORAL TABLET	3	PA; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	3	PA; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3	PA; DO; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO; QL
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO; QL
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
EVEKEO ODT ORAL TABLET DISPERSIBLE	3	PA; QL
EVEKEO ORAL TABLET 10 MG	3	PA; QL
EVEKEO ORAL TABLET 5 MG	3	PA; DO; QL
methamphetamine hcl oral tablet	3	PA; QL
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	PA; DO; QL
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	PA; DO; QL
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	PA; QL
zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
ANALEPTICS**		
CAFCIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
ANOREXIANT COMBINATIONS**		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
ANOREXIANTS NON-AMPHETAMINE**		
ADIPEX-P ORAL CAPSULE	3	PA; QL
ADIPEX-P ORAL TABLET	3	PA; QL
benzphetamine hcl oral tablet 25 mg	1 or 1b*	
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; QL
LOMAIRA ORAL TABLET	3	PA; QL
phendimetrazine tartrate er oral capsule extended release 24 hour	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine hcl oral capsule	1 or 1b*	PA; QL
phentermine hcl oral tablet	1 or 1b*	PA; QL
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS**		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL
ANTI-OBESITY AGENT COMBINATIONS*		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**		
WAKIX ORAL TABLET 17.8 MG	3	PA; QL; LD; SP
WAKIX ORAL TABLET 4.45 MG	3	PA; DO; QL; LD; SP
LIPASE INHIBITORS**		
XENICAL ORAL CAPSULE	3	PA; QL
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS**		
IMCIVREE SUBCUTANEOUS SOLUTION	3	PA; QL; LD
STIMULANTS - MISC.**		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG	3	PA; DO; QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG	3	PA; QL
armodafinil oral tablet	1 or 1b*	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	3	PA; DO; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	3	PA; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	PA; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR	3	PA; DO; QL
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR	3	PA; QL

Drug Name	Tier	Notes
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1 or 1b*	PA; DO; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
FOCALIN ORAL TABLET 10 MG	3	PA; QL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3	PA; DO; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	3	PA; DO; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG	3	PA; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG	3	PA; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	PA; DO; QL
METHYLIN ORAL SOLUTION	3	PA; QL
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er oral tablet extended release 20 mg, 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	3	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
NUVIGIL ORAL TABLET	3	PA; QL
PROVIGIL ORAL TABLET 100 MG	3	PA; DO; QL
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	3	PA; DO; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG	3	PA; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE	3	PA; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG	3	PA; DO; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET 10 MG, 5 MG	3	PA; DO; QL
RITALIN ORAL TABLET 20 MG	3	PA; QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS**		
ACACIA SUBCUTANEOUS SOLUTION	3	
ACREMONIUM SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
ALTERNARIA SUBCUTANEOUS SOLUTION	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BLACK WILLOW SUBCUTANEOUS SOLUTION	3	
BOTRYTIS INJECTION SOLUTION	3	
BOTRYTIS SUBCUTANEOUS SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
CURVULARIA SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
DRECHSLERA SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
EPICOCCUM NIGRUM INJECTION SOLUTION	3	
EPICOCCUM SUBCUTANEOUS SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
FUSARIUM SUBCUTANEOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KAPOK SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
MITE (D. FARINAE) INJECTION SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUCOR SUBCUTANEOUS SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; QL; LD; SP
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; QL; LD; SP
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; QL; LD; SP
PALFORZIA INITIAL ESCALATION ORAL	3	PA; QL; LD; SP
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION	3	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION	3	
PHOMA EXIGUA SUBCUTANEOUS SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
RHIZOPUS SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
STEMPHYLIUM SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
TRICHOPHYTON SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT	3	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED	3	
VENOMIL WASP VENOM INJECTION KIT	3	
VENOMIL WHITE FACED HORNET INJECTION KIT	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	3	
WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS SOLUTION	3	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	3	
YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
*MIXED ALLERGENIC EXTRACTS***		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL; LD

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
AMEBICIDES		
AMEBICIDES**		
SOLOSEC ORAL PACKET	3	ST; QL
AMINOGLYCOSIDES		
AMINOGLYCOSIDES**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	3	PA; QL; LD
BETHKIS INHALATION NEBULIZATION SOLUTION	3	LD; SP
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	3	LD; SP
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION	3	LD; SP
TOBI PODHALER INHALATION CAPSULE	3	LD; SP
tobramycin inhalation nebulization solution	1 or 1b*	SP
tobramycin sulfate injection solution	1 or 1b*	
tobramycin sulfate injection solution reconstituted	1 or 1b*	
ZEMDRI INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**		
OLUMIANT ORAL TABLET 1 MG	3	PA; QL; LD
OLUMIANT ORAL TABLET 2 MG	3	PA; QL; LD; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP
XELJANZ ORAL SOLUTION	3	PA; QL; SP
XELJANZ ORAL TABLET	3	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA; QL
ANTIRHEUMATIC ANTIMETABOLITES**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; QL; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; QL; SP
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	3	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; QL; SP
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
CYCLOOXYGENASE 2 (COX-2) INHIBITORS**		
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
GOLD COMPOUNDS**		
RIDAURA ORAL CAPSULE	2	

Drug Name	Tier	Notes
INTERLEUKIN-1 BLOCKERS**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
INTERLEUKIN-1BETA BLOCKERS**		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
INTERLEUKIN-6 RECEPTOR INHIBITORS**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
ACTEMRA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS**		
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	ST; QL
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
DUEXIS ORAL TABLET	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
naproxen-esomeprazole oral tablet delayed release	3	ST; QL
VIMOVO ORAL TABLET DELAYED RELEASE	3	ST; QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**		
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
cataflam oral tablet	1 or 1b*	
DAYPRO ORAL TABLET	3	
DICLOFENAC ORAL CAPSULE	3	ST; QL
diclofenac potassium oral tablet	1 or 1b*	
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	
diclofenac sodium oral tablet delayed release	1 or 1b*	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	3	
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
FELDENE ORAL CAPSULE	3	
FENOPROFEN CALCIUM ORAL CAPSULE 200 MG	3	
fenoprofen calcium oral capsule 400 mg	3	ST; QL
fenoprofen calcium oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	
ibu oral tablet	1 or 1a*	
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	

Drug Name	Tier	Notes
INDOCIN ORAL SUSPENSION	3	ST; QL
INDOCIN RECTAL SUPPOSITORY	3	ST; QL
indomethacin er oral capsule extended release	1 or 1b*	
indomethacin oral capsule 20 mg	3	ST; QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	
indomethacin sodium intravenous solution reconstituted	1 or 1b*	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	
ketoprofen oral capsule 25 mg	3	ST; QL
ketoprofen oral capsule 50 mg, 75 mg	1 or 1b*	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
KETOROLAC TROMETHAMINE NASAL SOLUTION	3	ST; QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
LODINE ORAL TABLET	3	
meclofenamate sodium oral capsule	1 or 1b*	
mefenamic acid oral capsule	1 or 1b*	
meloxicam oral capsule	3	ST; QL
meloxicam oral tablet	1 or 1b*	
MOBIC ORAL TABLET	3	
nabumetone oral tablet	1 or 1b*	
NALFON ORAL CAPSULE 400 MG	3	ST; QL
NALFON ORAL TABLET	3	ST; QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	ST; QL
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	3	ST; QL
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral tablet	1 or 1b*	
piroxicam oral capsule	1 or 1b*	
QMIIZ ODT ORAL TABLET DISPERSIBLE	3	ST; QL
RELAFEN DS ORAL TABLET	3	ST; QL
relafen oral tablet	1 or 1b*	
SPRIX NASAL SOLUTION	3	ST; QL
sulindac oral tablet	1 or 1b*	
TIVORBEX ORAL CAPSULE 20 MG	3	ST; QL
tolmetin sodium oral capsule	1 or 1b*	
tolmetin sodium oral tablet 600 mg	1 or 1b*	
VIVLODEX ORAL CAPSULE	3	ST; QL
ZIPSOR ORAL CAPSULE	3	ST; QL
ZORVOLEX ORAL CAPSULE	3	ST; QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
OTEZLA ORAL TABLET	3	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK	3	PA; QL; SP
PYRIMIDINE SYNTHESIS INHIBITORS**		
ARAVA ORAL TABLET	3	
leflunomide oral tablet	1 or 1b*	

Drug Name	Tier	Notes
SELECTIVE COSTIMULATION MODULATORS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER**		
acetaminophen intravenous solution	1 or 1b*	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
OFIRMEV INTRAVENOUS SOLUTION	3	
ANALGESICS-SEDATIVES**		
ALLZITAL ORAL TABLET	3	
bac oral tablet	1 or 1b*	
bupap oral tablet 50-300 mg	1 or 1b*	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	3	
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-apap-caffeine oral capsule	1 or 1b*	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET	3	
esgic oral capsule	1 or 1b*	
ESGIC ORAL TABLET	3	
FIORICET ORAL CAPSULE	3	
tencon oral tablet 50-325 mg	1 or 1b*	
vtol lq oral solution	3	
zebutal oral capsule 50-325-40 mg	1 or 1b*	
SALICYLATE COMBINATIONS**		
sm aspirin tri-buffered oral tablet	1 or 1b*	OTC; $0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	OTC; $0
SALICYLATES**		
adult aspirin regimen oral tablet delayed release	1 or 1a*	OTC; $0
aspirin 81 oral tablet chewable	1 or 1a*	OTC; $0
aspirin 81 oral tablet delayed release	1 or 1a*	OTC; $0
aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; $0
aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; $0

Drug Name	Tier	Notes
aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; $0
aspirin childrens oral tablet chewable	1 or 1a*	OTC; $0
aspirin ec adult low strength oral tablet delayed release	1 or 1a*	OTC; $0
aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; $0
aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; $0
aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
aspirin low dose oral tablet chewable	1 or 1a*	OTC; $0
aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
aspirin low strength oral tablet chewable	1 or 1a*	OTC; $0
aspirin oral tablet 325 mg	1 or 1a*	OTC; $0
aspirin oral tablet chewable	1 or 1a*	OTC; $0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	OTC; $0
aspir-low oral tablet delayed release	1 or 1a*	OTC; $0
bayer advanced aspirin reg st oral tablet	1 or 1a*	OTC; $0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; $0
bayer aspirin oral tablet	1 or 1a*	OTC; $0
bayer aspirin oral tablet delayed release	1 or 1a*	OTC; $0
bayer low dose oral tablet chewable	1 or 1a*	OTC; $0
bayer low dose oral tablet delayed release	1 or 1a*	OTC; $0
childrens aspirin low strength oral tablet chewable	1 or 1a*	OTC; $0
childrens aspirin oral tablet chewable	1 or 1a*	OTC; $0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; $0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; $0
cvs aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
cvs aspirin oral tablet 325 mg	1 or 1a*	OTC; $0
diflunisal oral tablet	1 or 1b*	
ecpirin oral tablet delayed release	1 or 1a*	OTC; $0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; $0
eq aspirin low dose oral tablet chewable	1 or 1a*	OTC; $0
eq aspirin oral tablet	1 or 1a*	OTC; $0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	OTC; $0
eql aspirin low dose oral tablet chewable	1 or 1a*	OTC; $0
eql aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	OTC; $0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
gnp aspirin oral tablet 325 mg	1 or 1a*	OTC; $0
gnp aspirin oral tablet delayed release	1 or 1a*	OTC; $0
goodsense aspirin adult low st oral tablet chewable	1 or 1a*	OTC; $0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
goodsense aspirin oral tablet	1 or 1a*	OTC; $0
goodsense aspirin oral tablet chewable	1 or 1a*	OTC; $0
goodsense aspirin oral tablet delayed release	1 or 1a*	OTC; $0
h-e-b aspirin oral tablet delayed release	1 or 1a*	OTC; $0
hm adult aspirin oral tablet	1 or 1a*	OTC; $0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; $0
hm aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
hm aspirin oral tablet	1 or 1a*	OTC; $0
hm aspirin oral tablet chewable	1 or 1a*	OTC; $0
hm aspirin oral tablet delayed release	1 or 1a*	OTC; $0
kls aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
kls aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0

Drug Name	Tier	Notes
kp aspirin oral tablet delayed release	1 or 1a*	OTC; $0
meijer aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
px aspirin oral tablet	1 or 1a*	OTC; $0
px aspirin oral tablet chewable	1 or 1a*	OTC; $0
px enteric aspirin oral tablet delayed release	1 or 1a*	OTC; $0
qc aspirin low dose oral tablet chewable	1 or 1a*	OTC; $0
qc aspirin low dose oral tablet delayed release	1 or 1a*	OTC; $0
qc aspirin oral tablet	1 or 1a*	OTC; $0
qc aspirin oral tablet delayed release	1 or 1a*	OTC; $0
qc childrens aspirin oral tablet chewable	1 or 1a*	OTC; $0
qc enteric aspirin oral tablet delayed release	1 or 1a*	OTC; $0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; $0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; $0
ra aspirin childrens oral tablet chewable	1 or 1a*	OTC; $0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	OTC; $0
ra aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
ra aspirin oral tablet 325 mg	1 or 1a*	OTC; $0
ra pain relief aspirin oral tablet	1 or 1a*	OTC; $0
sb aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; $0
sb aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
sb aspirin oral tablet	1 or 1a*	OTC; $0
sb aspirin oral tablet delayed release	1 or 1a*	OTC; $0
sb childrens aspirin oral tablet chewable	1 or 1a*	OTC; $0
sb low dose asa ec oral tablet delayed release	1 or 1a*	OTC; $0
sm aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; $0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; $0
sm aspirin ec oral tablet delayed release	1 or 1a*	OTC; $0
sm aspirin low dose oral tablet chewable	1 or 1a*	OTC; $0
sm aspirin oral tablet	1 or 1a*	OTC; $0
sm childrens aspirin oral tablet chewable	1 or 1a*	OTC; $0
st joseph aspirin oral tablet delayed release	1 or 1a*	OTC; $0
st joseph low dose oral tablet chewable	1 or 1a*	OTC; $0
st joseph low dose oral tablet delayed release	1 or 1a*	OTC; $0
SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS**		
PRIALT INTRATHECAL SOLUTION	3	PA; QL; LD
ANALGESICS - OPIOID		
CODEINE COMBINATIONS**		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	QL
DIHYDROCODEINE COMBINATIONS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
FENTANYL COMBINATIONS**		
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.8-0.1667-0.9 MG/200ML-%	3	
HYDROCODONE COMBINATIONS**		
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
OPIOID AGONISTS**		
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
ALFENTANIL HCL INTRAVENOUS SOLUTION	3	
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	3	QL
codeine sulfate oral tablet 30 mg	1 or 1b*	QL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	QL
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
duramorph injection solution	1 or 1b*	QL
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML	3	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL
FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 1000 MCG/20ML, 20 MCG/2ML, 50 MCG/5ML, 500 MCG/50ML	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%, 500-0.9 MCG/50ML-%	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	QL
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	QL
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-%, 25-0.9 MG/50ML-%, 5-0.9 MG/25ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	PA; QL
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	3	PA; QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
METHADONE HCL INJECTION SOLUTION	3	PA; QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL
mitigo injection solution	1 or 1b*	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	QL
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	3	QL
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
NUCYNTA ORAL TABLET	3	QL
OLINVYK INTRAVENOUS SOLUTION	3	
OPANA ORAL TABLET 10 MG	3	QL
OXAYDO ORAL TABLET	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrent	3	PA; QL
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
QDOLO ORAL SOLUTION	3	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET	3	QL
SUBSYS SUBLINGUAL LIQUID	3	PA; QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl oral tablet	1 or 1b*	QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ULTRAM ORAL TABLET	3	QL
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	PA; QL
OPIOID COMBINATIONS**		
APADAZ ORAL TABLET	3	QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
NALOCET ORAL TABLET	3	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1 or 1b*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PROLATE ORAL SOLUTION	3	QL
PROLATE ORAL TABLET	3	QL
OPIOID PARTIAL AGONISTS**		
BELBUCA BUCCAL FILM	3	PA; QL
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	QL

Drug Name	Tier	Notes
BUPRENEX INJECTION SOLUTION	3	QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	QL
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal solution	1 or 1b*	QL
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
nalbuphine hcl injection solution	1 or 1b*	
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT	3	PA; QL; LD
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD
SUBOXONE SUBLINGUAL FILM	3	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL
TRAMADOL COMBINATIONS**		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ULTRACET ORAL TABLET	3	QL
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS**		
oxandrolone oral tablet	1 or 1b*	PA; QL
ANDROGENS**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; QL
ANDROGEL TRANSDERMAL GEL	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION	3	PA; QL; LD; SP
danazol oral capsule	1 or 1b*	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; QL
FORTESTA TRANSDERMAL GEL	3	PA; QL
JATENZO ORAL CAPSULE	3	PA; QL
METHITEST ORAL TABLET	3	
methyltestosterone oral capsule	3	
NATESTO NASAL GEL	3	PA; QL
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLET	3	PA; QL; LD
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA; QL
testosterone enanthate intramuscular solution	1 or 1b*	PA; QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL
VOGELXO PUMP TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

Drug Name	Tier	Notes
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS**		
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	3	
NITRATE VASODILATING AGENTS**		
RECTIV RECTAL OINTMENT	3	
RECTAL ANESTHETIC/STEROIDS **		
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM	3	
RECTAL LOCAL ANESTHETICS**		
LIDOCAINE (ANORECTAL) RECTAL SUPPOSITORY	3	
RECTAL STEROIDS**		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
ANTACIDS		
ANTACIDS - BICARBONATE**		
SODIUM BICARBONATE ORAL POWDER	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTHELMINTICS		
ANTHELMINTICS**		
albendazole oral tablet	1 or 1b*	PA; QL
ALBENZA ORAL TABLET	3	PA; QL
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER**		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
ranolazine er oral tablet extended release 12 hour	1 or 1b*	
NITRATES**		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	2	
GONITRO SUBLINGUAL PACKET	3	
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
minitran transdermal patch 24 hour	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.**		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	1 or 1b*	
VISTARIL ORAL CAPSULE	3	
BENZODIAZEPINES**		
alprazolam er oral tablet extended release 24 hour	1 or 1b*	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet dispersible	1 or 1b*	
alprazolam xr oral tablet extended release 24 hour	1 or 1b*	
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
chlordiazepoxide hcl oral capsule	1 or 1b*	
clorazepate dipotassium oral tablet	1 or 1b*	
diazepam injection solution	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
diazepam oral concentrate	1 or 1a*	
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate 2 mg/ml	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
oxazepam oral capsule	1 or 1b*	
TRANXENE-T ORAL TABLET 7.5 MG	3	
VALIUM ORAL TABLET	3	
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS - MISC.**		
ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML	3	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	

Drug Name	Tier	Notes
ANTIARRHYTHMICS TYPE I-A**		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
NORPACE ORAL CAPSULE	3	
procainamide hcl injection solution	1 or 1b*	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
ANTIARRHYTHMICS TYPE I-B**		
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
ANTIARRHYTHMICS TYPE I-C**		
flecainide acetate oral tablet	1 or 1b*	
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTIARRHYTHMICS TYPE III**		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	3	
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet	1 or 1b*	
BRETYLIUM TOSYLATE INJECTION SOLUTION	3	
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
TIKOSYN ORAL CAPSULE	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
5-LIPOXYGENASE INHIBITORS**		
zileuton er oral tablet extended release 12 hour	3	PA; QL
ZYFLO ORAL TABLET	3	PA; QL
ADRENERGIC COMBINATIONS**		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADVAIR HFA INHALATION AEROSOL	2	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BEVESPI AEROSPHERE INHALATION AEROSOL	3	ST; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BREZTRI AEROSPHERE INHALATION AEROSOL	3	
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
DULERA INHALATION AEROSOL	3	ST; QL
fluticasone-salmeterol inhalation aerosol powder breath activated	1 or 1b*	
ipratropium-albuterol inhalation solution	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
SYMBICORT INHALATION AEROSOL	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
UTIBRON NEOHALER INHALATION CAPSULE	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	
ANTI-IGE MONOCLONAL ANTIBODIES**		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ANTI-INFLAMMATORY AGENTS**		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
BETA ADRENERGICS**		
albuterol sulfate er oral tablet extended release 12 hour	1 or 1b*	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
BROVANA INHALATION NEBULIZATION SOLUTION	3	
isoproterenol hcl injection solution	1 or 1b*	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ISUPREL INJECTION SOLUTION	3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	
levalbuterol tartrate inhalation aerosol	1 or 1b*	

Drug Name	Tier	Notes
PERFOROMIST INHALATION NEBULIZATION SOLUTION	2	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
PROAIR HFA INHALATION AEROSOL SOLUTION	2	ST; QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	ST; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	2	ST; QL
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	
XOPENEX HFA INHALATION AEROSOL	3	
XOPENEX INHALATION NEBULIZATION SOLUTION	3	
BRONCHODILATORS - ANTICHOLINERGICS**		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ipratropium bromide inhalation solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; QL
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL
SEEBRI NEOHALER INHALATION CAPSULE	3	ST; QL
SPIRIVA HANDIHALER INHALATION CAPSULE	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	ST; QL
YUPELRI INHALATION SOLUTION	3	ST; QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)**		
CINQAIR INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
LEUKOTRIENE RECEPTOR ANTAGONISTS**		
ACCOLATE ORAL TABLET	3	
montelukast sodium oral packet	1 or 1b*	
montelukast sodium oral tablet	1 or 1b*	
montelukast sodium oral tablet chewable	1 or 1b*	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET CHEWABLE	3	
zafirlukast oral tablet	1 or 1b*	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
DALIRESP ORAL TABLET	3	PA; QL
STEROID INHALANTS**		
ALVESCO INHALATION AEROSOL SOLUTION	3	ST; QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX HFA INHALATION AEROSOL	3	ST; QL
budesonide inhalation suspension	1 or 1b*	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
FLOVENT HFA INHALATION AEROSOL	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
PULMICORT INHALATION SUSPENSION	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	
XANTHINES**		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	
theophylline er oral tablet extended release 24 hour	1 or 1b*	
THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%	3	
theophylline oral solution	1 or 1b*	

Drug Name	Tier	Notes
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.**		
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
COUMARIN ANTICOAGULANTS**		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
DIRECT FACTOR XA INHIBITORS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
SAVAYSA ORAL TABLET	3	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
HEPARINS AND HEPARINOID-LIKE AGENTS**		
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
heparin sodium lock flush intravenous solution 100 unit/ml	1 or 1b*	
LOW MOLECULAR WEIGHT HEPARINS**		
enoxaparin sodium injection solution	1 or 1b*	
enoxaparin sodium subcutaneous solution	1 or 1b*	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	QL
LOVENOX INJECTION SOLUTION	3	
LOVENOX SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
SYNTHETIC HEPARINOID-LIKE AGENTS**		
ARIXTRA SUBCUTANEOUS SOLUTION	3	
fondaparinux sodium subcutaneous solution	1 or 1b*	
THROMBIN INHIBITORS - HIRUDIN TYPE**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE**		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	3	
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML	3	
PRADAXA ORAL CAPSULE	3	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**		
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
ANTICONVULSANTS - BENZODIAZEPINES**		
clobazam oral suspension	1 or 1b*	
clobazam oral tablet	1 or 1b*	
clonazepam oral tablet	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
clonazepam oral tablet dispersible	1 or 1b*	
DIASTAT ACUDIAL RECTAL GEL	3	
DIASTAT PEDIATRIC RECTAL GEL	3	
diazepam rectal gel	1 or 1b*	
KLONOPIN ORAL TABLET	3	
NAYZILAM NASAL SOLUTION	3	PA; QL
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
SYMPAZAN ORAL FILM	3	
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
ANTICONVULSANTS - MISC.**		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	
carbamazepine oral suspension	1 or 1b*	

Drug Name	Tier	Notes
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet chewable	1 or 1b*	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
DIACOMIT ORAL CAPSULE	3	PA; QL; LD
DIACOMIT ORAL PACKET	3	PA; QL; LD
EPIDIOLEX ORAL SOLUTION	3	PA; QL; LD; SP
epitol oral tablet	1 or 1b*	
FINTEPLA ORAL SOLUTION	3	PA; QL; LD
gabapentin oral capsule	1 or 1b*	
gabapentin oral solution	1 or 1b*	
gabapentin oral tablet	1 or 1b*	
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er oral tablet extended release 24 hour	1 or 1b*	
lamotrigine oral kit 25 & 50 & 100 mg	1 or 1b*	
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet chewable	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
lamotrigine oral tablet dispersible	1 or 1b*	
lamotrigine starter kit-blue oral kit	1 or 1b*	
lamotrigine starter kit-green oral kit	1 or 1b*	
lamotrigine starter kit-orange oral kit	1 or 1b*	
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	
levetiracetam oral tablet	1 or 1b*	
LYRICA ORAL CAPSULE	3	
LYRICA ORAL SOLUTION	3	
MYSOLINE ORAL TABLET	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
pregabalin oral capsule	1 or 1b*	
pregabalin oral solution	1 or 1b*	
primidone oral tablet	1 or 1b*	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	ST; QL
roweepra oral tablet 500 mg	1 or 1b*	
rufinamide oral suspension	1 or 1b*	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
subvenite oral tablet	1 or 1b*	
subvenite starter kit-blue oral kit	1 or 1b*	
subvenite starter kit-green oral kit	1 or 1b*	
subvenite starter kit-orange oral kit	1 or 1b*	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TOPAMAX ORAL TABLET	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	
topiramate er oral capsule er 24 hour sprinkle	1 or 1b*	ST; QL
topiramate oral capsule sprinkle	1 or 1b*	
topiramate oral tablet	1 or 1b*	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
ZONEGRAN ORAL CAPSULE	3	
zonisamide oral capsule	1 or 1b*	
CARBAMATES		
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
FELBATOL ORAL SUSPENSION	3	
FELBATOL ORAL TABLET	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI ORAL TABLET	3	
XCOPRI ORAL TABLET THERAPY PACK	3	
GABA MODULATORS**		
GABITRIL ORAL TABLET	3	
SABRIL ORAL PACKET	3	LD; SP
SABRIL ORAL TABLET	3	LD; SP
tiagabine hcl oral tablet	1 or 1b*	
vigabatrin oral packet	1 or 1b*	LD; SP
vigabatrin oral tablet	1 or 1b*	LD; SP
vigadrone oral packet	1 or 1b*	LD
HYDANTOINS**		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	3	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
SUCCINIMIDES**		
CELONTIN ORAL CAPSULE	3	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
VALPROIC ACID**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	
divalproex sodium oral tablet delayed release	1 or 1b*	
valproate sodium intravenous solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
valproic acid oral solution	1 or 1b*	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
ANTIDEPRESSANTS - MISC.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	3	ST; DO; QL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG	3	ST; QL
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
maprotiline hcl oral tablet	1 or 1b*	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	ST; DO; QL
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	ST; DO; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	ST; QL
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**		
ZULRESSO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MONOAMINE OXIDASE INHIBITORS (MAOIS)**		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
MARPLAN ORAL TABLET	3	
NARDIL ORAL TABLET	3	
PARNATE ORAL TABLET	3	

Drug Name	Tier	Notes
phenelzine sulfate oral tablet	1 or 1b*	
tranylcypromine sulfate oral tablet	1 or 1b*	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD; SP
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**		
CELEXA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
CELEXA ORAL TABLET 40 MG	3	ST; QL
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
LEXAPRO ORAL TABLET 20 MG	3	ST; QL
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	3	ST; DO; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST; QL
PAXIL ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PAXIL ORAL TABLET 30 MG, 40 MG	3	ST; QL
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PEXEVA ORAL TABLET 30 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 10 MG	3	ST; DO; QL
PROZAC ORAL CAPSULE 20 MG, 40 MG	3	ST; QL
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet 100 mg	1 or 1b*	
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
ZOLOFT ORAL CONCENTRATE	3	ST; QL
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO; QL
SEROTONIN MODULATORS**		
nefazodone hcl oral tablet	1 or 1b*	
trazodone hcl oral tablet	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	DO
TRINTELLIX ORAL TABLET 20 MG	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD STARTER PACK ORAL KIT	3	ST; QL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3	PA; QL
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	PA; DO; QL
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; DO; QL
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	PA; QL
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	PA; DO; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	1 or 1b*	
duloxetine hcl oral capsule delayed release particles 30 mg	1 or 1b*	DO
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	3	ST; QL
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG	3	ST; DO; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	ST; DO; QL
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	1 or 1b*	
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl oral tablet	1 or 1b*	
TRICYCLIC AGENTS**		
amitriptyline hcl oral tablet	1 or 1a*	
amoxapine oral tablet	1 or 1b*	
ANAFRANIL ORAL CAPSULE	3	
clomipramine hcl oral capsule	1 or 1b*	
desipramine hcl oral tablet	1 or 1b*	
doxepin hcl oral capsule	1 or 1b*	
doxepin hcl oral concentrate	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline hcl oral capsule	1 or 1b*	
nortriptyline hcl oral solution	1 or 1b*	
PAMELOR ORAL CAPSULE	3	
protriptyline hcl oral tablet	1 or 1b*	
trimipramine maleate oral capsule	1 or 1b*	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS**		
acarbose oral tablet	1 or 1b*	
miglitol oral tablet	1 or 1b*	
PRECOSE ORAL TABLET	3	
ANTIDIABETIC - AMYLIN ANALOGS**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
BIGUANIDES**		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
metformin hcl er (mod) oral tablet extended release 24 hour	3	ST; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	3	ST; QL
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	
metformin hcl oral solution	1 or 1b*	PA; QL
metformin hcl oral tablet	1 or 1b*	
RIOMET ORAL SOLUTION	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DIABETIC OTHER**		
BAQSIMI ONE PACK NASAL POWDER	3	
BAQSIMI TWO PACK NASAL POWDER	3	
diazoxide oral suspension	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCAGON EMERGENCY INJECTION KIT	2	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
PROGLYCEM ORAL SUSPENSION	3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
NESINA ORAL TABLET	3	ST; QL
ONGLYZA ORAL TABLET	3	ST; QL
TRADJENTA ORAL TABLET	3	ST; DO; QL
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS**		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
JENTADUETO ORAL TABLET	3	ST; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
KAZANO ORAL TABLET	3	ST; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES**		
CYCLOSET ORAL TABLET	3	
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS**		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL
OSENI ORAL TABLET	3	ST; QL
HUMAN INSULIN**		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
ADMELOG SUBCUTANEOUS SOLUTION	3	ST; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA; QL
APIDRA INJECTION SOLUTION	3	ST; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
FIASP SUBCUTANEOUS SOLUTION	3	ST; QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC
HUMULIN N SUBCUTANEOUS SUSPENSION	2	OTC
HUMULIN R INJECTION SOLUTION	2	OTC
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL
INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
LYUMJEV INJECTION SOLUTION	3	ST; QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	ST; QL; OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL; OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	ST; QL; OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	ST; QL; OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	ST; QL; OTC
NOVOLIN R INJECTION SOLUTION	3	ST; QL; OTC
NOVOLIN R RELION INJECTION SOLUTION	3	ST; QL; OTC
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
NOVOLOG SUBCUTANEOUS SOLUTION	3	ST; QL
SEMGLEE SUBCUTANEOUS SOLUTION	3	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL
RYBELSUS ORAL TABLET	2	QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
INSULIN-INCRETIN MIMETIC COMBINATIONS**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL

Drug Name	Tier	Notes
MEGLITINIDE ANALOGUES**		
nateglinide oral tablet	1 or 1b*	
repaglinide oral tablet	1 or 1b*	
STARLIX ORAL TABLET 120 MG	3	
PROGESTERONE RECEPTOR ANTAGONISTS**		
KORLYM ORAL TABLET	3	PA; QL; LD
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**		
GLYXAMBI ORAL TABLET	3	ST; QL
QTERN ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**		
FARXIGA ORAL TABLET	2	ST; QL
INVOKANA ORAL TABLET	3	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	3	ST; QL
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**		
INVOKAMET ORAL TABLET	3	ST; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
SEGLUROMET ORAL TABLET	3	ST; QL
SYNJARDY ORAL TABLET	2	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
SULFONYLUREA-BIGUANIDE COMBINATIONS**		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
SULFONYLUREAS**		
AMARYL ORAL TABLET	3	ST; QL
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
GLUCOTROL ORAL TABLET 10 MG	3	ST; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
GLYNASE ORAL TABLET	3	ST; QL
tolbutamide oral tablet	1 or 1b*	ST; QL
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS**		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS**		
ACTOPLUS MET ORAL TABLET	3	ST; QL
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL

Drug Name	Tier	Notes
THIAZOLIDINEDIONES**		
ACTOS ORAL TABLET	3	ST; QL
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PRO BIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL; LD
ANTIDIARRHEAL/PRO BIOTIC COMBINATIONS**		
RESTORA RX ORAL CAPSULE	3	
ANTIPERISTALTIC AGENTS**		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	
MOTOFEN ORAL TABLET	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS**		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
ANTIDOTES - CHELATING AGENTS**		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	1 or 1b*	PA; QL; SP
deferasirox oral packet	1 or 1b*	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
deferasirox oral tablet 180 mg	1 or 1b*	SP
deferasirox oral tablet 360 mg, 90 mg	1 or 1b*	PA; QL; SP
deferasirox oral tablet soluble	1 or 1b*	PA; QL; SP
deferiprone oral tablet	1 or 1b*	PA; QL
EXJADE ORAL TABLET SOLUBLE	3	PA; QL; LD; SP
FERRIPROX ORAL SOLUTION	3	PA; QL; LD
FERRIPROX ORAL TABLET	3	PA; QL; LD
FERRIPROX TWICE-A-DAY ORAL TABLET	3	PA; QL; LD
JADENU ORAL TABLET	3	PA; QL; LD; SP
JADENU SPRINKLE ORAL PACKET	3	PA; QL; LD; SP
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS**		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	3	

Drug Name	Tier	Notes
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
VISTOGARD ORAL PACKET	3	PA; QL; LD
BENZODIAZEPINE ANTAGONISTS**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS**		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	
naloxone hcl injection solution cartridge	1 or 1b*	
naloxone hcl injection solution prefilled syringe	1 or 1b*	
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID	2	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	SP
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS**		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	PA; QL
ANZEMET ORAL TABLET	3	QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron oral tablet dispersible	1 or 1b*	QL
PALONOSETRON HCL INTRAVENOUS SOLUTION	3	PA; QL
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA; QL
SANCUSO TRANSDERMAL PATCH	3	QL
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
ZOFRAN ORAL TABLET 4 MG	3	QL
ZUPLENZ ORAL FILM	3	QL
ANTIEMETIC COMBINATIONS**		
AKYNZEO INTRAVENOUS SOLUTION	3	PA; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
AKYNZEO ORAL CAPSULE	3	
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
DICLEGIS ORAL TABLET DELAYED RELEASE	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
ANTIEMETICS - ANTICHOLINERGIC**		
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
MECLIZINE HCL ORAL TABLET 50 MG	3	
meclizine hcl oral tablet chewable	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE	3	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMETICS - ANTIDOPAMINERGIC**		
BARHEMSYS INTRAVENOUS SOLUTION	3	
ANTIEMETICS - MISCELLANEOUS**		
dronabinol oral capsule	1 or 1b*	
MARINOL ORAL CAPSULE	3	
SYNDROS ORAL SOLUTION	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**		
aprepitant oral	1 or 1b*	
aprepitant oral capsule	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	PA; QL
EMEND ORAL CAPSULE 80 MG	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	
EMEND TRI-PACK ORAL CAPSULE	3	
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
micafungin sodium intravenous solution reconstituted	1 or 1b*	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIFUNGALS**		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
ANCOBON ORAL CAPSULE	3	PA; QL
BIO-STATIN ORAL CAPSULE	3	
flucytosine oral capsule	1 or 1b*	PA; QL
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	
IMIDAZOLES**		
ketoconazole oral tablet	1 or 1b*	
TRIAZOLES**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFIL INTRAVENOUS SOLUTION	3	
NOXAFIL ORAL SUSPENSION	3	PA; QL
NOXAFIL ORAL TABLET DELAYED RELEASE	3	PA; QL
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES**		
dexchlorpheniramine maleate oral solution	3	
ryclora oral solution	1 or 1b*	
ANTIHISTAMINES - ETHANOLAMINES**		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
CARBINOXAMINE MALEATE ORAL TABLET 6 MG	3	
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	
diphen oral elixir	1 or 1a*	
di-phen oral liquid	1 or 1b*	
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	
RYVENT ORAL TABLET	1 or 1b*	
ANTIHISTAMINES - NON-SEDATING**		
cetirizine hcl oral solution	1 or 1b*	

Drug Name	Tier	Notes
CLARINEX ORAL TABLET	3	ST; QL
desloratadine oral tablet	1 or 1b*	
desloratadine oral tablet dispersible	1 or 1b*	
levocetirizine dihydrochloride oral solution	1 or 1b*	
levocetirizine dihydrochloride oral tablet	1 or 1b*	
QUZYTTIR INTRAVENOUS SOLUTION	3	
ANTIHISTAMINES - PHENOTHIAZINES**		
PHENERGAN INJECTION SOLUTION	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	
promethazine hcl oral syrup	1 or 1a*	
promethazine hcl oral tablet	1 or 1a*	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
ANTIHISTAMINES - PIPERIDINES**		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**		
NEXLIZET ORAL TABLET	3	PA; QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**		
NEXLETOL ORAL TABLET	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS**		
EVKEEZA INTRAVENOUS SOLUTION	3	LD
ANTIHYPERLIPIDEMICS - MISC.**		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
LOVAZA ORAL CAPSULE	3	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
BILE ACID SEQUESTRANTS**		
cholestyramine light oral packet	1 or 1b*	
cholestyramine light oral powder	1 or 1b*	
cholestyramine oral packet	1 or 1b*	
cholestyramine oral powder	1 or 1b*	
colesevelam hcl oral packet	1 or 1b*	
colesevelam hcl oral tablet	1 or 1b*	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	3	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
colestipol hcl oral granules	1 or 1b*	
colestipol hcl oral packet	1 or 1b*	
colestipol hcl oral tablet	1 or 1b*	
prevalite oral packet	1 or 1b*	
prevalite oral powder	1 or 1b*	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	
QUESTRAN ORAL POWDER	3	
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
FIBRIC ACID DERIVATIVES**		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; QL
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate oral capsule	1 or 1b*	
fenofibrate oral tablet	1 or 1b*	
fenofibric acid oral capsule delayed release	1 or 1b*	
FENOFIBRIC ACID ORAL TABLET 105 MG	3	
fenofibric acid oral tablet 35 mg	1 or 1b*	
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	ST; QL
HMG COA REDUCTASE INHIBITORS**		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	ST; DO; QL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	ST; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; $0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; DO; QL
CRESTOR ORAL TABLET 40 MG	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	3	ST; DO; QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	3	ST; QL
FLOLIPID ORAL SUSPENSION	3	ST; QL
fluvastatin sodium er oral tablet extended release 24 hour	1 or 1b*	$0
fluvastatin sodium oral capsule	1 or 1b*	DO; $0
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; QL
LIPITOR ORAL TABLET 80 MG	3	ST; QL
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO; QL
LIVALO ORAL TABLET 4 MG	3	ST; QL
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; $0
lovastatin oral tablet 40 mg	1 or 1b*	$0
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	ST; DO; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; $0
pravastatin sodium oral tablet 80 mg	1 or 1b*	$0
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; $0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; $0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; QL
ZOCOR ORAL TABLET 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET 2 MG	3	ST; DO; QL
ZYPITAMAG ORAL TABLET 4 MG	3	ST; QL
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB**		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
VYTORIN ORAL TABLET	3	ST; QL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**		
ezetimibe oral tablet	1 or 1b*	ST; QL
ZETIA ORAL TABLET	3	ST; QL
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS**		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; DO; QL; LD
NICOTINIC ACID DERIVATIVES**		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
niacor oral tablet	1 or 1b*	ST; QL
NIASPAN ORAL TABLET EXTENDED RELEASE	3	ST; QL
PCSK9 INHIBITORS**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTIHYPERTENSIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG	3	
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG	3	DO
PRESTALIA ORAL TABLET 14-10 MG	3	
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg	1 or 1b*	DO
trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE**		
ACCURETIC ORAL TABLET	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	1 or 1b*	DO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
fosinopril sodium-hctz oral tablet	1 or 1b*	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	
LOTENSIN HCT ORAL TABLET 10-12.5 MG	3	DO
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	3	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
VASERETIC ORAL TABLET	3	
ZESTORETIC ORAL TABLET 10-12.5 MG	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG	3	
ACE INHIBITORS**		
ACCUPRIL ORAL TABLET	3	
ALTACE ORAL CAPSULE	3	
benazepril hcl oral tablet	1 or 1a*	
captopril oral tablet	1 or 1b*	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous injectable	1 or 1b*	
EPANED ORAL SOLUTION	3	
fosinopril sodium oral tablet	1 or 1b*	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
moexipril hcl oral tablet	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
PRINIVIL ORAL TABLET 20 MG	3	DO
QBRELIS ORAL SOLUTION	3	
quinapril hcl oral tablet	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ramipril oral capsule	1 or 1b*	
trandolapril oral tablet	1 or 1b*	
VASOTEC ORAL TABLET	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	DO
ZESTRIL ORAL TABLET 30 MG, 40 MG	3	
ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB**		
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
AGENTS FOR PHEOCHROMOCYTOMA**		
DEMSER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	
AZOR ORAL TABLET 5-20 MG	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	
EXFORGE ORAL TABLET 5-160 MG	3	DO
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG	3	
TWYNSTA ORAL TABLET 40-5 MG	3	DO
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE**		
ATACAND HCT ORAL TABLET	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	
candesartan cilexetil-hctz oral tablet	1 or 1b*	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	3	
EDARBYCLOR ORAL TABLET	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	
HYZAAR ORAL TABLET 50-12.5 MG	3	DO
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAGONISTS**		
ATACAND ORAL TABLET	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	
BENICAR ORAL TABLET 20 MG	3	DO
BENICAR ORAL TABLET 40 MG, 5 MG	3	
candesartan cilexetil oral tablet	1 or 1b*	
COZAAR ORAL TABLET	3	
DIOVAN ORAL TABLET	3	
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
losartan potassium oral tablet	1 or 1b*	
MICARDIS ORAL TABLET 20 MG, 40 MG	3	DO

Drug Name	Tier	Notes
MICARDIS ORAL TABLET 80 MG	3	
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg, 5 mg	1 or 1b*	
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
valsartan oral tablet	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	
EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	
ANTIADRENERGICS - CENTRALLY ACTING**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	
clonidine hcl oral tablet	1 or 1a*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
clonidine transdermal patch weekly	1 or 1b*	
guanfacine hcl oral tablet	1 or 1b*	
methyldopa oral tablet	1 or 1b*	
ANTIADRENERGICS - PERIPHERALLY ACTING**		
CARDURA ORAL TABLET	3	
doxazosin mesylate oral tablet	1 or 1b*	
MINIPRESS ORAL CAPSULE	3	
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	
ANTIHYPERTENSIVES - MISC.**		
VECAMYL ORAL TABLET	3	
BETA BLOCKER & DIURETIC COMBINATIONS**		
atenolol-chlorthalidone oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
propranolol-hctz oral tablet	1 or 1b*	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
ZIAC ORAL TABLET	3	
DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB**		
TEKTURNA HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURNA HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	

Drug Name	Tier	Notes
DIRECT RENIN INHIBITORS**		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	
TEKTURNA ORAL TABLET 150 MG	3	DO
TEKTURNA ORAL TABLET 300 MG	3	
DOPAMINE D1 RECEPTOR AGONISTS**		
CORLOPAM INTRAVENOUS SOLUTION	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
VASODILATORS**		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	3	
nitroprusside sodium intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.**		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
bacitracin intramuscular solution reconstituted	1 or 1b*	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET 500 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
IMPAVIDO ORAL CAPSULE	3	PA; QL
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	1 or 1b*	
METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	1 or 1b*	
PRIMSOL ORAL SOLUTION	3	
tinidazole oral tablet	1 or 1b*	
trimethoprim oral tablet	1 or 1a*	
XIFAXAN ORAL TABLET	3	PA; QL
ANTI-INFECTIVE MISC. - COMBINATIONS**		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	

Drug Name	Tier	Notes
ANTIPROTOZOAL AGENTS**		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET	3	
MEPRON ORAL SUSPENSION	3	
nitazoxanide oral tablet	1 or 1b*	
CARBAPENEM COMBINATIONS**		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CARBAPENEMS**		
ertapenem sodium injection solution reconstituted	1 or 1b*	
INVANZ INJECTION SOLUTION RECONSTITUTED	3	
meropenem intravenous solution reconstituted	1 or 1b*	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
CHLORAMPHENICALS **		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
CYCLIC LIPOPEPTIDES**		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
daptomycin intravenous solution reconstituted 500 mg	1 or 1b*	
GLYCOPEPTIDES**		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN HCL ORAL CAPSULE 125 MG	3	PA; QL
VANCOCIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	3	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 5 gm, 500 mg, 750 mg	1 or 1b*	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	3	
vancomycin hcl oral capsule	1 or 1b*	PA; QL
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED	3	PA; QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
LEPROSTATICS**		
dapsone oral tablet	1 or 1b*	
LINCOSAMIDES**		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
MONOBACTAMS**		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	LD; SP
OXAZOLIDINONES**		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
PLEUROMUTILINS**		
XENLETA INTRAVENOUS SOLUTION	3	LD
XENLETA ORAL TABLET	3	PA; QL; LD

Drug Name	Tier	Notes
POLYMYXINS**		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
STREPTOGRAMIN COMBINATIONS**		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	
URINARY ANTI-INFECTIVES**		
fosfomycin tromethamine oral packet	1 or 1b*	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1 or 1b*	
MONUROL ORAL PACKET	3	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	
ANTIMALARIALS**		
ARAKODA ORAL TABLET	3	
chloroquine phosphate oral tablet	1 or 1a*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DARAPRIM ORAL TABLET	3	PA; QL; LD
hydroxychloroquine sulfate oral tablet	1 or 1b*	QL
KRINTAFEL ORAL TABLET	3	
mefloquine hcl oral tablet	1 or 1b*	
PLAQUENIL ORAL TABLET	3	QL
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS**		
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	3	PA; QL; LD
GUANIDINE HCL ORAL TABLET	3	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION	3	
RUZURGI ORAL TABLET	3	PA; QL; LD

Drug Name	Tier	Notes
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS**		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	3	
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
PASER ORAL PACKET	3	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS**		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
carboplatin intravenous solution	1 or 1b*	SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ANDROGEN BIOSYNTHESIS INHIBITORS**		
abiraterone acetate oral tablet	1 or 1b*	PA; QL; SP
YONSA ORAL TABLET	3	PA; QL; LD; SP
ZYTIGA ORAL TABLET 250 MG	3	PA; QL; LD; SP
ZYTIGA ORAL TABLET 500 MG	2	PA; QL; LD; SP
ANTIADRENALS**		
LYSODREN ORAL TABLET	2	LD
ANTIANDROGENS**		
bicalutamide oral tablet	1 or 1b*	
CASODEX ORAL TABLET	3	
ERLEADA ORAL TABLET	2	PA; QL; LD; SP
flutamide oral capsule	1 or 1b*	

Drug Name	Tier	Notes
NILANDRON ORAL TABLET	3	QL
nilutamide oral tablet	1 or 1b*	QL
NUBEQA ORAL TABLET	3	PA; QL; LD; SP
XTANDI ORAL CAPSULE	2	PA; QL; LD; SP
ANTIESTROGENS**		
FARESTON ORAL TABLET	3	
SOLTAMOX ORAL SOLUTION	2	$0
tamoxifen citrate oral tablet	1 or 1b*	$0
toremifene citrate oral tablet	1 or 1b*	
ANTIMETABOLITES**		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ARRANON INTRAVENOUS SOLUTION	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; QL; SP
capecitabine oral tablet	1 or 1b*	PA; QL; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION	3	SP
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
floxuridine injection solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FOLOTYN INTRAVENOUS SOLUTION	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
INFUGEM INTRAVENOUS SOLUTION	3	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate oral tablet	1 or 1b*	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
ONUREG ORAL TABLET	3	PA; QL; LD
PURIXAN ORAL SUSPENSION	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; QL; LD; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; LD; SP
ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY		
PROVENGE INTRAVENOUS SUSPENSION	3	PA; QL; LD
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; QL; LD
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ANTINEOPLASTIC - BRAF KINASE INHIBITORS		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL; LD
TAFINLAR ORAL CAPSULE	3	PA; QL; LD; SP
ZELBORAF ORAL TABLET	2	PA; QL; LD; SP
ANTINEOPLASTIC - FGFR KINASE INHIBITORS		
BALVERSA ORAL TABLET	3	PA; QL; LD
PEMAZYRE ORAL TABLET	3	PA; QL; LD
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO ORAL TABLET	3	PA; QL; LD; SP
ERIVEDGE ORAL CAPSULE	2	PA; QL; LD; SP
ODOMZO ORAL CAPSULE	3	PA; QL; LD; SP
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
FARYDAK ORAL CAPSULE	3	PA; QL; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	3	
*ANTINEOPLASTIC - IMMUNOMODULATORS ***		
POMALYST ORAL CAPSULE	3	PA; QL; LD; SP
*ANTINEOPLASTIC - MEK INHIBITORS***		
COTELLIC ORAL TABLET	3	PA; QL; LD; SP
KOSELUGO ORAL CAPSULE	3	PA; QL; LD
MEKINIST ORAL TABLET	3	PA; QL; LD; SP
MEKTOVI ORAL TABLET	3	PA; QL; LD
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
TAZVERIK ORAL TABLET	3	PA; QL; LD
*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES***		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; QL; LD; SP
BAVENCIO INTRAVENOUS SOLUTION	3	PA; QL; LD
CAMPATH INTRAVENOUS SOLUTION	3	
DANYELZA INTRAVENOUS SOLUTION	3	PA; QL; LD

Drug Name	Tier	Notes
DARZALEX INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ERBITUX INTRAVENOUS SOLUTION	3	PA; QL; SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
IMFINZI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
LIBTAYO INTRAVENOUS SOLUTION	3	PA; QL; LD
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
OPDIVO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
RIABNI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; QL; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	3	SP
TRUXIMA INTRAVENOUS SOLUTION	3	PA; QL; SP
UNITUXIN INTRAVENOUS SOLUTION	3	LD
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; QL; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ANTINEOPLASTIC - MTOR KINASE INHIBITORS**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA; QL; SP
AFINITOR ORAL TABLET 10 MG	2	PA; QL; SP
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	3	PA; QL; SP
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; QL; SP
temsirolimus intravenous solution	1 or 1b*	PA; QL; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; QL; SP
ANTINEOPLASTIC - MULTIKINASE INHIBITORS**		
NEXAVAR ORAL TABLET	2	PA; QL; LD; SP
RYDAPT ORAL CAPSULE	3	PA; QL; SP
STIVARGA ORAL TABLET	2	PA; QL; LD; SP
SUTENT ORAL CAPSULE	2	PA; QL; LD; SP
TEPMETKO ORAL TABLET	3	PA; QL; LD
UKONIQ ORAL TABLET	3	PA; QL; LD
ANTINEOPLASTIC - PROTEASOME INHIBITORS**		
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
NINLARO ORAL CAPSULE	3	PA; QL; LD; SP
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS**		
ROZLYTREK ORAL CAPSULE	3	PA; QL; LD; SP
VITRAKVI ORAL CAPSULE	3	PA; QL; LD; SP
VITRAKVI ORAL SOLUTION	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS**		
ALECENSA ORAL CAPSULE	3	PA; QL; LD; SP
ALUNBRIG ORAL TABLET	3	PA; QL; LD; SP
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
AYVAKIT ORAL TABLET	3	PA; QL; LD
BOSULIF ORAL TABLET	2	PA; QL; SP
BRUKINSA ORAL CAPSULE	3	PA; QL; LD
CABOMETYX ORAL TABLET	3	PA; QL; LD; SP
CALQUENCE ORAL CAPSULE	3	PA; QL; LD
CAPRELSA ORAL TABLET	2	PA; QL; LD
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL; LD; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL; LD; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; QL; LD; SP
erlotinib hcl oral tablet	1 or 1b*	PA; QL; SP
GAVRETO ORAL CAPSULE	3	PA; QL; LD
GILOTRIF ORAL TABLET	3	PA; QL; LD
GLEEVEC ORAL TABLET	3	PA; QL; SP
ICLUSIG ORAL TABLET	2	PA; QL; LD
imatinib mesylate oral tablet	1 or 1b*	PA; QL; SP
IMBRUVICA ORAL CAPSULE	3	PA; QL; LD
IMBRUVICA ORAL TABLET	3	PA; QL; LD
INLYTA ORAL TABLET	2	PA; QL; LD; SP
IRESSA ORAL TABLET	2	PA; QL; LD; SP
lapatinib ditosylate oral tablet	1 or 1b*	PA; QL; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
LORBRENA ORAL TABLET	3	PA; QL; LD; SP
NERLYNX ORAL TABLET	3	PA; QL; LD; SP
QINLOCK ORAL TABLET	3	PA; QL; LD
RETEVMO ORAL CAPSULE	3	PA; QL; LD; SP
SPRYCEL ORAL TABLET	2	PA; QL; SP
TABRECTA ORAL TABLET	3	PA; QL; SP
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
TARCEVA ORAL TABLET	3	PA; QL; LD; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TUKYSA ORAL TABLET	3	PA; QL; LD
TURALIO ORAL CAPSULE	3	PA; QL; LD
TYKERB ORAL TABLET	3	PA; QL; LD; SP
VIZIMPRO ORAL TABLET	3	PA; QL; LD; SP
VOTRIENT ORAL TABLET	2	PA; QL; LD; SP
XALKORI ORAL CAPSULE	2	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
XOSPATA ORAL TABLET	3	PA; QL; LD
ZYKADIA ORAL TABLET	3	PA; QL; LD; SP
ANTINEOPLASTIC - XPO1 INHIBITORS**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
ANTINEOPLASTIC ANTIBIOTICS**		
adriamycin intravenous solution	1 or 1b*	SP
adriamycin intravenous solution reconstituted 10 mg, 50 mg	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	SP
DOXIL INTRAVENOUS INJECTABLE	3	PA; QL; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; QL; SP
ELLENCE INTRAVENOUS SOLUTION	3	PA; QL; SP
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	1 or 1b*	PA; QL; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; QL; LD
mitomycin intravenous solution reconstituted	1 or 1b*	SP
MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE	3	
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION	3	LD; SP
ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY**		
ZEVALIN Y-90 INTRAVENOUS KIT	3	PA; QL; LD
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; QL; LD; SP
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
*ANTINEOPLASTIC COMBINATIONS***		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	LD; SP
INQOVI ORAL TABLET	3	PA; QL; LD; SP
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
LONSURF ORAL TABLET	3	PA; QL; LD; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD; SP
*ANTINEOPLASTIC ENZYMES***		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ERWINAZE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ONCASPAR INJECTION SOLUTION	3	PA; QL; SP
*ANTINEOPLASTIC RADIOPHARMACEUTICALS***		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	3	PA; QL; LD
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	3	PA; QL; LD
LUTATHERA INTRAVENOUS SOLUTION	3	PA; QL; LD
QUADRAMET INTRAVENOUS SOLUTION	3	
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA; QL; LD
*ANTINEOPLASTICS - INTERLEUKINS***		
ELZONRIS INTRAVENOUS SOLUTION	3	PA; QL; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTINEOPLASTICS MISC.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ALFERON N INJECTION SOLUTION	3	SP
arsenic trioxide intravenous solution	1 or 1b*	SP
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
INTRON A INJECTION SOLUTION	3	LD; SP
INTRON A INJECTION SOLUTION RECONSTITUTED	3	LD; SP
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	SP
AROMATASE INHIBITORS**		
anastrozole oral tablet	1 or 1b*	$0
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
exemestane oral tablet	1 or 1b*	$0
FEMARA ORAL TABLET	3	
letrozole oral tablet	1 or 1b*	$0
CARBOXYPEPTIDASE ENZYME AGENTS**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
CARDIAC PROTECTIVE AGENTS**		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS**		
IBRANCE ORAL CAPSULE	2	PA; QL; LD; SP
IBRANCE ORAL TABLET	2	PA; QL; LD; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
VERZENIO ORAL TABLET	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ESTROGEN RECEPTOR ANTAGONIST**		
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	3	PA; QL; SP
fulvestrant intramuscular solution	1 or 1b*	PA; QL; SP
ESTROGENS-ANTINEOPLASTIC**		
EMCYT ORAL CAPSULE	2	PA; QL
FOLIC ACID ANTAGONISTS RESCUE AGENTS**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
leucovorin calcium injection solution	1 or 1b*	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1 or 1b*	PA; QL
levoleucovorin calcium pf intravenous solution	1 or 1b*	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; QL; SP
ORGOVYX ORAL TABLET	3	PA; QL; LD
IMIDAZOTETRAZINES **		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; QL; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS**		
TIBSOVO ORAL TABLET	3	PA; QL; LD
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS**		
IDHIFA ORAL TABLET	3	PA; QL; LD; SP
JANUS ASSOCIATED KINASE (JAK) INHIBITORS**		
INREBIC ORAL CAPSULE	3	PA; QL; LD; SP
JAKAFI ORAL TABLET	2	PA; QL; LD; SP
LHRH ANALOGS**		
ELIGARD SUBCUTANEOUS KIT	3	PA; QL; SP
leuprolide acetate injection kit	1 or 1b*	PA; QL; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; QL; SP
VANTAS SUBCUTANEOUS KIT	3	PA; QL; LD; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MITOTIC INHIBITORS**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; QL; SP
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	3	PA; QL; SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	3	PA; QL; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
HALAVEN INTRAVENOUS SOLUTION	3	PA; QL; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MARQIBO INTRAVENOUS SUSPENSION	3	LD
NAVELBINE INTRAVENOUS SOLUTION	3	SP
paclitaxel intravenous concentrate	1 or 1b*	SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution	1 or 1b*	SP
MYELOPROTECTIVE AGENTS**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
NITROGEN MUSTARDS**		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	SP
cyclophosphamide oral capsule	1 or 1b*	SP
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET	2	
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
NITROSOUREAS**		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
carmustine intravenous solution reconstituted	1 or 1b*	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ONCOLYTIC VIRAL AGENTS - HSV1**		
IMLYGIC INTRALESIONAL SUSPENSION	3	LD
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS**		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
COPIKTRA ORAL CAPSULE	3	PA; QL; LD
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL; SP
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL; SP
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; QL; LD; SP
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL TABLET	3	PA; QL; LD; SP
RUBRACA ORAL TABLET	3	PA; QL; LD; SP
TALZENNA ORAL CAPSULE	3	PA; QL; LD; SP
ZEJULA ORAL CAPSULE	3	PA; QL; LD
PROGESTINS-ANTINEOPLASTIC**		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA; QL; LD
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
RETINOIDS**		
tretinoin oral capsule	1 or 1b*	
SELECTIVE RETINOID X RECEPTOR AGONISTS**		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
TARGRETIN ORAL CAPSULE	3	PA; QL; SP
TETRAHYDROISOQUINOLINES**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
TOPOISOMERASE I INHIBITORS**		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; QL; SP
irinotecan hcl intravenous solution	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE	3	LD
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
URINARY TRACT PROTECTIVE AGENTS**		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
mesna intravenous solution	1 or 1b*	PA; QL
MESNEX INTRAVENOUS SOLUTION	3	PA; QL
MESNEX ORAL TABLET	2	PA; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS**		
AVASTIN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MVASI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ZIRABEV INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST**		
NOURIANZ ORAL TABLET	3	PA; QL; LD; SP
ANTIPARKINSON ANTICHOLINERGICS**		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
COGENTIN INJECTION SOLUTION	3	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
ANTIPARKINSON DOPAMINERGICS**		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral syrup	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL; LD
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO; QL; LD
INBRIJA INHALATION CAPSULE	3	PA; QL; LD
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; QL; LD
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO; QL; LD
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; QL; LD
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**		
AZILECT ORAL TABLET	3	
rasagiline mesylate oral tablet	1 or 1b*	
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
CENTRAL/PERIPHERAL COMT INHIBITORS**		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
DECARBOXYLASE INHIBITORS**		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LEVODOPA COMBINATIONS**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
DUOPA ENTERAL SUSPENSION	3	PA; QL; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; LD; SP
KYNMOBI SUBLINGUAL FILM	3	PA; QL; LD
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	
pramipexole dihydrochloride oral tablet	1 or 1b*	
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
PERIPHERAL COMT INHIBITORS**		
COMTAN ORAL TABLET	3	
entacapone oral tablet	1 or 1b*	
ONGENTYS ORAL CAPSULE	3	PA; QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS**		
lithium carbonate er oral tablet extended release	1 or 1a*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
LITHIUM ORAL SOLUTION	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
ANTIPSYCHOTICS - MISC.**		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE 20 MG, 40 MG	3	ST; DO; QL
GEODON ORAL CAPSULE 60 MG, 80 MG	3	ST; QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
NUPLAZID ORAL CAPSULE	3	PA; QL; LD; SP
NUPLAZID ORAL TABLET 10 MG	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO; QL
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	
BENZISOXAZOLES**		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO; QL
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG	3	ST; DO; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	3	ST; QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	
RISPERDAL ORAL SOLUTION	3	ST; QL

Drug Name	Tier	Notes
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet dispersible	1 or 1b*	
BUTYROPHENONES**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
DIBENZODIAZEPINES**		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
CLOZARIL ORAL TABLET 100 MG, 200 MG	3	
CLOZARIL ORAL TABLET 25 MG, 50 MG	3	DO
VERSACLOZ ORAL SUSPENSION	3	
DIBENZO-OXEPINO PYRROLES**		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	ST; QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	ST; DO; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	3	ST; DO; QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
DIBENZOTHIAZEPINES**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg	1 or 1b*	
SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; DO; QL
SEROQUEL ORAL TABLET 200 MG, 300 MG, 400 MG	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; DO; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	3	ST; QL
DIBENZOXAZEPINES**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
loxapine succinate oral capsule	1 or 1b*	
DIHYDROINDOLONES**		
molindone hcl oral tablet	1 or 1b*	
PHENOTHIAZINES**		
chlorpromazine hcl injection solution	1 or 1b*	
chlorpromazine hcl oral tablet	1 or 1b*	
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
perphenazine oral tablet	1 or 1b*	
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet	1 or 1b*	
trifluoperazine hcl oral tablet	1 or 1b*	
QUINOLINONE DERIVATIVES**		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO; QL
ABILIFY MYCITE ORAL TABLET 20 MG, 30 MG	3	ST; QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO; QL
ABILIFY ORAL TABLET 20 MG, 30 MG	3	ST; QL
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	
aripiprazole oral tablet dispersible	1 or 1b*	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO; QL
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL
THIENBENZODIAZEPINES**		
olanzapine intramuscular solution reconstituted	1 or 1b*	
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	ST; DO; QL
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	3	ST; DO; QL
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG	3	ST; QL
THIOXANTHENES**		
thiothixene oral capsule	1 or 1b*	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS**		
FORMALDEHYDE EXTERNAL SOLUTION 37 %	3	
GLUTARALDEHYDE EXTERNAL SOLUTION	2	

Drug Name	Tier	Notes
CHLORINE ANTISEPTICS**		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %	3	
IODINE ANTISEPTICS**		
IODINE TINCTURE EXTERNAL TINCTURE 2 %	3	
IODOFLEX EXTERNAL PAD	3	
IODOSORB EXTERNAL GEL	3	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS**		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	QL
ATRIPLA ORAL TABLET	3	ST; QL
BIKTARVY ORAL TABLET	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	LD
CIMDUO ORAL TABLET	3	QL
COMBIVIR ORAL TABLET	3	QL
COMPLERA ORAL TABLET	3	PA; QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	3	QL; ST; $0
DOVATO ORAL TABLET	2	
efavirenz-emtricitab-tenofovir oral tablet	1 or 1b*	ST; QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	QL; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
EPZICOM ORAL TABLET	3	QL
EVOTAZ ORAL TABLET	3	QL
GENVOYA ORAL TABLET	2	QL
JULUCA ORAL TABLET	3	PA; QL
KALETRA ORAL SOLUTION	3	QL
KALETRA ORAL TABLET	2	QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
ODEFSEY ORAL TABLET	3	PA; QL
PREZCOBIX ORAL TABLET	3	QL
STRIBILD ORAL TABLET	2	QL
SYMFI LO ORAL TABLET	3	ST; QL
SYMFI ORAL TABLET	3	ST; QL
SYMTUZA ORAL TABLET	3	QL
TEMIXYS ORAL TABLET	3	QL
TRIUMEQ ORAL TABLET	2	QL
TRIZIVIR ORAL TABLET	3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	ST; QL
TRUVADA ORAL TABLET 200-300 MG	3	ST; QL
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)**		
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET	2	QL

Drug Name	Tier	Notes
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR**		
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL; LD
ANTIRETROVIRALS - FUSION INHIBITORS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL; LD
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
ANTIRETROVIRALS - INTEGRASE INHIBITORS**		
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
TIVICAY ORAL TABLET	3	QL
TIVICAY PD ORAL TABLET SOLUBLE	3	QL
ANTIRETROVIRALS - PROTEASE INHIBITORS**		
APTIVUS ORAL CAPSULE	2	PA; QL
APTIVUS ORAL SOLUTION	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
INVIRASE ORAL TABLET	2	QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LEXIVA ORAL SUSPENSION	2	QL
LEXIVA ORAL TABLET	3	QL
NORVIR ORAL PACKET	3	QL
NORVIR ORAL SOLUTION	2	QL
NORVIR ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	QL
REYATAZ ORAL PACKET	2	QL
ritonavir oral tablet	1 or 1b*	QL
VIRACEPT ORAL TABLET	2	QL
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES**		
EDURANT ORAL TABLET	2	PA; QL
efavirenz oral capsule	1 or 1b*	QL
efavirenz oral tablet	1 or 1b*	QL
INTELENCE ORAL TABLET	2	PA; QL
nevirapine er oral tablet extended release 24 hour 100 mg	1 or 1b*	
nevirapine er oral tablet extended release 24 hour 400 mg	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
PIFELTRO ORAL TABLET	3	QL
SUSTIVA ORAL CAPSULE	3	QL
SUSTIVA ORAL TABLET	3	QL
VIRAMUNE ORAL SUSPENSION	3	QL
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL

Drug Name	Tier	Notes
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES**		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
ZIAGEN ORAL SOLUTION	3	QL
ZIAGEN ORAL TABLET	3	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES**		
emtricitabine oral capsule	1 or 1b*	$0
EMTRIVA ORAL CAPSULE	3	QL
EMTRIVA ORAL SOLUTION	2	QL
EPIVIR ORAL SOLUTION	3	QL
EPIVIR ORAL TABLET	3	QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES**		
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	QL
RETROVIR ORAL SYRUP	3	QL
stavudine oral capsule	1 or 1b*	QL
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES**		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	$0
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANTIRETROVIRALS ADJUVANTS**		
TYBOST ORAL TABLET	3	QL
CMV AGENTS**		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	SP
PREVYMIS INTRAVENOUS SOLUTION	3	PA; QL; SP
PREVYMIS ORAL TABLET	3	PA; QL; SP
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
HEPATITIS B AGENTS**		
adefovir dipivoxil oral tablet	1 or 1b*	SP
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	3	
entecavir oral tablet	1 or 1b*	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	3	
HEPSERA ORAL TABLET	3	SP

Drug Name	Tier	Notes
lamivudine oral tablet 100 mg	1 or 1b*	
VEMLIDY ORAL TABLET	3	SP
HEPATITIS C AGENT - COMBINATIONS**		
EPCLUSA ORAL TABLET	3	PA; QL; SP
HARVONI ORAL PACKET	3	PA; QL
HARVONI ORAL TABLET 45-200 MG	3	PA; QL
HARVONI ORAL TABLET 90-400 MG	3	PA; QL; SP
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; QL; SP
MAVYRET ORAL TABLET	3	PA; QL; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET	3	PA; QL; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA; QL; SP
VOSEVI ORAL TABLET	3	PA; QL; SP
ZEPATIER ORAL TABLET	3	PA; QL; SP
HEPATITIS C AGENTS**		
PEGASYS SUBCUTANEOUS SOLUTION	3	LD; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	3	SP
ribavirin oral capsule	1 or 1b*	SP
ribavirin oral tablet 200 mg	1 or 1b*	SP
SOVALDI ORAL PACKET	3	PA; QL
SOVALDI ORAL TABLET 200 MG	3	PA; QL
SOVALDI ORAL TABLET 400 MG	3	PA; QL; SP
HERPES AGENTS - PURINE ANALOGUES**		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET	3	PA; QL
valacyclovir hcl oral tablet	1 or 1b*	
VALTREX ORAL TABLET	3	
ZOVIRAX ORAL SUSPENSION	3	
HERPES AGENTS - THYMIDINE ANALOGUES**		
famciclovir oral tablet	1 or 1b*	
INFLUENZA AGENTS**		
rimantadine hcl oral tablet	1 or 1b*	
NEURAMINIDASE INHIBITORS**		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
RAPIVAB INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
PA ENDONUCLEASE INHIBITORS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
RSV AGENTS - NUCLEOSIDE ANALOGUES**		
ribavirin inhalation solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS**		
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate er oral capsule extended release 24 hour	1 or 1b*	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
COREG ORAL TABLET	3	
labetalol hcl oral tablet	1 or 1b*	
BETA BLOCKERS CARDIO-SELECTIVE**		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	2	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
LOPRESSOR ORAL TABLET	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
TENORMIN ORAL TABLET	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
BETA BLOCKERS NON-SELECTIVE**		
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
CORGARD ORAL TABLET	3	
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1 or 1b*	
pindolol oral tablet	1 or 1b*	
propranolol hcl er oral capsule extended release 24 hour	1 or 1b*	
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	
propranolol hcl oral tablet	1 or 1b*	
sorine oral tablet	1 or 1b*	
sotalol hcl (af) oral tablet	1 or 1b*	
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet	1 or 1b*	
SOTYLIZE ORAL SOLUTION	3	
timolol maleate oral tablet	1 or 1b*	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS**		
CONSENSI ORAL TABLET	3	ST; QL
CALCIUM CHANNEL BLOCKERS**		
amlodipine besylate oral tablet 10 mg	1 or 1b*	
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG	3	
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	3	
CONJUPRI ORAL TABLET 2.5 MG	3	ST; DO; QL
CONJUPRI ORAL TABLET 5 MG	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg	1 or 1b*	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
diltiazem hcl er oral capsule extended release 12 hour	1 or 1b*	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule	1 or 1b*	
KATERZIA ORAL SUSPENSION	3	
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	DO
matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	
nifedipine er oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	
nifedipine oral capsule	1 or 1b*	
nimodipine oral capsule	1 or 1b*	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
NORVASC ORAL TABLET 10 MG	3	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg	1 or 1b*	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 420 MG	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1 or 1b*	
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet	1 or 1b*	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG	3	
CARDIOTONICS		
CARDIAC GLYCOSIDES**		
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	
digoxin oral tablet	1 or 1b*	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	2	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
PHOSPHODIESTERASE INHIBITORS**		
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC.		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
ENTRESTO ORAL TABLET	3	PA; QL
NITRATE & VASODILATOR COMBINATIONS**		
BIDIL ORAL TABLET	2	
PERIPHERAL VASODILATORS**		
papaverine hcl injection solution	1 or 1b*	
PROSTAGLANDIN - IMPOTENCE AGENTS**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	3	PA; QL
EDEX INTRACAVERNOSAL KIT	3	PA; QL
MUSE URETHRAL PELLET	3	PA; QL
PROSTAGLANDIN VASODILATORS**		
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; QL; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; QL; LD; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; QL; LD; SP
treprostinil injection solution	1 or 1b*	PA; QL; LD; SP
TYVASO INHALATION SOLUTION	3	PA; QL; LD; SP
TYVASO REFILL INHALATION SOLUTION	3	PA; QL; LD; SP
TYVASO STARTER INHALATION SOLUTION	3	PA; QL; LD; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
VENTAVIS INHALATION SOLUTION	3	PA; QL; LD; SP
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
ADEMPAS ORAL TABLET	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**		
ambrisentan oral tablet	1 or 1b*	PA; QL; LD; SP
bosentan oral tablet	1 or 1b*	PA; QL; LD; SP
LETAIRIS ORAL TABLET	3	PA; QL; LD; SP
OPSUMIT ORAL TABLET	3	PA; QL; LD; SP
TRACLEER ORAL TABLET	3	PA; QL; LD; SP
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL; LD; SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**		
ADCIRCA ORAL TABLET	3	PA; QL; SP
alyq oral tablet	1 or 1b*	PA; QL; SP
REVATIO INTRAVENOUS SOLUTION	3	PA; QL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA; QL; SP
REVATIO ORAL TABLET	3	PA; QL; SP
sildenafil citrate intravenous solution	1 or 1b*	PA; QL; SP
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; QL; SP
tadalafil (pah) oral tablet	1 or 1b*	PA; QL; SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**		
UPTRAVI ORAL TABLET	3	PA; QL; LD; SP
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP

Drug Name	Tier	Notes
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS**		
CIALIS ORAL TABLET	3	PA; QL
LEVITRA ORAL TABLET 10 MG, 20 MG	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA; QL
STAXYN ORAL TABLET DISPERSIBLE	3	PA; QL
STENDRA ORAL TABLET	3	PA; QL
tadalafil oral tablet	1 or 1b*	PA; QL
vardenafil hcl oral tablet	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA; QL
VIAGRA ORAL TABLET	3	PA; QL
SEPTAL AGENTS - ABLATION*		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
SINUS NODE INHIBITORS*		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	2	PA; QL
TRANSTHYRETIN STABILIZERS**		
VYNDAMAX ORAL CAPSULE	3	PA; QL; LD; SP
VYNDAQEL ORAL CAPSULE	3	PA; QL; LD; SP
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
VERQUVO ORAL TABLET	3	PA; QL
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - 1ST GENERATION**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML	3	
cefazolin sodium intravenous solution reconstituted	1 or 1b*	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
KEFLEX ORAL CAPSULE 750 MG	3	

Drug Name	Tier	Notes
CEPHALOSPORINS - 2ND GENERATION**		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)	3	
cefoxitin sodium injection solution reconstituted	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*	
CEPHALOSPORINS - 3RD GENERATION**		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	1 or 1b*	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	3	
FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG	3	
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
SUPRAX ORAL TABLET CHEWABLE	3	
tazicef injection solution reconstituted	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1 or 1b*	
CEPHALOSPORINS - 4TH GENERATION**		
cefepime hcl injection solution reconstituted	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
CEPHALOSPORINS - 5TH GENERATION**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - SIDEROPHORES**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL**		
azurette oral tablet	1 or 1b*	$0
bekyree oral tablet	1 or 1b*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	$0
kariva oral tablet	1 or 1b*	$0
LO LOESTRIN FE ORAL TABLET	2	
MIRCETTE ORAL TABLET	3	
pimtrea oral tablet	1 or 1b*	$0
simliya oral tablet	1 or 1b*	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
viorele oral tablet	1 or 1b*	$0
volnea oral tablet	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - ORAL**		
afirmelle oral tablet	1 or 1a*	$0
altavera oral tablet	1 or 1a*	$0
alyacen 1/35 oral tablet	1 or 1a*	$0
apri oral tablet	1 or 1a*	$0
aubra eq oral tablet	1 or 1a*	$0
aubra oral tablet	1 or 1a*	$0
aurovela 1.5/30 oral tablet	1 or 1a*	$0
aurovela 1/20 oral tablet	1 or 1a*	$0
aurovela 24 fe oral tablet	1 or 1a*	$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	$0
aurovela fe 1/20 oral tablet	1 or 1a*	$0
aviane oral tablet	1 or 1a*	$0
ayuna oral tablet	1 or 1a*	$0
BALCOLTRA ORAL TABLET	3	
balziva oral tablet	1 or 1a*	$0
BEYAZ ORAL TABLET	3	
blisovi 24 fe oral tablet	1 or 1a*	$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	$0
blisovi fe 1/20 oral tablet	1 or 1a*	$0
briellyn oral tablet	1 or 1a*	$0
charlotte 24 fe oral tablet chewable	1 or 1a*	$0
chateal eq oral tablet	1 or 1a*	$0
chateal oral tablet	1 or 1a*	$0
cryselle-28 oral tablet	1 or 1a*	$0
cyclafem 1/35 oral tablet	1 or 1a*	$0
cyred eq oral tablet	1 or 1a*	$0
cyred oral tablet	1 or 1a*	$0
dasetta 1/35 oral tablet	1 or 1a*	$0
delyla oral tablet	1 or 1a*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1 or 1a*	$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	$0
elinest oral tablet	1 or 1a*	$0
emoquette oral tablet	1 or 1a*	$0

Drug Name	Tier	Notes
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	$0
estarylla oral tablet	1 or 1a*	$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	$0
FALESSA ORAL KIT 20-1-0.1 MCG-MG	3	
falmina oral tablet	1 or 1a*	$0
femynor oral tablet	1 or 1a*	$0
gemmily oral capsule	1 or 1b*	$0
GENERESS FE ORAL TABLET CHEWABLE	3	
hailey 1.5/30 oral tablet	1 or 1a*	$0
hailey 24 fe oral tablet	1 or 1a*	$0
hailey fe 1.5/30 oral tablet	1 or 1a*	$0
hailey fe 1/20 oral tablet	1 or 1a*	$0
isibloom oral tablet	1 or 1a*	$0
jasmiel oral tablet	1 or 1b*	$0
juleber oral tablet	1 or 1a*	$0
junel 1.5/30 oral tablet	1 or 1a*	$0
junel 1/20 oral tablet	1 or 1a*	$0
junel fe 1.5/30 oral tablet	1 or 1a*	$0
junel fe 1/20 oral tablet	1 or 1a*	$0
junel fe 24 oral tablet	1 or 1a*	$0
kaitlib fe oral tablet chewable	1 or 1b*	$0
kalliga oral tablet	1 or 1a*	$0
kelnor 1/35 oral tablet	1 or 1a*	$0
kelnor 1/50 oral tablet	1 or 1a*	$0
kurvelo oral tablet	1 or 1a*	$0
larin 1.5/30 oral tablet	1 or 1a*	$0
larin 1/20 oral tablet	1 or 1a*	$0
larin 24 fe oral tablet	1 or 1a*	$0
larin fe 1.5/30 oral tablet	1 or 1a*	$0
larin fe 1/20 oral tablet	1 or 1a*	$0
larissia oral tablet	1 or 1a*	$0
layolis fe oral tablet chewable	1 or 1b*	$0
lessina oral tablet	1 or 1a*	$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	$0
levora 0.15/30 (28) oral tablet	1 or 1a*	$0
lillow oral tablet	1 or 1a*	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
loestrin 1.5/30 (21) oral tablet	1 or 1a*	$0
loestrin 1/20 (21) oral tablet	1 or 1a*	$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	$0
loestrin fe 1/20 oral tablet	1 or 1a*	$0
loryna oral tablet	1 or 1b*	$0
low-ogestrel oral tablet	1 or 1a*	$0
lo-zumandimine oral tablet	1 or 1b*	$0
lutera oral tablet	1 or 1a*	$0
marlissa oral tablet	1 or 1a*	$0
melodetta 24 fe oral tablet chewable	1 or 1a*	$0
merzee oral capsule	1 or 1b*	$0
mibelas 24 fe oral tablet chewable	1 or 1a*	$0
microgestin 1.5/30 oral tablet	1 or 1a*	$0
microgestin 1/20 oral tablet	1 or 1a*	$0
microgestin 24 fe oral tablet	1 or 1a*	$0
microgestin fe 1.5/30 oral tablet	1 or 1a*	$0
microgestin fe 1/20 oral tablet	1 or 1a*	$0
mili oral tablet	1 or 1a*	$0
MINASTRIN 24 FE ORAL TABLET CHEWABLE	3	
mono-linyah oral tablet	1 or 1a*	$0
necon 0.5/35 (28) oral tablet	1 or 1a*	$0
nikki oral tablet	1 or 1b*	$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	$0
norethindrone acet-ethinyl est oral tablet	1 or 1a*	$0
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*	$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	$0
nortrel 1/35 (21) oral tablet	1 or 1a*	$0
nortrel 1/35 (28) oral tablet	1 or 1a*	$0
nymyo oral tablet	1 or 1a*	$0
ocella oral tablet	1 or 1b*	$0

Drug Name	Tier	Notes
orsythia oral tablet	1 or 1a*	$0
philith oral tablet	1 or 1a*	$0
pirmella 1/35 oral tablet	1 or 1a*	$0
portia-28 oral tablet	1 or 1a*	$0
previfem oral tablet	1 or 1a*	$0
reclipsen oral tablet	1 or 1a*	$0
SAFYRAL ORAL TABLET	3	
sprintec 28 oral tablet	1 or 1a*	$0
sronyx oral tablet	1 or 1a*	$0
syeda oral tablet	1 or 1b*	$0
tarina 24 fe oral tablet	1 or 1a*	$0
tarina fe 1/20 eq oral tablet	1 or 1a*	$0
tarina fe 1/20 oral tablet	1 or 1a*	$0
TAYTULLA ORAL CAPSULE	3	
TYBLUME ORAL TABLET	3	
tydemy oral tablet	1 or 1b*	$0
vienva oral tablet	1 or 1a*	$0
vyfemla oral tablet	1 or 1a*	$0
vylibra oral tablet	1 or 1a*	$0
wera oral tablet	1 or 1a*	$0
wymzya fe oral tablet chewable	1 or 1b*	$0
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
zarah oral tablet	1 or 1b*	$0
zovia 1/35 (28) oral tablet	1 or 1a*	$0
zovia 1/35e (28) oral tablet	1 or 1a*	$0
zumandimine oral tablet	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL**		
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
xulane transdermal patch weekly	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - VAGINAL**		
ANNOVERA VAGINAL RING	3	
eluryng vaginal ring	1 or 1b*	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	$0
NUVARING VAGINAL RING	3	
CONTINUOUS CONTRACEPTIVES - ORAL**		
amethyst oral tablet	1 or 1b*	$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	$0
COPPER CONTRACEPTIVES - IUD**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
EMERGENCY CONTRACEPTIVES**		
aftera oral tablet	1 or 1b*	OTC; $0
econtra ez oral tablet	1 or 1b*	OTC; $0
econtra one-step oral tablet	1 or 1b*	OTC; $0
ELLA ORAL TABLET	3	$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	OTC; $0
my choice oral tablet	1 or 1b*	OTC; $0
my way oral tablet	1 or 1b*	OTC; $0
new day oral tablet	1 or 1b*	OTC; $0
opcicon one-step oral tablet	1 or 1b*	OTC; $0
option 2 oral tablet	1 or 1b*	OTC; $0
preventeza oral tablet	1 or 1b*	OTC; $0
react oral tablet	1 or 1b*	OTC; $0
take action oral tablet	1 or 1b*	OTC; $0
EXTENDED-CYCLE CONTRACEPTIVES - ORAL**		
amethia lo oral tablet	1 or 1b*	$0
amethia oral tablet	1 or 1b*	$0
ashlyna oral tablet	1 or 1b*	$0
camrese lo oral tablet	1 or 1b*	$0
camrese oral tablet	1 or 1b*	$0
daysee oral tablet	1 or 1b*	$0
fayosim oral tablet	1 or 1b*	$0
iclevia oral tablet	1 or 1b*	$0
introvale oral tablet	1 or 1b*	$0
jaimiess oral tablet	1 or 1b*	$0
jolessa oral tablet	1 or 1b*	$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	$0
lojaimiess oral tablet	1 or 1b*	$0
LOSEASONIQUE ORAL TABLET	3	
QUARTETTE ORAL TABLET	3	
rivelsa oral tablet	1 or 1b*	$0
SEASONIQUE ORAL TABLET	3	
setlakin oral tablet	1 or 1b*	$0
simpesse oral tablet	1 or 1b*	$0
FOUR PHASE CONTRACEPTIVES - ORAL**		
NATAZIA ORAL TABLET	3	
PROGESTIN CONTRACEPTIVES - IMPLANTS**		
NEXPLANON SUBCUTANEOUS IMPLANT	3	LD; SP
PROGESTIN CONTRACEPTIVES - INJECTABLE**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PROGESTIN CONTRACEPTIVES - IUD**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
PROGESTIN CONTRACEPTIVES - ORAL**		
camila oral tablet	1 or 1b*	$0
deblitane oral tablet	1 or 1b*	$0
errin oral tablet	1 or 1b*	$0
heather oral tablet	1 or 1b*	$0
incassia oral tablet	1 or 1b*	$0
jencycla oral tablet	1 or 1b*	$0
lyleq oral tablet	1 or 1b*	$0
lyza oral tablet	1 or 1b*	$0
nora-be oral tablet	1 or 1b*	$0
norethindrone oral tablet	1 or 1b*	$0
norlyda oral tablet	1 or 1b*	$0
norlyroc oral tablet	1 or 1b*	$0
ORTHO MICRONOR ORAL TABLET	3	
sharobel oral tablet	1 or 1b*	$0
SLYND ORAL TABLET	3	
tulana oral tablet	1 or 1b*	$0
TRIPHASIC CONTRACEPTIVES - ORAL**		
alyacen 7/7/7 oral tablet	1 or 1a*	$0
aranelle oral tablet	1 or 1a*	$0
caziant oral tablet	1 or 1a*	$0
cyclafem 7/7/7 oral tablet	1 or 1a*	$0
dasetta 7/7/7 oral tablet	1 or 1a*	$0
enpresse-28 oral tablet	1 or 1a*	$0

Drug Name	Tier	Notes
ESTROSTEP FE ORAL TABLET	3	
leena oral tablet	1 or 1a*	$0
levonest oral tablet	1 or 1a*	$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	$0
nortrel 7/7/7 oral tablet	1 or 1a*	$0
nylia 7/7/7 oral tablet	1 or 1a*	$0
ORTHO TRI-CYCLEN LO ORAL TABLET	3	
pirmella 7/7/7 oral tablet	1 or 1a*	$0
tilia fe oral tablet	1 or 1b*	$0
tri femynor oral tablet	1 or 1b*	$0
tri-estarylla oral tablet	1 or 1b*	$0
tri-legest fe oral tablet	1 or 1b*	$0
tri-linyah oral tablet	1 or 1b*	$0
tri-lo-estarylla oral tablet	1 or 1b*	$0
tri-lo-marzia oral tablet	1 or 1b*	$0
tri-lo-mili oral tablet	1 or 1b*	$0
tri-lo-sprintec oral tablet	1 or 1b*	$0
tri-mili oral tablet	1 or 1b*	$0
tri-nymyo oral tablet	1 or 1b*	$0
tri-previfem oral tablet	1 or 1b*	$0
tri-sprintec oral tablet	1 or 1b*	$0
trivora (28) oral tablet	1 or 1a*	$0
tri-vylibra lo oral tablet	1 or 1b*	$0
tri-vylibra oral tablet	1 or 1b*	$0
velivet oral tablet	1 or 1a*	$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS**		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA; QL; LD
budesonide er oral tablet extended release 24 hour	1 or 1b*	
budesonide oral capsule delayed release particles	1 or 1b*	
CORTEF ORAL TABLET	3	
decadron oral tablet	1 or 1a*	
DEPO-MEDROL INJECTION SUSPENSION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML	3	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
EMFLAZA ORAL SUSPENSION	3	PA; QL; LD
EMFLAZA ORAL TABLET	3	PA; QL; LD
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
HEMADY ORAL TABLET	3	
hydrocortisone oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	

Drug Name	Tier	Notes
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	DO
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
PEDIAPRED ORAL SOLUTION	3	
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE	3	ST; QL
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack 1.5 mg (27)	1 or 1b*	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	PA; QL; LD
MINERALOCORTICOIDS**		
fludrocortisone acetate oral tablet	1 or 1b*	
STEROID COMBINATIONS**		
BSP 0820 INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC**		
benzonatate oral capsule	1 or 1b*	
TESSALON PERLES ORAL CAPSULE	3	
ANTITUSSIVE - OPIOID**		
HYCODAN ORAL SYRUP	3	
hydrocodone-homatropine oral syrup	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
ANTITUSSIVE-EXPECTORANT**		
CODITUSSIN AC ORAL LIQUID	3	OTC
g tussin ac oral solution	1 or 1a*	OTC
guaiatussin ac oral syrup	1 or 1a*	OTC
guaifenesin ac oral syrup	1 or 1a*	OTC
guaifenesin-codeine oral solution	1 or 1a*	OTC
MAR-COF CG EXPECTORANT ORAL LIQUID	2	OTC
maxi-tuss ac oral solution	1 or 1a*	OTC
M-CLEAR WC ORAL SOLUTION	2	OTC
NINJACOF-XG ORAL LIQUID	3	OTC
trymine cg oral liquid	1 or 1a*	OTC
virtussin a/c oral solution	1 or 1a*	OTC
virtussin ac w/alc oral liquid	1 or 1a*	OTC
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT**		
CODITUSSIN DAC ORAL LIQUID	3	OTC
TUSNEL C ORAL SYRUP	2	OTC
VIRTUSSIN DAC ORAL SOLUTION	2	OTC
DECONGESTANT & ANTIHISTAMINE**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	
DECONGESTANT W/ EXPECTORANT**		
GILPHEX TR ORAL TABLET	3	
IODINE EXPECTORANTS**		
SSKI ORAL SOLUTION	3	
MISC. RESPIRATORY INHALANTS**		
HYPERSAL INHALATION NEBULIZATION SOLUTION	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
MUCOLYTICS**		
acetylcysteine inhalation solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
NON-NARC ANTITUSSIVE-ANTIHISTAMINE**		
promethazine-dm oral syrup	1 or 1a*	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
OPIOID ANTITUSSIVE-ANTIHISTAMINE**		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	
promethazine-codeine oral solution	1 or 1a*	
promethazine-codeine oral syrup	1 or 1a*	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
CAPCOF ORAL SYRUP	3	OTC
HISTEX-AC ORAL SYRUP	3	OTC
MAR-COF BP ORAL LIQUID	3	OTC
MAXI-TUSS CD ORAL LIQUID	2	OTC
M-END PE ORAL LIQUID	3	OTC
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	OTC
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	OTC
RYDEX ORAL LIQUID	2	OTC

Drug Name	Tier	Notes
DERMATOLOGICALS		
ACNE ANTIBIOTICS**		
ACZONE EXTERNAL GEL	3	ST; QL
AMZEEQ EXTERNAL FOAM	3	PA; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	
clindacin-p external swab	1 or 1b*	
CLINDAGEL EXTERNAL GEL	3	ST; QL
clindamycin phosphate external foam	1 or 1b*	
clindamycin phosphate external gel	1 or 1b*	ST; QL
clindamycin phosphate external lotion	1 or 1b*	
clindamycin phosphate external solution	1 or 1b*	
clindamycin phosphate external swab	1 or 1b*	
dapsone external gel	1 or 1b*	ST; QL
ery external pad	1 or 1b*	
ERYGEL EXTERNAL GEL	3	
erythromycin external gel	1 or 1b*	
erythromycin external solution	1 or 1b*	
EVOCLIN EXTERNAL FOAM	3	ST; QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ACNE COMBINATIONS**		
ACANYA EXTERNAL GEL	3	ST; QL
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
BENZACLIN EXTERNAL GEL	3	ST; QL
BENZACLIN WITH PUMP EXTERNAL GEL	3	ST; QL
BENZAMYCIN EXTERNAL GEL	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
benzoyl peroxide-erythromycin external gel	1 or 1b*	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	
clindamycin-tretinoin external gel	1 or 1b*	
EPIDUO EXTERNAL GEL	3	PA; QL
EPIDUO FORTE EXTERNAL GEL	3	PA; QL
neuac external gel	1 or 1b*	
ONEXTON EXTERNAL GEL	2	
sulfacetamide sod-sulfur wash external liquid	1 or 1b*	PA; QL
TAROXIA EXTERNAL GEL	3	
VELTIN EXTERNAL GEL	3	ST; QL
ZIANA EXTERNAL GEL	3	ST; QL
ACNE PRODUCTS**		
ABSORICA LD ORAL CAPSULE	3	ST; QL
ABSORICA ORAL CAPSULE	3	ST; QL
accutane oral capsule 20 mg, 30 mg, 40 mg	2	ST; QL
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
ADAPALENE EXTERNAL SOLUTION	3	PA; QL
AKLIEF EXTERNAL CREAM	3	ST; QL
ALTRENO EXTERNAL LOTION	3	PA; QL
amnesteem oral capsule	2	PA; QL
ARAZLO EXTERNAL LOTION	3	ST; QL
ATRALIN EXTERNAL GEL	3	PA; QL
avita external cream	1 or 1b*	PA; QL
avita external gel	1 or 1b*	PA; QL
AZELEX EXTERNAL CREAM	3	PA; QL
bp wash external liquid 2.5 %, 7 %	1 or 1b*	

Drug Name	Tier	Notes
claravis oral capsule	2	PA; QL
DIFFERIN EXTERNAL CREAM	3	PA; QL
DIFFERIN EXTERNAL GEL	3	PA; QL
DIFFERIN EXTERNAL LOTION	3	PA; QL
FABIOR EXTERNAL FOAM	3	ST; QL
isotretinoin oral capsule	2	PA; QL
myorisan oral capsule	2	PA; QL
RETIN-A EXTERNAL CREAM	3	PA; QL
RETIN-A EXTERNAL GEL	3	PA; QL
RETIN-A MICRO EXTERNAL GEL	3	PA; QL
RETIN-A MICRO PUMP EXTERNAL GEL	3	PA; QL
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
WINLEVI EXTERNAL CREAM	3	ST; QL
zenatane oral capsule	2	PA; QL
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**		
VEREGEN EXTERNAL OINTMENT	3	
AGENTS FOR FACIAL WRINKLES - RETINOIDS**		
refissa external cream	1 or 1b*	PA; QL
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
tretinoin (emollient) external cream	1 or 1b*	PA; QL
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL**		
CORTISPORIN EXTERNAL CREAM	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
CORTISPORIN EXTERNAL OINTMENT	3	
NEO-SYNALAR EXTERNAL CREAM	3	
ANTIBIOTICS - TOPICAL**		
ALTABAX EXTERNAL OINTMENT	2	
CENTANY EXTERNAL OINTMENT	3	
gentamicin sulfate external cream	1 or 1b*	
gentamicin sulfate external ointment	1 or 1b*	
mupirocin calcium external cream	1 or 1b*	
mupirocin external ointment	1 or 1b*	
XEPI EXTERNAL CREAM	3	
ANTIFUNGALS - TOPICAL COMBINATIONS**		
clotrimazole-betamethasone external cream	1 or 1b*	
clotrimazole-betamethasone external lotion	1 or 1b*	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	
nystatin-triamcinolone external cream	1 or 1b*	
nystatin-triamcinolone external ointment	1 or 1b*	
VUSION EXTERNAL OINTMENT	3	
ANTIFUNGALS - TOPICAL**		
ciclopirox external gel	1 or 1b*	
ciclopirox external shampoo	1 or 1b*	
ciclopirox external solution	1 or 1b*	
ciclopirox olamine external cream	1 or 1b*	
ciclopirox olamine external suspension	1 or 1b*	
LOPROX EXTERNAL CREAM	3	ST; QL
LOPROX EXTERNAL SHAMPOO	3	
LOPROX EXTERNAL SUSPENSION	3	ST; QL

Drug Name	Tier	Notes
MENTAX EXTERNAL CREAM	3	ST; QL
naftifine hcl external cream 1 %	1 or 1b*	ST; QL
naftifine hcl external cream 2 %	1 or 1b*	
naftifine hcl external gel	1 or 1b*	ST; QL
NAFTIN EXTERNAL GEL	3	ST; QL
nyamyc external powder	1 or 1b*	
nystatin external cream	1 or 1b*	
nystatin external ointment	1 or 1b*	
nystatin external powder	1 or 1b*	
nystop external powder	1 or 1b*	
ANTI-INFLAMMATORY AGENTS - TOPICAL**		
diclofenac epolamine external patch	3	ST; QL
diclofenac sodium external gel 1 %	1 or 1b*	
diclofenac sodium external solution	3	ST; QL
FLECTOR EXTERNAL PATCH	3	ST; QL
LICART EXTERNAL PATCH 24 HOUR	3	ST; QL
PENNSAID EXTERNAL SOLUTION	3	ST; QL
VOLTAREN EXTERNAL GEL	3	ST; QL
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL**		
VALCHLOR EXTERNAL GEL	3	PA; QL; LD
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL**		
CARAC EXTERNAL CREAM	3	ST; QL
EFUDEX EXTERNAL CREAM	3	ST; QL
FLUOROPLEX EXTERNAL CREAM	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
fluorouracil external solution	1 or 1b*	
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.**		
PICATO EXTERNAL GEL	3	ST; QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S**		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
ANTINEOPLASTIC RETINOIDS - TOPICAL**		
PANRETIN EXTERNAL GEL	3	SP
ANTIPRURITICS - TOPICAL**		
doxepin hcl external cream	1 or 1b*	PA; QL
PRUDOXIN EXTERNAL CREAM	3	PA; QL
ZONALON EXTERNAL CREAM	3	PA; QL
ANTIPSORIATICS - SYSTEMIC**		
acitretin oral capsule	1 or 1b*	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; QL; LD; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
methoxsalen rapid oral capsule	1 or 1b*	SP
OXSORALEN ULTRA ORAL CAPSULE	3	SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ANTIPSORIATICS**		
calcipotriene external cream	1 or 1b*	
CALCIPOTRIENE EXTERNAL FOAM	3	
calcipotriene external ointment	1 or 1b*	
calcipotriene external solution	1 or 1b*	
calcitrene external ointment	1 or 1b*	
calcitriol external ointment	1 or 1b*	
DOVONEX EXTERNAL CREAM	3	
SORILUX EXTERNAL FOAM	3	
tazarotene external cream	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL CREAM 0.1 %	3	ST; QL
TAZORAC EXTERNAL GEL	2	
VECTICAL EXTERNAL OINTMENT	3	
ANTISEBORRHEIC COMBINATIONS**		
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID	3	
ANTISEBORRHEIC PRODUCTS**		
selenium sulfide external lotion	1 or 1a*	
ANTIVIRAL TOPICAL COMBINATIONS**		
XERESE EXTERNAL CREAM	3	PA; QL
ANTIVIRALS - TOPICAL**		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	
DENAVIR EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES**		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
BURN PRODUCTS**		
mafenide acetate external packet	1 or 1b*	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
CORTICOSTEROIDS - TOPICAL**		
ALA SCALP EXTERNAL LOTION	3	ST; QL
ala-cort external cream	1 or 1a*	
alclometasone dipropionate external cream	1 or 1b*	
alclometasone dipropionate external ointment	1 or 1b*	
amcinonide external cream	3	ST; QL
amcinonide external lotion	3	ST; QL
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL
APEXICON E EXTERNAL CREAM	3	ST; QL
beser external lotion	1 or 1b*	
betamethasone dipropionate aug external cream	1 or 1b*	
betamethasone dipropionate aug external gel	1 or 1b*	
betamethasone dipropionate aug external lotion	1 or 1b*	
betamethasone dipropionate aug external ointment	1 or 1b*	
betamethasone dipropionate external cream	1 or 1b*	
betamethasone dipropionate external lotion	1 or 1b*	
betamethasone dipropionate external ointment	1 or 1b*	
betamethasone valerate external cream	1 or 1b*	
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	ST; QL
betamethasone valerate external ointment	1 or 1b*	
BRYHALI EXTERNAL LOTION	3	ST; QL
CAPEX EXTERNAL SHAMPOO	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
clobetasol prop emollient base external cream	1 or 1b*	
clobetasol propionate e external cream	1 or 1b*	
clobetasol propionate emulsion external foam	1 or 1b*	
clobetasol propionate external cream	1 or 1b*	
clobetasol propionate external foam	1 or 1b*	
clobetasol propionate external gel	1 or 1b*	
clobetasol propionate external liquid	1 or 1b*	
clobetasol propionate external lotion	1 or 1b*	
clobetasol propionate external ointment	1 or 1b*	
clobetasol propionate external shampoo	1 or 1b*	
clobetasol propionate external solution	1 or 1b*	
CLOBEX EXTERNAL LOTION	3	ST; QL
CLOBEX EXTERNAL SHAMPOO	3	ST; QL
CLOBEX SPRAY EXTERNAL LIQUID	3	ST; QL
clocortolone pivalate external cream	3	ST; QL
clodan external shampoo	1 or 1b*	
CLODERM EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL LOTION	3	ST; QL
CORDRAN EXTERNAL OINTMENT	3	ST; QL
CORDRAN EXTERNAL TAPE	3	ST; QL
CUTIVATE EXTERNAL LOTION	3	ST; QL
DERMA-SMOOTHE/FS BODY EXTERNAL OIL	3	ST; QL
DESONATE EXTERNAL GEL	3	ST; QL
desonide external cream	1 or 1b*	
desonide external gel	1 or 1b*	
desonide external lotion	1 or 1b*	
desonide external ointment	1 or 1b*	
DESOWEN EXTERNAL CREAM	3	ST; QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
DIPROLENE AF EXTERNAL CREAM	3	ST; QL
DIPROLENE EXTERNAL OINTMENT	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	ST; QL
fluocinolone acetonide external cream	1 or 1b*	
fluocinolone acetonide external ointment	1 or 1b*	
fluocinolone acetonide external solution	1 or 1b*	
fluocinolone acetonide scalp external oil	1 or 1b*	
fluocinonide emulsified base external cream	1 or 1b*	
fluocinonide external cream	1 or 1b*	
fluocinonide external gel	1 or 1b*	
fluocinonide external ointment	1 or 1b*	
fluocinonide external solution	1 or 1b*	
flurandrenolide external cream	3	ST; QL
flurandrenolide external lotion	3	ST; QL
flurandrenolide external ointment	3	ST; QL
fluticasone propionate external cream	1 or 1b*	
fluticasone propionate external lotion	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
fluticasone propionate external ointment	1 or 1b*	
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	1 or 1b*	
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL
halobetasol propionate external ointment	1 or 1b*	
HALOG EXTERNAL CREAM	3	ST; QL
HALOG EXTERNAL OINTMENT	3	ST; QL
HALOG EXTERNAL SOLUTION	3	
hydrocortisone butyr lipo base external cream	3	ST; QL
hydrocortisone butyrate external cream	3	ST; QL
hydrocortisone butyrate external lotion	3	ST; QL
hydrocortisone butyrate external ointment	3	ST; QL
hydrocortisone butyrate external solution	3	ST; QL
hydrocortisone external cream 1 %	1 or 1a*	QL
hydrocortisone external cream 2.5 %	1 or 1a*	
hydrocortisone external lotion 2.5 %	1 or 1a*	
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
IMPEKLO EXTERNAL LOTION	3	ST; QL
IMPOYZ EXTERNAL CREAM	3	ST; QL
KENALOG EXTERNAL AEROSOL SOLUTION	3	ST; QL
LEXETTE EXTERNAL FOAM	3	ST; QL
LOCOID EXTERNAL LOTION	3	ST; QL
LOCOID LIPOCREAM EXTERNAL CREAM	3	ST; QL
LUXIQ EXTERNAL FOAM	3	ST; QL
mometasone furoate external cream	1 or 1b*	
mometasone furoate external ointment	1 or 1b*	
mometasone furoate external solution	1 or 1b*	
nolix external lotion	3	ST; QL
OLUX EXTERNAL FOAM	3	ST; QL
OLUX-E EXTERNAL FOAM	3	ST; QL
PANDEL EXTERNAL CREAM	3	ST; QL
prednicarbate external cream	1 or 1b*	
prednicarbate external ointment	1 or 1b*	
PSORCON EXTERNAL CREAM	3	ST; QL
SERNIVO EXTERNAL EMULSION	3	ST; QL
SYNALAR EXTERNAL CREAM	3	ST; QL
SYNALAR EXTERNAL OINTMENT	3	ST; QL
SYNALAR EXTERNAL SOLUTION	3	ST; QL
TEMOVATE EXTERNAL CREAM	3	ST; QL
TEMOVATE EXTERNAL OINTMENT	3	ST; QL
TEXACORT EXTERNAL SOLUTION	3	ST; QL
TOPICORT EXTERNAL CREAM	3	ST; QL
TOPICORT EXTERNAL GEL	3	ST; QL
TOPICORT EXTERNAL OINTMENT	3	ST; QL
TOPICORT SPRAY EXTERNAL LIQUID	3	ST; QL
tovet external foam	1 or 1b*	
triamcinolone acetonide external aerosol solution	3	ST; QL
triamcinolone acetonide external cream	1 or 1a*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
triamcinolone acetonide external lotion	1 or 1a*	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triderm external cream	1 or 1a*	
TRIDESILON EXTERNAL CREAM	3	ST; QL
ULTRAVATE EXTERNAL LOTION	3	ST; QL
VANOS EXTERNAL CREAM	3	ST; QL
VERDESO EXTERNAL FOAM	3	ST; QL
DEPIGMENTING AGENTS**		
blanche external cream	1 or 1b*	
remergent hq external cream	1 or 1b*	
DEPIGMENTING COMBINATIONS**		
TRI-LUMA EXTERNAL CREAM	3	
EMOLLIENT COMBINATIONS**		
lactic acid e external cream	1 or 1b*	
EMOLLIENT/KERATOLYTIC AGENTS**		
CEROVEL EXTERNAL LOTION	3	
EMOLLIENTS**		
ammonium lactate external cream	1 or 1b*	
ammonium lactate external lotion	1 or 1b*	
lactic acid external lotion	1 or 1b*	
ENZYMES - TOPICAL**		
SANTYL EXTERNAL OINTMENT	3	
GLABELLAR LINES (FROWN LINES) AGENTS**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL

Drug Name	Tier	Notes
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL**		
clotrimazole external cream	1 or 1b*	
clotrimazole external solution	1 or 1b*	
econazole nitrate external cream	1 or 1b*	
ECOZA EXTERNAL FOAM	3	ST; QL
ERTACZO EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL SOLUTION	3	ST; QL
EXTINA EXTERNAL FOAM	3	
JUBLIA EXTERNAL SOLUTION	3	
ketoconazole external cream	1 or 1b*	
ketoconazole external foam	1 or 1b*	
ketoconazole external shampoo 2 %	1 or 1b*	
luliconazole external cream	1 or 1b*	ST; QL
LUZU EXTERNAL CREAM	3	ST; QL
oxiconazole nitrate external cream	1 or 1b*	
OXISTAT EXTERNAL CREAM	3	ST; QL
OXISTAT EXTERNAL LOTION	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
XOLEGEL EXTERNAL GEL	3	
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL**		
ALDARA EXTERNAL CREAM	3	ST; QL
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
KERATOLYTIC/ANTIMITOTIC AGENTS**		
CONDYLOX EXTERNAL GEL	3	
podofilox external solution	1 or 1b*	
LOCAL ANESTHETICS - TOPICAL**		
glydo external prefilled syringe	1 or 1b*	
lidocaine external ointment 5 %	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDODERM EXTERNAL PATCH	3	PA; QL
ZTLIDO EXTERNAL PATCH	3	PA; QL
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL**		
ELIDEL EXTERNAL CREAM	3	ST; QL
pimecrolimus external cream	1 or 1b*	ST; QL
PROTOPIC EXTERNAL OINTMENT	3	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)**		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; QL; LD
MICROTUBULE INHIBITORS - TOPICAL**		
KLISYRI EXTERNAL OINTMENT	3	ST; QL

Drug Name	Tier	Notes
MISC. DERMATOLOGICAL PRODUCTS**		
ILIDERM EXTERNAL EMULSION	3	
MISC. TOPICAL**		
BORIC ACID EXTERNAL GRANULES	3	
QBREXZA EXTERNAL PAD	3	PA; QL
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL**		
VANIQA EXTERNAL CREAM	3	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL**		
KERYDIN EXTERNAL SOLUTION	3	ST; QL
tavaborole external solution	1 or 1b*	ST; QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
PHOTODYNAMIC THERAPY AGENTS - TOPICAL**		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
PROSTAGLANDINS - TOPICAL**		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
ROSACEA AGENTS**		
azelaic acid external gel	1 or 1b*	
doxycycline oral capsule delayed release	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
METROCREAM EXTERNAL CREAM	3	ST; QL
METROGEL EXTERNAL GEL	3	ST; QL
METROLOTION EXTERNAL LOTION	3	ST; QL
metronidazole external cream	1 or 1b*	
metronidazole external gel	1 or 1b*	
metronidazole external lotion	1 or 1b*	
MIRVASO EXTERNAL GEL	3	
NORITATE EXTERNAL CREAM	3	ST; QL
ORACEA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
RHOFADE EXTERNAL CREAM	3	
rosadan external cream	1 or 1b*	
rosadan external gel	1 or 1b*	
SOOLANTRA EXTERNAL CREAM	3	
ZILXI EXTERNAL FOAM	3	ST; QL
SCABICIDES & PEDICULICIDES**		
crotan external lotion	1 or 1b*	
ELIMITE EXTERNAL CREAM	3	
ivermectin external lotion	1 or 1b*	
lindane external shampoo	1 or 1b*	
malathion external lotion	1 or 1b*	
NATROBA EXTERNAL SUSPENSION	3	
OVIDE EXTERNAL LOTION	3	
permethrin external cream	1 or 1b*	
SKLICE EXTERNAL LOTION	3	
spinosad external suspension	1 or 1b*	
SULFURATED LIME EXTERNAL SOLUTION	3	
SEBORRHEIC KERATOSIS PRODUCTS*		
ESKATA EXTERNAL SOLUTION	3	

Drug Name	Tier	Notes
SKIN CLEANSERS**		
ESSENTRA WIPES 9X9" EXTERNAL	3	
STEROID-LOCAL ANESTHETIC COMBINATIONS**		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
TAR PRODUCTS**		
coal tar external solution	1 or 1b*	
TISSUE REPLACEMENTS**		
AFFINITY EXTERNAL SHEET	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
BIOVANCE EXTERNAL SHEET	3	
EPICORD EXTERNAL SHEET	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NOVACHOR EXTERNAL SHEET	3	
NUSHIELD EXTERNAL DISK	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
NUSHIELD EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET	3	
TOPICAL ANESTHETIC COMBINATIONS**		
FLEXIN EXTERNAL PATCH	3	
lidocaine-prilocaine external cream	1 or 1b*	
lidocaine-prilocaine external kit	1 or 1b*	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %	3	PA; QL
PLIAGLIS EXTERNAL CREAM	3	PA; QL
PLIAGLIS EXTERNAL KIT	3	PA; QL
PREPIV SUPPLY COMBINATION KIT	3	
PRILO PATCH II EXTERNAL KIT	3	
SYNERA EXTERNAL PATCH	3	PA; QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	

Drug Name	Tier	Notes
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS**		
TARGRETIN EXTERNAL GEL	2	PA; QL; SP
TOPICAL STEROID COMBINATIONS**		
calcipotriene-betameth diprop external ointment	1 or 1b*	
calcipotriene-betameth diprop external suspension	1 or 1b*	
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	
TACLONEX EXTERNAL OINTMENT	3	
TACLONEX EXTERNAL SUSPENSION	3	
WYNZORA EXTERNAL CREAM	3	
TYPE II 5-ALPHA REDUCTASE INHIBITORS**		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
WOUND CARE - GROWTH FACTOR AGENTS**		
REGRANEX EXTERNAL GEL	3	
WOUND DRESSINGS**		
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
TEGADERM AG MESH EXTERNAL PAD 2"X2"	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL; OTC
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	2	QL; OTC
ACCU-CHEK GUIDE IN VITRO STRIP	2	QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL; OTC
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL; OTC
ADVANCE INTUITION TEST IN VITRO STRIP	3	ST; QL; OTC
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	3	ST; QL; OTC
ADVOCATE REDI-CODE IN VITRO STRIP	3	ST; QL; OTC
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	3	ST; QL; OTC
ADVOCATE TEST IN VITRO STRIP	3	ST; QL; OTC
AGAMATRIX AMP TEST IN VITRO STRIP	3	ST; QL; OTC
AGAMATRIX JAZZ TEST IN VITRO STRIP	3	ST; QL; OTC
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	3	ST; QL; OTC
AGAMATRIX PRESTO TEST IN VITRO STRIP	3	ST; QL; OTC
ASSURE 3 TEST IN VITRO STRIP	3	ST; QL; OTC
ASSURE 4 TEST IN VITRO STRIP	3	ST; QL; OTC
ASSURE II CHECK IN VITRO STRIP	3	ST; QL; OTC
ASSURE II IN VITRO STRIP	3	ST; QL; OTC
ASSURE PLATINUM IN VITRO STRIP	3	ST; QL; OTC
ASSURE PRISM MULTI TEST IN VITRO STRIP	3	ST; QL; OTC
ASSURE PRO TEST IN VITRO STRIP	3	ST; QL; OTC
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
CARESENS N GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
CARETOUCH TEST IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHEK TEST IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHOICE MICRO TEST IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHOICE NO CODING IN VITRO STRIP	3	ST; QL; OTC
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	3	ST; QL; OTC
CONTOUR NEXT TEST IN VITRO STRIP	3	ST; QL; OTC
CONTOUR TEST IN VITRO STRIP	3	ST; QL; OTC
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL; OTC
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL; OTC
D-CARE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
DIATRUE PLUS TEST IN VITRO STRIP	3	ST; QL; OTC
DUO-CARE TEST IN VITRO STRIP	3	ST; QL; OTC
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EASY STEP TEST IN VITRO STRIP	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EASY TOUCH TEST IN VITRO STRIP	3	ST; QL; OTC
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EASYGLUCO IN VITRO STRIP	3	ST; QL; OTC
EASYGLUCO PLUS IN VITRO STRIP	3	ST; QL; OTC
EASYMAX 15 TEST IN VITRO STRIP	3	ST; QL; OTC
EASYMAX TEST IN VITRO STRIP	3	ST; QL; OTC
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EASYPRO PLUS IN VITRO STRIP	3	ST; QL; OTC
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL; OTC
ELEMENT TEST IN VITRO STRIP	3	ST; QL; OTC
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE G2 TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE G3 TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
EVOLUTION AUTOCODE IN VITRO STRIP	3	ST; QL; OTC
EXACTECH R-S-G TEST IN VITRO STRIP	3	ST; QL; OTC
EXACTECH TEST IN VITRO STRIP	3	ST; QL; OTC
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	3	ST; QL; OTC
FORA 6 CONNECT IN VITRO STRIP	3	ST; QL; OTC
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA GD20 TEST IN VITRO STRIP	3	ST; QL; OTC
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA TN'G/TN'G VOICE IN VITRO STRIP	3	ST; QL; OTC
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
FORACARE GD40 TEST IN VITRO STRIP	3	ST; QL; OTC
FORACARE PREMIUM V10 TEST IN VITRO STRIP	3	ST; QL; OTC
FORACARE TEST N GO TEST IN VITRO STRIP	3	ST; QL; OTC
FORTISCARE TEST IN VITRO STRIP	3	ST; QL; OTC
FREESTYLE INSULINX TEST IN VITRO STRIP	3	ST; QL; OTC
FREESTYLE LITE TEST IN VITRO STRIP	3	ST; QL; OTC
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	3	ST; QL; OTC
FREESTYLE TEST IN VITRO STRIP	3	ST; QL; OTC
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
GENULTIMATE TEST IN VITRO STRIP	3	ST; QL; OTC
GHT TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCO PERFECT 3 TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	3	ST; QL; OTC
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCOCARD SHINE TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCOCARD VITAL TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCOCARD X-SENSOR IN VITRO STRIP	3	ST; QL; OTC
GLUCOCOM TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL; OTC
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	3	ST; QL; OTC
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
IGLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL; OTC
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
INFINITY VOICE IN VITRO STRIP	3	ST; QL; OTC
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
KROGER TEST IN VITRO STRIP	3	ST; QL; OTC
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
LIBERTY TEST IN VITRO STRIP	3	ST; QL; OTC
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
MEIJER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
MEIJER TRUETEST TEST IN VITRO STRIP	3	ST; QL; OTC
MEIJER TRUETRACK TEST IN VITRO STRIP	3	ST; QL; OTC
MICRODOT TEST IN VITRO STRIP	3	ST; QL; OTC
MM EASY TOUCH GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
MYGLUCOHEALTH TEST IN VITRO STRIP	3	ST; QL; OTC
NEUTEK 2TEK TEST IN VITRO STRIP	3	ST; QL; OTC
NOVA MAX GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
ONE DROP TEST IN VITRO STRIP	3	ST; QL; OTC
ONETOUCH ULTRA IN VITRO STRIP	2	ST; QL; OTC
ONETOUCH VERIO IN VITRO STRIP	2	QL; OTC
OPTIUM TEST IN VITRO STRIP	3	ST; QL; OTC
OPTIUMEZ TEST IN VITRO STRIP	3	ST; QL; OTC
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	3	ST; QL; OTC
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL; OTC
POCKETCHEM EZ TEST IN VITRO STRIP	3	ST; QL; OTC
PRECISION PCX IN VITRO STRIP	3	ST; QL; OTC
PRECISION PCX PLUS TEST IN VITRO STRIP	3	ST; QL; OTC
PRECISION POINT OF CARE TEST IN VITRO STRIP	3	ST; QL; OTC
PRECISION QID TEST IN VITRO STRIP	3	ST; QL; OTC
PRECISION SOF-TACT TEST IN VITRO STRIP	3	ST; QL; OTC
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	3	ST; QL; OTC
PTS PANELS GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
QUICKTEK TEST IN VITRO STRIP	3	ST; QL; OTC
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
RELION CONFIRM/MICRO TEST IN VITRO STRIP	3	ST; QL; OTC
RELION PREMIER TEST IN VITRO STRIP	3	ST; QL; OTC
RELION PRIME TEST IN VITRO STRIP	3	ST; QL; OTC
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	3	ST; QL; OTC
RELION ULTIMA TEST IN VITRO STRIP	3	ST; QL; OTC
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL; OTC
SMART SENSE PREMIUM TEST IN VITRO STRIP	3	ST; QL; OTC
SMART SENSE VALUE TEST IN VITRO STRIP	3	ST; QL; OTC
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
SOLUS V2 TEST IN VITRO STRIP	3	ST; QL; OTC
SUPREME TEST IN VITRO STRIP	3	ST; QL; OTC
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP	3	ST; QL; OTC
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL; OTC
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
TRUETEST TEST IN VITRO STRIP	3	ST; QL; OTC
TRUETRACK TEST IN VITRO STRIP	3	ST; QL; OTC
UNISTRIP1 GENERIC IN VITRO STRIP	3	ST; QL; OTC
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL; OTC
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	3	ST; QL; OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	3	PA; QL; LD
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS**		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
KEVEYIS ORAL TABLET	3	PA; QL; LD
methazolamide oral tablet	1 or 1b*	
DIURETIC COMBINATIONS**		
ALDACTAZIDE ORAL TABLET	3	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
LOOP DIURETICS**		
bumetanide injection solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	
EDECRIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torsemide oral tablet	1 or 1b*	
OSMOTIC DIURETICS**		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	
POTASSIUM SPARING DIURETICS**		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
THIAZIDES AND THIAZIDE-LIKE DIURETICS**		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	

Drug Name	Tier	Notes
DIURIL ORAL SUSPENSION	3	
hydrochlorothiazide oral capsule	1 or 1a*	DO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg	1 or 1a*	DO
hydrochlorothiazide oral tablet 50 mg	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS**		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS**		
REVCOVI INTRAMUSCULAR SOLUTION	3	PA; QL; LD
BISPHOSPHONATES**		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	
alendronate sodium oral solution	1 or 1b*	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	
ATELVIA ORAL TABLET DELAYED RELEASE	3	
BINOSTO ORAL TABLET EFFERVESCENT	3	
BONIVA INTRAVENOUS SOLUTION	3	
BONIVA ORAL TABLET 150 MG	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET	2	
ibandronate sodium intravenous solution 3 mg/3ml	1 or 1b*	
ibandronate sodium oral tablet	1 or 1b*	ST; QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	SP
pamidronate disodium intravenous solution reconstituted	1 or 1b*	SP
RECLAST INTRAVENOUS SOLUTION	3	PA; QL; SP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	
risedronate sodium oral tablet delayed release	1 or 1b*	
zoledronic acid intravenous concentrate	1 or 1b*	PA; QL; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; QL; SP
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; QL; SP
CALCIMIMETIC AGENTS**		
cinacalcet hcl oral tablet	1 or 1b*	PA; QL
PARSABIV INTRAVENOUS SOLUTION	3	PA; QL
SENSIPAR ORAL TABLET	3	PA; QL
CALCITONINS**		
calcitonin (salmon) nasal solution	1 or 1b*	
MIACALCIN INJECTION SOLUTION	3	

Drug Name	Tier	Notes
CARNITINE REPLENISHER - AGENTS**		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
CORTICOTROPIN**		
ACTHAR INJECTION GEL	3	PA; QL; LD; SP
CORTISOL SYNTHESIS INHIBITORS**		
ISTURISA ORAL TABLET	3	PA; QL; LD
DOPAMINE RECEPTOR AGONISTS**		
cabergoline oral tablet	1 or 1b*	
FABRY DISEASE - AGENTS**		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
GALAFOLD ORAL CAPSULE	3	PA; QL; LD
GAA DEFICIENCY TREATMENT - AGENTS**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
GNRH/LHRH ANTAGONISTS**		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; QL; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ORILISSA ORAL TABLET	3	PA; QL
GROWTH HORMONE RECEPTOR ANTAGONISTS**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
GROWTH HORMONE RELEASING HORMONES (GHRH)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
GROWTH HORMONES**		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; LD; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; QL; LD
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS*		
XURIDEN ORAL PACKET	3	PA; QL; LD
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS**		
nitisinone oral capsule	1 or 1b*	PA; QL; SP
NITYR ORAL TABLET	3	PA; QL; LD
ORFADIN ORAL CAPSULE	3	PA; QL; LD
ORFADIN ORAL SUSPENSION	3	PA; QL; LD
HOMOCYSTINURIA TREATMENT - AGENTS**		
CYSTADANE ORAL POWDER	3	LD

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
HYPERAMMONEMIA TREATMENT - AGENTS**		
CARBAGLU ORAL TABLET	3	PA; QL; LD
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS**		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	1 or 1b*	PA; QL
doxercalciferol intravenous solution	1 or 1b*	PA; QL
doxercalciferol oral capsule	1 or 1b*	PA; QL
HECTOROL INTRAVENOUS SOLUTION	3	PA; QL
paricalcitol intravenous solution	1 or 1b*	PA; QL
paricalcitol oral capsule	1 or 1b*	PA; QL
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	PA; QL
ROCALTROL ORAL CAPSULE	3	PA; QL
ROCALTROL ORAL SOLUTION	3	PA; QL
ZEMPLAR INTRAVENOUS SOLUTION	3	PA; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA; QL
HYPOPHOSPHATASIA (HPP) AGENTS**		
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; QL; LD
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD

Drug Name	Tier	Notes
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**		
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
LEPTIN ANALOGUES**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
LHRH/GNRH AGONIST ANALOG COMBINATIONS**		
LUPANETA PACK COMBINATION KIT	3	PA; QL; SP
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; QL; LD
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
SUPPRELIN LA SUBCUTANEOUS KIT	3	PA; QL; LD; SP
SYNAREL NASAL SOLUTION	3	PA; QL; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; QL; LD
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS**		
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS**		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS**		
ELAPRASE INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS**		
VIMIZIM INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS**		
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS**		
MEPSEVII INTRAVENOUS SOLUTION	3	PA; QL; LD
OVULATION STIMULANTS-GONADOTROPINS**		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA; QL; SP
OVIDREL SUBCUTANEOUS INJECTABLE	3	PA; QL; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; SP
OVULATION STIMULANTS-SYNTHETIC**		
clomiphene citrate oral tablet	1 or 1b*	PA; QL
PARATHYROID HORMONE AND DERIVATIVES**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
PHENYLKETONURIA TREATMENT - AGENTS**		
KUVAN ORAL PACKET	3	PA; QL; LD; SP
KUVAN ORAL TABLET SOLUBLE	2	PA; QL; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
sapropterin dihydrochloride oral packet	1 or 1b*	PA; QL; SP
sapropterin dihydrochloride oral tablet soluble	1 or 1b*	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
RANK LIGAND (RANKL) INHIBITORS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
SCLEROSTIN INHIBITORS**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)**		
EVISTA ORAL TABLET	3	
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	$0
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS**		
JYNARQUE ORAL TABLET	3	PA; QL; LD
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; QL; LD
SAMSCA ORAL TABLET	3	PA; QL; LD; SP
tolvaptan oral tablet	1 or 1b*	PA; QL
SOMATOSTATIC AGENTS**		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1 or 1b*	PA; QL; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; QL; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; QL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; QL; LD
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
UREA CYCLE DISORDER - AGENTS**		
AMMONUL INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; QL; LD
BUPHENYL ORAL TABLET	3	PA; QL; LD
RAVICTI ORAL LIQUID	3	PA; QL; LD; SP
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; QL
V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS**		
VAPRISOL INTRAVENOUS SOLUTION	3	
VASOPRESSIN**		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG	3	DO
DDAVP ORAL TABLET 0.2 MG	3	
DDAVP RHINAL TUBE NASAL SOLUTION	3	
desmopressin ace spray refrig nasal solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
desmopressin acetate injection solution	1 or 1b*	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
STIMATE NASAL SOLUTION	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS**		
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ESTROGENS		
ESTROGEN & PROGESTIN**		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	
estradiol-norethindrone acet oral tablet	1 or 1b*	
FEMHRT LOW DOSE ORAL TABLET	3	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREFEST ORAL TABLET	3	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST**		
ORIAHNN ORAL CAPSULE THERAPY PACK	3	
ESTROGENS**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	3	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	2	
dotti transdermal patch twice weekly	1 or 1b*	
ELESTRIN TRANSDERMAL GEL	3	
ESTRACE ORAL TABLET	3	
ESTRADIOL IMPLANT PELLET 6 MG	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	
EVAMIST TRANSDERMAL SOLUTION	2	
lyllana transdermal patch twice weekly	1 or 1b*	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB**		
DUAVEE ORAL TABLET	3	PA; QL
***FLUOROQUINOLONES ***		
FLUOROQUINOLONES **		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin in d5w intravenous solution	1 or 1b*	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	QL
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin oral solution	1 or 1b*	QL
levofloxacin oral tablet	1 or 1b*	QL
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS**		
MOTEGRITY ORAL TABLET	3	ST; QL
BILE ACID SYNTHESIS DISORDER AGENTS**		
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS**		
TRULANCE ORAL TABLET	3	ST; QL
FARNESOID X RECEPTOR (FXR) AGONISTS**		
OCALIVA ORAL TABLET	3	PA; QL; LD; SP
GALLSTONE SOLUBILIZING AGENTS**		
CHENODAL ORAL TABLET	3	PA; QL; LD
RELTONE ORAL CAPSULE	3	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
GASTROINTESTINAL ANTIALLERGY AGENTS**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**		
AMITIZA ORAL CAPSULE	2	
lubiprostone oral capsule	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GASTROINTESTINAL STIMULANTS**		
DEXPANTHENOL INJECTION SOLUTION	3	
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
REGLAN ORAL TABLET	3	
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS**		
GATTEX SUBCUTANEOUS KIT	3	PA; QL; LD; SP
IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS**		
ZELNORM ORAL TABLET	3	ST; QL
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS**		
LINZESS ORAL CAPSULE	2	
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS**		
VIBERZI ORAL TABLET	3	PA; QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS**		
alosetron hcl oral tablet	1 or 1b*	PA; QL
LOTRONEX ORAL TABLET	3	PA; QL
INFLAMMATORY BOWEL AGENTS**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

Drug Name	Tier	Notes
ASACOL HD ORAL TABLET DELAYED RELEASE	3	ST; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
balsalazide disodium oral capsule	1 or 1b*	
CANASA RECTAL SUPPOSITORY	3	
COLAZAL ORAL CAPSULE	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
LIALDA ORAL TABLET DELAYED RELEASE	3	ST; QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	
mesalamine oral capsule delayed release	1 or 1b*	
mesalamine oral tablet delayed release	1 or 1b*	
mesalamine rectal enema	1 or 1b*	
mesalamine rectal suppository	1 or 1b*	
mesalamine-cleanser rectal kit	1 or 1b*	
PENTASA ORAL CAPSULE EXTENDED RELEASE	2	
ROWASA RECTAL KIT	3	
SFROWASA RECTAL ENEMA	3	
sulfasalazine oral tablet	1 or 1b*	
sulfasalazine oral tablet delayed release	1 or 1b*	
INTEGRIN RECEPTOR ANTAGONISTS**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
INTERLEUKIN ANTAGONISTS**		
STELARA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
INTESTINAL ACIDIFIERS**		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**		
alvimopan oral capsule	1 or 1b*	
ENTEREG ORAL CAPSULE	3	
MOVANTIK ORAL TABLET	2	
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
PHOSPHATE BINDER AGENTS**		
AURYXIA ORAL TABLET	3	ST; QL
calcium acetate (phos binder) oral capsule	1 or 1b*	
calcium acetate (phos binder) oral tablet	1 or 1b*	
calcium acetate oral tablet 667 mg	1 or 1b*	
FOSRENOL ORAL PACKET	3	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	
PHOSLYRA ORAL SOLUTION	3	ST; QL
RENAGEL ORAL TABLET 800 MG	3	ST; QL
RENVELA ORAL PACKET	3	ST; QL
RENVELA ORAL TABLET	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	
sevelamer carbonate oral tablet	1 or 1b*	
sevelamer hcl oral tablet	1 or 1b*	
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
TRYPTOPHAN HYDROXYLASE INHIBITORS**		
XERMELO ORAL TABLET	3	PA; QL; LD
TUMOR NECROSIS FACTOR ALPHA BLOCKERS**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
CIMZIA PREFILLED SUBCUTANEOUS KIT	3	PA; QL; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT	3	PA; QL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA; QL; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
GENERAL ANESTHETICS		
ANESTHETICS - MISC.**		
AMIDATE INTRAVENOUS SOLUTION	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
KETALAR INJECTION SOLUTION	3	
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	1 or 1b*	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
BARBITURATE ANESTHETICS**		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	3	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
VOLATILE ANESTHETICS**		
desflurane inhalation solution	1 or 1b*	
FORANE INHALATION SOLUTION	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	

Drug Name	Tier	Notes
SUPRANE INHALATION SOLUTION	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS**		
AVODART ORAL CAPSULE	3	
dutasteride oral capsule	1 or 1b*	
finasteride oral tablet 5 mg	1 or 1b*	
PROSCAR ORAL TABLET	3	
ALPHA 1-ADRENOCEPTOR ANTAGONISTS**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
FLOMAX ORAL CAPSULE	3	
RAPAFLO ORAL CAPSULE	3	
silodosin oral capsule	1 or 1b*	
tamsulosin hcl oral capsule	1 or 1b*	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ANTI-INFECTIVE GENITOURINARY IRRIGANTS**		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
CITRATES**		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
CYSTINOSIS AGENTS**		
CYSTAGON ORAL CAPSULE	3	LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	ST; QL; LD
PROCYSBI ORAL PACKET	3	ST; QL; LD
GENITOURINARY IRRIGANTS**		
acetic acid irrigation solution	1 or 1b*	
aminoacetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION	3	
RESECTISOL IRRIGATION SOLUTION	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
INTERSTITIAL CYSTITIS AGENTS**		
ELMIRON ORAL CAPSULE	3	
RIMSO-50 INTRAVESICAL SOLUTION	3	
PHOSPHATES**		
K-PHOS NO 2 ORAL TABLET	3	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS**		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	

Drug Name	Tier	Notes
JALYN ORAL CAPSULE	3	
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)**		
OXLUMO SUBCUTANEOUS SOLUTION	3	PA; QL; LD
URINARY STONE AGENTS**		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; QL; LD
VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS**		
DEFLUX INJECTION PREFILLED SYRINGE	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS**		
colchicine-probenecid oral tablet	1 or 1b*	
GOUT AGENTS**		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral capsule	3	ST; QL
colchicine oral tablet	2	
COLCRYS ORAL TABLET	3	QL
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MITIGARE ORAL CAPSULE	3	ST; QL
ULORIC ORAL TABLET	3	ST; QL
ZYLOPRIM ORAL TABLET	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
URICOSURICS**		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA**		
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; QL; LD
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**		
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ANTIHEMOPHILIC PRODUCTS**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
AFSTYLA INTRAVENOUS KIT	3	PA; QL; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
BENEFIX INTRAVENOUS KIT	3	PA; QL; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
CORIFACT INTRAVENOUS KIT	3	PA; QL; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	3	PA; QL; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3	PA; QL; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	3	PA; QL; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	3	LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
KOGENATE FS INTRAVENOUS KIT	3	PA; QL; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	3	PA; QL; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
NUWIQ INTRAVENOUS KIT	3	PA; QL; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
WILATE INTRAVENOUS KIT	3	PA; QL; LD; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; QL; LD; SP
ANTI-VON WILLEBRAND FACTOR AGENTS**		
CABLIVI INJECTION KIT	3	PA; QL; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS**		
FIRAZYR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
icatibant acetate subcutaneous solution	1 or 1b*	PA; QL; SP
C1 INHIBITORS**		
BERINERT INTRAVENOUS KIT	3	PA; QL; LD; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
COMPLEMENT INHIBITORS**		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	3	PA; QL; LD; SP
ULTOMIRIS INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DIRECT-ACTING P2Y12 INHIBITORS**		
BRILINTA ORAL TABLET	2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS**		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 75 MG/100ML	3	
HEMATORHEOLOGIC AGENTS**		
pentoxifylline er oral tablet extended release	1 or 1b*	
HEMIN**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
HUMAN PROTEIN C**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
PHOSPHODIESTERASE III INHIBITORS**		
cilostazol oral tablet	1 or 1b*	
PLASMA EXPANDERS**		
HESPAN INTRAVENOUS SOLUTION	3	
hetastarch-nacl intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
HEXTEND INTRAVENOUS SOLUTION	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES**		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
PLASMA KALLIKREIN INHIBITORS**		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ORLADEYO ORAL CAPSULE	3	PA; QL; LD
PLASMA PROTEINS**		
albuked 25 intravenous solution	1 or 1b*	
albuked 5 intravenous solution	1 or 1b*	
albumin human intravenous solution	1 or 1b*	
ALBUMINEX INTRAVENOUS SOLUTION	3	
albumin-zlb intravenous solution	1 or 1b*	
alburx intravenous solution	1 or 1b*	
albutein intravenous solution	1 or 1b*	
flexbumin intravenous solution	1 or 1b*	
human albumin grifols intravenous solution	1 or 1b*	
kedbumin intravenous solution	1 or 1b*	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
plasbumin-25 intravenous solution	1 or 1b*	
plasbumin-5 intravenous solution	1 or 1b*	
PLASMANATE INTRAVENOUS SOLUTION	3	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG	3	PA; QL
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
PLATELET AGGREGATION INHIBITORS**		
dipyridamole oral tablet	1 or 1b*	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
PROTAMINE**		
protamine sulfate intravenous solution	1 or 1b*	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS**		
ZONTIVITY ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
QUINAZOLINE AGENTS**		
AGRYLIN ORAL CAPSULE	3	
anagrelide hcl oral capsule	1 or 1b*	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS**		
TAVALISSE ORAL TABLET	3	PA; QL; LD
THIENOPYRIDINE DERIVATIVES**		
clopidogrel bisulfate oral tablet	1 or 1b*	
EFFIENT ORAL TABLET 10 MG	3	
EFFIENT ORAL TABLET 5 MG	3	DO
PLAVIX ORAL TABLET 75 MG	3	
prasugrel hcl oral tablet 10 mg	1 or 1b*	
prasugrel hcl oral tablet 5 mg	1 or 1b*	DO
THROMBOLYTIC AGENT - MISC**		
DEFITELIO INTRAVENOUS SOLUTION	3	
TISSUE PLASMINOGEN ACTIVATORS**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	3	
TNKASE INTRAVENOUS KIT	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE**		
CERDELGA ORAL CAPSULE	3	PA; QL; LD; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	3	PA; QL; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
miglustat oral capsule	1 or 1b*	PA; QL; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ZAVESCA ORAL CAPSULE	3	PA; QL; LD
AMINO ACIDS**		
ENDARI ORAL PACKET	3	PA; QL; LD
COBALAMIN COMBINATIONS**		
LIPO-B INTRAMUSCULAR SOLUTION	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
COBALAMINS**		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
NASCOBAL NASAL SOLUTION	3	
CXCR4 RECEPTOR ANTAGONIST**		
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
CYTOTOXIC AGENTS**		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; QL; SP
ERYTHROID MATURATION AGENTS**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; QL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
PROCRIT INJECTION SOLUTION	3	PA; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; QL; SP
FOLIC ACID/FOLATE COMBINATIONS**		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
foltabs 800 oral tablet	1 or 1b*	OTC; $0
millguard oral tablet	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FOLIC ACID/FOLATES**		
cvs folic acid oral tablet 800 mcg	1 or 1a*	OTC; $0
fa-8 oral capsule	1 or 1b*	OTC; $0
fa-8 oral tablet	1 or 1a*	OTC; $0
folate oral tablet	1 or 1a*	OTC; $0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	OTC; $0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	OTC; $0
gnp folic acid oral tablet	1 or 1a*	OTC; $0
hm folic acid oral tablet	1 or 1a*	OTC; $0
kp folic acid oral tablet 800 mcg	1 or 1a*	OTC; $0
px folic acid oral tablet	1 or 1a*	OTC; $0
qc folic acid oral tablet	1 or 1a*	OTC; $0
ra folic acid oral tablet	1 or 1a*	OTC; $0
sm folic acid oral tablet	1 or 1a*	OTC; $0
yl folic acid oral tablet	1 or 1a*	OTC; $0
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NIVESTYM INJECTION SOLUTION	3	PA; QL; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS**		
OXBRYTA ORAL TABLET	3	PA; QL; LD; SP
IRON COMBINATIONS**		
foltrin oral capsule	1 or 1b*	
IRON**		
FERAHEME INTRAVENOUS SOLUTION	3	
FERRLECIT INTRAVENOUS SOLUTION	3	
INFED INJECTION SOLUTION	3	
INJECTAFER INTRAVENOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MONOFERRIC INTRAVENOUS SOLUTION	3	
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	
TRIFERIC HEMODIALYSIS PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
VENOFER INTRAVENOUS SOLUTION	3	
SELECTIN BLOCKERS**		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; QL; SP
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**		
DOPTELET ORAL TABLET 20 MG	3	PA; QL; LD; SP
MULPLETA ORAL TABLET	3	PA; QL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG	3	PA; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	3	PA; QL; SP
PROMACTA ORAL PACKET 12.5 MG	3	PA; DO; QL; LD; SP
PROMACTA ORAL PACKET 25 MG	3	PA; QL; LD; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; DO; QL; LD; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	3	PA; QL; LD; SP
HEMOSTATICS		
HEMOSTATIC COMBINATIONS - TOPICAL**		
ARTISS EXTERNAL SOLUTION	3	
THROMBI-GEL 10 EXTERNAL PAD	3	
THROMBI-GEL 100 EXTERNAL PAD	3	
THROMBI-GEL 40 EXTERNAL PAD	3	
THROMBI-PAD EXTERNAL PAD	3	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
HEMOSTATICS - SYSTEMIC**		
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	
aminocaproic acid oral tablet	1 or 1b*	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
LYSTEDA ORAL TABLET	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
HEMOSTATICS - TOPICAL**		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	
GELFOAM SPONGE EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSTAT EXTERNAL PAD	3	
INTERCEED (TC7) EXTERNAL PAD	3	
INTERCEED EXTERNAL PAD	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS**		
NEMBUTAL INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
BENZODIAZEPINE HYPNOTICS**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	3	
DORAL ORAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	
flurazepam hcl oral capsule	1 or 1b*	
HALCION ORAL TABLET	3	
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 5-0.9 MG/5ML-%, 55-0.9 MG/55ML-%	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	3	
quazepam oral tablet	1 or 1b*	
RESTORIL ORAL CAPSULE	3	
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
HYPNOTICS - TRICYCLIC AGENTS**		
doxepin hcl oral tablet	1 or 1b*	ST; QL
SILENOR ORAL TABLET	3	ST; QL
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS**		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet	1 or 1b*	
LUNESTA ORAL TABLET	3	ST; QL
zaleplon oral capsule	1 or 1b*	
zolpidem tartrate er oral tablet extended release	1 or 1b*	ST; QL
zolpidem tartrate oral tablet	1 or 1b*	
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
ZOLPIMIST ORAL SOLUTION	3	ST; QL

Drug Name	Tier	Notes
OREXIN RECEPTOR ANTAGONISTS**		
BELSOMRA ORAL TABLET	3	ST; QL
DAYVIGO ORAL TABLET	3	ST; QL
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES**		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS**		
HETLIOZ ORAL CAPSULE	3	PA; QL; LD
ramelteon oral tablet	1 or 1b*	ST; QL
ROZEREM ORAL TABLET	3	ST; QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS**		
CLENPIQ ORAL SOLUTION	3	
gavilyte-c oral solution reconstituted	1 or 1a*	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
gavilyte-g oral solution reconstituted	1 or 1a*	$0
gavilyte-h oral kit	1 or 1b*	$0
gavilyte-n with flavor pack oral solution reconstituted	1 or 1a*	$0
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED	3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	$0
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	$0
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	$0
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	$0
peg-prep oral kit	1 or 1b*	$0
PLENVU ORAL SOLUTION RECONSTITUTED	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
SUTAB ORAL TABLET	3	
LAXATIVES - MISCELLANEOUS**		
clearlax oral powder	1 or 1b*	OTC; $0
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*	OTC; $0
cvs purelax oral powder	1 or 1b*	OTC; $0
eq clearlax oral powder	1 or 1b*	OTC; $0
eql clearlax oral powder	1 or 1b*	OTC; $0
gavilax oral powder	1 or 1b*	OTC; $0
gentlelax oral powder	1 or 1b*	OTC; $0
glycolax oral powder	1 or 1b*	OTC; $0
gnp clearlax oral packet	1 or 1b*	OTC; $0
gnp clearlax oral powder	1 or 1b*	OTC; $0
goodsense clearlax oral powder	1 or 1b*	OTC; $0
healthylax oral packet	1 or 1b*	OTC; $0
hm clearlax oral packet	1 or 1b*	OTC; $0
hm clearlax oral powder	1 or 1b*	OTC; $0
kls laxaclear oral powder	1 or 1b*	OTC; $0
KRISTALOSE ORAL PACKET	3	
LACTULOSE ORAL PACKET	1 or 1b*	
lactulose oral solution	1 or 1b*	
mm clearlax oral powder	1 or 1b*	OTC; $0
peg 3350 oral packet	1 or 1b*	OTC; $0
peg 3350 oral powder	1 or 1b*	OTC; $0
polyethylene glycol 3350 oral packet	1 or 1b*	$0
polyethylene glycol 3350 oral powder	1 or 1b*	$0
qc natura-lax oral powder	1 or 1b*	OTC; $0
ra laxative oral powder	1 or 1b*	OTC; $0
sb polyethylene glycol 3350 oral powder	1 or 1b*	OTC; $0
sm clearlax oral powder	1 or 1b*	OTC; $0
smooth lax oral packet	1 or 1b*	OTC; $0
smooth lax oral powder	1 or 1b*	OTC; $0
LUBRICANT LAXATIVES**		
mineral oil heavy oral oil	1 or 1b*	
SALINE LAXATIVE MIXTURES**		
OSMOPREP ORAL TABLET	3	
SALINE LAXATIVES**		
citrate of magnesia oral solution	1 or 1a*	OTC; $0
citroma oral solution	1 or 1a*	OTC; $0
cvs citrate of magnesia oral solution	1 or 1a*	OTC; $0
cvs magnesium citrate oral solution	1 or 1a*	OTC; $0
cvs milk of magnesia oral suspension	1 or 1b*	OTC; $0
dulcolax milk of magnesia oral suspension	1 or 1b*	OTC; $0
dulcolax oral suspension	1 or 1b*	OTC; $0
eq magnesium citrate oral solution	1 or 1a*	OTC; $0
eql magnesium citrate oral solution	1 or 1a*	OTC; $0
eql milk of magnesia oral suspension	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
gnp magnesium citrate oral solution	1 or 1a*	OTC; $0
gnp milk of magnesia oral suspension	1 or 1b*	OTC; $0
goodsense magnesium citrate oral solution	1 or 1a*	OTC; $0
hm magnesium citrate oral solution	1 or 1a*	OTC; $0
hm milk of magnesia oral suspension	1 or 1b*	OTC; $0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	OTC; $0
milk of magnesia concentrate oral suspension	1 or 1b*	OTC; $0
milk of magnesia oral suspension	1 or 1b*	OTC; $0
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	OTC; $0
px milk of magnesia oral suspension	1 or 1b*	OTC; $0
qc magnesium citrate oral solution	1 or 1a*	OTC; $0
qc milk of magnesia oral suspension	1 or 1b*	OTC; $0
ra milk of magnesia oral suspension	1 or 1b*	OTC; $0
sb magnesium citrate oral solution	1 or 1a*	OTC; $0
sb milk of magnesia oral suspension	1 or 1b*	OTC; $0
sm magnesium citrate oral solution	1 or 1a*	OTC; $0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	OTC; $0
STIMULANT LAXATIVES**		
alophen oral tablet delayed release	1 or 1a*	OTC; $0
bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; $0
CASCARA SAGRADA ORAL FLUID EXTRACT	3	
correctol oral tablet delayed release	1 or 1a*	OTC; $0
cvs bisacodyl oral tablet delayed release	1 or 1a*	OTC; $0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	OTC; $0
cvs gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	OTC; $0
ducodyl oral tablet delayed release	1 or 1a*	OTC; $0
eq gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
eql gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
eql laxative oral tablet delayed release	1 or 1a*	OTC; $0
ex-lax ultra oral tablet delayed release	1 or 1a*	OTC; $0
feenamint oral tablet delayed release	1 or 1a*	OTC; $0
gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
gnp bisa-lax oral tablet delayed release	1 or 1a*	OTC; $0
gnp gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
gnp laxative oral tablet delayed release	1 or 1a*	OTC; $0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
gnp womens laxative oral tablet delayed release	1 or 1a*	OTC; $0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; $0
goodsense womens laxative oral tablet delayed release	1 or 1a*	OTC; $0
hm laxative oral tablet delayed release	1 or 1a*	OTC; $0
kp bisacodyl oral tablet delayed release	1 or 1a*	OTC; $0
laxative oral tablet delayed release	1 or 1a*	OTC; $0
px laxative oral tablet delayed release	1 or 1a*	OTC; $0
qc gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
ra laxative oral tablet delayed release	1 or 1a*	OTC; $0
ra womens laxative oral tablet delayed release	1 or 1a*	OTC; $0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
sb gentle lax-women oral tablet delayed release	1 or 1a*	OTC; $0
sm gentle laxative oral tablet delayed release	1 or 1a*	OTC; $0
veracolate oral tablet delayed release	1 or 1a*	OTC; $0
womans laxative oral tablet delayed release	1 or 1a*	OTC; $0
womens laxative oral tablet delayed release	1 or 1a*	OTC; $0
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
articadent dental injection solution cartridge	3	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
CITANEST FORTE DENTAL INJECTION SOLUTION	3	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %	3	
xylocaine dental injection solution	1 or 1b*	

Drug Name	Tier	Notes
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
LOCAL ANESTHETIC COMBINATIONS**		
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	3	
POINT OF CARE LM-2.5 INJECTION KIT	3	
LOCAL ANESTHETICS - AMIDES**		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	3	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
CARBOCAINE INJECTION SOLUTION	3	
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION	3	
CITANEST PLAIN DENTAL INJECTION SOLUTION	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
lidocaine hcl intradermal jet-injector	1 or 1b*	
LIDOCAINE IN DEXTROSE SOLUTION	3	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MARCAINE SPINAL INTRATHECAL SOLUTION	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT	3	
NAROPIN INJECTION SOLUTION	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	3	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	3	
ZINGO INTRADERMAL JET-INJECTOR	3	
LOCAL ANESTHETICS - ESTERS**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
CLOROTEKAL INTRATHECAL SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	

Drug Name	Tier	Notes
MACROLIDES		
AZITHROMYCIN**		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension reconstituted	1 or 1b*	QL
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	QL
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
CLARITHROMYCIN**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
ERYTHROMYCINS**		
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ery-tab oral tablet delayed release	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICIN**		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	3	
MEDICAL DEVICES AND SUPPLIES		
CERVICAL CAPS**		
FEMCAP VAGINAL DEVICE	2	$0
CONDOMS - FEMALE**		
FC FEMALE CONDOM	2	QL; OTC; $0
FC2 FEMALE CONDOM	2	QL; OTC; $0
DENTAL DESENSITIZING PRODUCTS**		
REMESENSE DENTAL	3	
DENTIFRICES**		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
DIAPHRAGMS**		
CAYA VAGINAL DIAPHRAGM	2	$0
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	$0
GLUCOSE MONITORING TEST SUPPLIES**		
1ST TIER UNILET COMFORTOUCH	2	QL; OTC
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL; OTC
ACCU-CHEK MULTICLIX LANCETS	2	QL; OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL; OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL; OTC
ACTI-LANCE 28G	2	QL; OTC
ACTI-LANCE LITE LANCETS 28G	2	QL; OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL; OTC
ACTI-LANCE UNIVERSAL 23G	2	QL; OTC
ADJUSTABLE LANCING DEVICE	2	OTC
ADVANCED MOBILE LANCET	2	QL; OTC
ADVOCATE LANCETS	2	QL; OTC
ADVOCATE LANCETS 30G	2	QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ADVOCATE LANCING DEVICE	2	OTC
ADVOCATE RAPID-SAFE LANCING	2	OTC
ADVOCATE SAFETY LANCETS	2	QL; OTC
ADVOCATE SAFETY LANCETS 26G	2	QL; OTC
AGAMATRIX ULTRA-THIN LANCETS	2	QL; OTC
AIMSCO TWIST LANCETS 32G	2	QL; OTC
AIMSCO TWIST LANCETS 33G	2	QL; OTC
AQUALANCE LANCETS 30G	2	QL; OTC
ASSURE COMFORT LANCETS 28G	2	QL; OTC
ASSURE HAEMOLANCE PLUS HIGH	2	QL; OTC
ASSURE HAEMOLANCE PLUS LOW	2	QL; OTC
ASSURE HAEMOLANCE PLUS MICRO	2	QL; OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	QL; OTC
ASSURE HAEMOLANCE PLUS PED	2	QL; OTC
ASSURE LANCE LANCETS	2	QL; OTC
ASSURE LANCE LANCETS 21G	2	QL; OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL; OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL; OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL; OTC
AURORA LANCET SUPER THIN 30G	2	QL; OTC
AURORA LANCET THIN 23G	2	QL; OTC
AUTO-LANCET	2	OTC
AUTO-LANCET MINI	2	OTC
AUTOLET II CLINISAFE KIT	2	OTC
AUTOLET LANCING DEVICE	2	OTC
AUTOLET LITE CLINISAFE KIT	2	OTC
AUTOLET LITE STARTER PACK KIT	2	OTC
AUTOLET MINI	2	OTC
AUTOLET PLATFORMS	2	OTC
AUTOLET PLUS	2	OTC
BD LANCET ULTRAFINE 30G	2	QL; OTC
BD LANCET ULTRAFINE 33G	2	QL; OTC
BD MICROTAINER LANCETS	2	QL; OTC
CARDIOCOM LANCING DEVICE	2	OTC
CAREONE ADVANCED LANCING DEV	2	OTC
CAREONE LANCET SUPER THIN 30G	2	QL; OTC
CAREONE LANCET THIN 23G	2	QL; OTC
CARESENS LANCETS	2	QL; OTC
CARETOUCH LANCING/EJECTOR	2	OTC
CARETOUCH SAFETY LANCETS	2	QL; OTC
CARETOUCH SAFETY LANCETS 26G	2	QL; OTC
CARETOUCH TWIST LANCETS 28G	2	QL; OTC
CARETOUCH TWIST LANCETS 30G	2	QL; OTC
CARETOUCH TWIST LANCETS 33G	2	QL; OTC
CLEANLET LANCETS 28G	2	QL; OTC
CLEVER CHEK LANCETS	2	QL; OTC
CLEVER CHOICE LANCETS 21G	2	QL; OTC
CLEVER CHOICE LANCETS 23G	2	QL; OTC
CLEVER CHOICE LANCETS 28G	2	QL; OTC
COAGUCHEK LANCETS	2	QL; OTC
COMFORT ASSURED LANCETS 28G	2	QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
COMFORT ASSURED LANCETS 33G	2	QL; OTC
COMFORT LANCETS	2	QL; OTC
CVS LANCETS 21G	2	QL; OTC
CVS LANCETS MICRO THIN 33G	2	QL; OTC
CVS LANCETS ORIGINAL	2	QL; OTC
CVS LANCETS THIN 26G	2	QL; OTC
CVS LANCETS ULTRA THIN 30G	2	QL; OTC
CVS LANCETS ULTRA-THIN 30G	2	QL; OTC
CVS LANCING DEVICE	2	OTC
CVS ULTRA THIN LANCETS	2	QL; OTC
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	2	PA; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM TRANSMITTER	2	PA; QL
DEXCOM G4 SENSOR	2	PA; QL
DEXCOM G5 MOB/G4 PLAT SENSOR	2	PA; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	2	PA; QL
DEXCOM G5 MOBILE TRANSMITTER	2	PA; QL
DEXCOM G5 RECEIVER KIT DEVICE	2	PA; QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DIATHRIVE LANCET ULTRA THIN 30	2	QL; OTC
DIATHRIVE LANCETS	2	QL; OTC
DIATHRIVE LANCING DEVICE	2	OTC
DROPLET GENTEEL LANCING DEVICE	2	OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL; OTC
DROPLET LANCING DEVICE	2	OTC
DROPLET PERSONAL LANCETS 30G	2	QL; OTC
DRUG MART LANCETS THIN 26G	2	QL; OTC
DRUG MART LANCING DEVICE	2	OTC
DRUG MART ON-THE-GO LANCET 30G	2	QL; OTC
DRUG MART UNILET LANCETS 28G	2	QL; OTC
DRUG MART UNILET LANCETS 30G	2	QL; OTC
DRUG MART UNILET LANCETS 33G	2	QL; OTC
EASY COMFORT LANCETS	2	QL; OTC
EASY COMFORT LANCETS TWIST TOP	2	QL; OTC
EASY MINI EJECT LANCING DEVICE	2	OTC
EASY MINI LANCING DEVICE	2	OTC
EASY TOUCH LANCETS 21G	2	QL; OTC
EASY TOUCH LANCETS 23G	2	QL; OTC
EASY TOUCH LANCETS 26G	2	QL; OTC
EASY TOUCH LANCETS 28G	2	QL; OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL; OTC
EASY TOUCH LANCETS 30G	2	QL; OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL; OTC
EASY TOUCH LANCETS 32G	2	QL; OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL; OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL; OTC
EASY TOUCH LANCING DEVICE	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
EASY TOUCH SAFETY LANCETS 21G	2	QL; OTC
EASY TOUCH SAFETY LANCETS 23G	2	QL; OTC
EASY TOUCH SAFETY LANCETS 26G	2	QL; OTC
EASY TOUCH SAFETY LANCETS 28G	2	QL; OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL; OTC
EMBRACE LANCING DEVICE/EJECTOR	2	OTC
ENLITE GLUCOSE SENSOR	3	PA; QL
EQL COLOR LANCETS 21G	2	QL; OTC
EQL COLOR LANCETS MICRO 33G	2	QL; OTC
EQL SUPER THIN LANCETS 30G	2	QL; OTC
EQL THIN LANCETS 26G	2	QL; OTC
EVERSENSE SENSOR/HOLDER	3	PA; QL
EVERSENSE SMART TRANSMITTER	3	PA; QL
E-Z JECT LANCET MICRO-THIN 33G	2	QL; OTC
E-Z JECT LANCET SUPER THIN 30G	2	QL; OTC
E-Z JECT LANCETS	2	QL; OTC
E-Z JECT LANCETS 21G	2	QL; OTC
E-Z JECT LANCETS THIN 26G	2	QL; OTC
EZ-LETS LANCETS 21G	2	QL; OTC
EZ-LETS LANCETS 26G	2	QL; OTC
EZ-LETS LANCETS 28G	2	QL; OTC
EZ-LETS LANCETS 30G	2	QL; OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL; OTC
FIFTY50 UNILET LANCETS 33G	2	QL; OTC
FINE 30	2	QL; OTC
FINGERSTIX LANCETS	2	QL; OTC
FORA LANCETS	2	QL; OTC
FORA LANCING DEVICE	2	OTC

Drug Name	Tier	Notes
FREDS PHARMACY AUTOLET LANCING	2	OTC
FREDS PHARMACY UNILET LANC 28G	2	QL; OTC
FREDS PHARMACY UNILET LANC 30G	2	QL; OTC
FREESTYLE LANCETS	2	QL; OTC
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE LIBRE SENSOR SYSTEM	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL; OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	QL; OTC
GENTEEL CONTACT TIPS (BLUE)	2	OTC
GENTEEL CONTACT TIPS (CLEAR)	2	OTC
GENTEEL CONTACT TIPS (GREEN)	2	OTC
GENTEEL CONTACT TIPS (ORANGE)	2	OTC
GENTEEL CONTACT TIPS (RAINBOW)	2	OTC
GENTEEL CONTACT TIPS (VIOLET)	2	OTC
GENTEEL CONTACT TIPS (YELLOW)	2	OTC
GENTEEL LANCING KIT (BLUE) KIT	2	OTC
GENTEEL NOZZLES	2	OTC
GENTEEL PLUS LANCING (BLACK)	2	OTC
GENTEEL PLUS LANCING (PURPLE)	2	OTC
GENTEEL PLUS LANCING (WHITE)	2	OTC
GENTEEL PLUS LANCING DEV(BLUE)	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GENTEEL PLUS LANCING DEV(PINK)	2	OTC
GENTLE-LET GP LANCETS	2	QL; OTC
GENTLE-LET LANCETS	2	QL; OTC
GENTLE-LET PLATFORMS	2	OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL; OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL; OTC
GLOBAL LANCING DEVICE	2	OTC
GLUCOCOM LANCETS 28G	2	QL; OTC
GLUCOCOM LANCETS 30G	2	QL; OTC
GLUCOCOM LANCETS 33G	2	QL; OTC
GNP LANCETS	2	QL; OTC
GNP LANCETS 21G	2	QL; OTC
GNP LANCETS MICRO THIN 33G	2	QL; OTC
GNP LANCETS SUPER THIN 30G	2	QL; OTC
GNP LANCETS THIN	2	QL; OTC
GNP LANCETS THIN 26G	2	QL; OTC
GNP MICRO THIN LANCETS 33G	2	QL; OTC
GNP SUPER THIN LANCETS 30G	2	QL; OTC
GOJJI LANCING DEVICE/CLEAR CAP	2	OTC
GOJJI STERILE LANCETS	2	QL; OTC
GOODSENSE COLOR LANCETS 33G	2	QL; OTC
GOODSENSE LANCETS 26G UNIV	2	QL; OTC
GOODSENSE LANCETS 30G	2	QL; OTC
GOODSENSE LANCETS 30G UNIV	2	QL; OTC
GOODSENSE LANCETS 33G	2	QL; OTC
GOODSENSE LANCETS 33G UNIV	2	QL; OTC

Drug Name	Tier	Notes
GOODSENSE LANCING DEVICE	2	OTC
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA; QL
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN SENSOR (3)	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
HAEMOLANCE	2	QL; OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL; OTC
HAEMOLANCE PLUS	2	QL; OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL; OTC
HAEMOLANCE PLUS LOW FLOW	2	QL; OTC
HAEMOLANCE PLUS MAX FLOW	2	QL; OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL; OTC
HEALTH CARE LANCING DEVICE	2	OTC
HEALTHY ACCENTS LANCING DEVICE	2	OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL; OTC
H-E-B INCONTROL ADV LANCING	2	OTC
H-E-B INCONTROL LANCETS 28G	2	QL; OTC
H-E-B INCONTROL LANCETS 30G	2	QL; OTC
H-E-B INCONTROL LANCETS 33G	2	QL; OTC
HYPOLANCE AST LANCING KIT	2	OTC
HY-VEE LANCETS	2	QL; OTC
HY-VEE THIN LANCETS	2	QL; OTC
IN TOUCH LANCING DEVICE	2	OTC
IN TOUCH STERILE LANCETS 30G	2	QL; OTC
KINNEY LANCETS	2	QL; OTC
KINNEY THIN LANCETS	2	QL; OTC
KROGER AUTOLET LANCING DEVICE	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
KROGER HEALTHPRO LANCET 26G	2	QL; OTC
KROGER LANCETS	2	QL; OTC
KROGER LANCETS 21G	2	QL; OTC
KROGER LANCETS MICRO THIN 33G	2	QL; OTC
KROGER LANCETS SUPER THIN	2	QL; OTC
KROGER LANCETS THIN	2	QL; OTC
KROGER LANCETS THIN 26G	2	QL; OTC
KROGER LANCETS ULTRATHIN 30G	2	QL; OTC
KROGER LANCING DEVICE	2	OTC
LANCET DEVICE	2	OTC
LANCET DEVICE WITH EJECTOR	2	OTC
LANCET TRANSPORTER CASE	2	OTC
LANCETS	2	QL; OTC
LANCETS 30G	2	QL; OTC
LANCETS 33G	2	QL; OTC
LANCETS MICRO THIN 33G	2	QL; OTC
LANCETS SUPER THIN 28G	2	QL; OTC
LANCETS THIN	2	QL; OTC
LANCETS ULTRA THIN	2	QL; OTC
LANCETS ULTRA THIN 30G	2	QL; OTC
LANCING DEVICE	2	OTC
LANZO	2	OTC
LEADER ADVANCED LANCING DEVICE	2	OTC
LIBERTY MEDICAL LANCETS	2	QL; OTC
LIBERTY MINI LANCING DEVICE	2	OTC
LIFESCAN UNISTIK 2	2	QL; OTC
LIFESCAN UNISTIK II LANCETS	2	QL; OTC
LITE TOUCH LANCETS	2	QL; OTC
LITE TOUCH LANCING PEN	2	OTC
LITETOUCH LANCETS	2	QL; OTC
LIVE BETTER ADV LANCING DEVICE	2	OTC
LIVE BETTER LANCET SUPER THIN	2	QL; OTC
LIVE BETTER LANCET ULTRA THIN	2	QL; OTC
LONGS LANCETS STANDARD	2	QL; OTC
LONGS LANCETS THIN	2	QL; OTC
LONGS LANCETS ULTRA THIN	2	QL; OTC
MEDICHOICE SAFETY LANCET	2	QL; OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL; OTC
MEDICHOICE SAFETY LANCET NORM	2	QL; OTC
MEDISENSE THIN LANCETS	2	QL; OTC
MEDLANCE EXTRA 21G	2	QL; OTC
MEDLANCE LITE 25G	2	QL; OTC
MEDLANCE PLUS EXTRA 21G	2	QL; OTC
MEDLANCE PLUS LANCETS	2	QL; OTC
MEDLANCE PLUS LITE 25G	2	QL; OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL; OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL; OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL; OTC
MEDLANCE UNIVERSAL 21G	2	QL; OTC
MEIJER LANCETS	2	QL; OTC
MEIJER LANCETS THIN	2	QL; OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL; OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL; OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL; OTC
MEIJER SUPER THIN LANCETS	2	QL; OTC
MICROLET LANCETS	2	QL; OTC
MICROLET NEXT LANCING DEVICE	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MINI LANCING DEVICE	2	OTC
MM LANCING DEVICE	2	OTC
MM TWIST LANCETS	2	QL; OTC
MONOLET LANCETS	2	QL; OTC
MONOLET OPD LANCETS	2	QL; OTC
MONOLETTOR SAFETY LANCETS	2	QL; OTC
MPD SAFETY LANCET 21G	2	QL; OTC
MPD SAFETY LANCET 23G	2	QL; OTC
MPD SAFETY LANCET 28G	2	QL; OTC
MPD SAFETY LANCET 30G	2	QL; OTC
MULTI-LANCET DEVICE	2	OTC
MULTI-LANCET DEVICE 2 KIT	2	OTC
MYGLUCOHEALTH LANCETS 30G	2	QL; OTC
NOVA SAFETY LANCETS 23G	2	QL; OTC
NOVA SAFETY LANCETS 28G	2	QL; OTC
NOVA SUREFLEX LANCETS	2	QL; OTC
NOVA SUREFLEX LANCING DEVICE	2	OTC
ONETOUCH CLUB LANCETS FINE PT	2	QL; OTC
ONETOUCH DELICA LANCETS 30G	2	QL; OTC
ONETOUCH DELICA LANCETS 33G	2	QL; OTC
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL; OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL; OTC
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH FINEPOINT LANCETS	2	QL; OTC
ONETOUCH SURESOFT LANCING DEV	2	OTC
ONETOUCH ULTRASOFT LANCETS	2	QL; OTC
PC LANCETS SUPER THIN 30G	2	QL; OTC
PENLET II BLOOD SAMPLER KIT	2	OTC
PENLET II REPLACEMENT CAP	2	OTC
PERFECT LANCETS 28G	2	QL; OTC
PERFECT LANCETS 30G	2	QL; OTC
PHARMACIST CHOICE LANCETS	2	QL; OTC
PHARMACY COUNTER LANCETS	2	QL; OTC
PIP LANCETS 28G	2	QL; OTC
PIP LANCETS 30G	2	QL; OTC
PRECISION THINS GP LANCETS	2	QL; OTC
PREFERRED PLUS LANCETS COLORED	2	QL; OTC
PREFERRED PLUS LANCETS THIN	2	QL; OTC
PRESSURE ACTIVAT SAFETY LANCET	2	QL; OTC
PRO COMFORT LANCETS 30G	2	QL; OTC
PRO COMFORT LANCETS 31G	2	QL; OTC
PRODIGY LANCETS 28G	2	QL; OTC
PRODIGY LANCING DEVICE	2	OTC
PRODIGY SAFETY LANCETS 26G	2	QL; OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL; OTC
PSS SELECT GP LANCETS	2	QL; OTC
PSS SELECT PLATFORMS	2	OTC
PSS SELECT SAFETY LANCETS	2	QL; OTC
PUSH BUTTON SAFETY LANCETS	2	QL; OTC
PUSH BUTTON SAFETY LANCETS 28G	2	QL; OTC
PX ADVANCED LANCING DEVICE	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PX LANCET AUTO INJECTOR	2	OTC
PX LANCETS ULTRA THIN	2	QL; OTC
PX LANCETS ULTRA THIN 28G	2	QL; OTC
QC ADVANCED LANCING DEVICE	2	OTC
QC LANCETS SUPER THIN 30G	2	QL; OTC
QC LANCETS ULTRA THIN	2	QL; OTC
QC UNILET LANCETS 28G	2	QL; OTC
QC UNILET LANCETS MICRO THIN	2	QL; OTC
RA E-ZJECT LANCETS 28G	2	QL; OTC
RA E-ZJECT LANCETS THIN 26G	2	QL; OTC
RA E-ZJECT LANCETS THIN 28G	2	QL; OTC
RA E-ZJECT LANCETS ULTRA THIN	2	QL; OTC
READYLANCE SAFETY LANCETS	2	QL; OTC
REALITY LANCETS	2	QL; OTC
REALITY TRIGGER LANCETS	2	QL; OTC
RELION LANCET DEVICES 30G	2	OTC
RELION LANCETS MICRO-THIN 33G	2	QL; OTC
RELION LANCETS THIN 26G	2	QL; OTC
RELION LANCETS ULTRA-THIN 30G	2	QL; OTC
RELION LANCING DEVICE	2	OTC
RELION LANCING DEVICE KIT	2	OTC
RELION ULTRA THIN LANCETS 30G	2	QL; OTC
RELION ULTRA THIN PLUS LANCETS	2	QL; OTC
REXALL LANCETS ULTRA THIN 30G	2	QL; OTC
RIGHTEST ALTERNATE SITE ADAPT	2	OTC
RIGHTEST GD500 LANCING DEVICE	2	OTC
RIGHTEST GL300 LANCETS	2	QL; OTC
SAFE-T-LANCE	2	QL; OTC
SAFE-T-LANCE PLUS	2	QL; OTC
SAFETY LANCET 21G/PRESSURE ACT	2	QL; OTC
SAFETY LANCET 23G/PRESSURE ACT	2	QL; OTC
SAFETY LANCET 28G/PRESSURE ACT	2	QL; OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL; OTC
SAFETY LANCETS	2	QL; OTC
SAFETY LANCETS 21G	2	QL; OTC
SAFETY LANCETS 28G	2	QL; OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL; OTC
SAPS TWIST TOP LANCETS	2	QL; OTC
SAPSCARE TWIST TOP LANCETS	2	QL; OTC
SB LANCETS THIN	2	QL; OTC
SB LANCETS ULTRA THIN	2	QL; OTC
SELECT-LITE DEVICE/LANCETS KIT	2	OTC
SELECT-LITE LANCING DEVICE	2	OTC
SHOPKO AUTOLET LANCING DEVICE	2	OTC
SHOPKO ON-THE-GO LANCETS 30G	2	QL; OTC
SHOPKO UNILET LANCETS 28G	2	QL; OTC
SHOPKO UNILET LANCETS 30G	2	QL; OTC
SIDE BUTTON SAFETY LANCET	2	QL; OTC
SIMPLE DIAGNOSTICS LANCING DEV	2	OTC
SINGLE-LET	2	QL; OTC
SM LANCETS 33G	2	QL; OTC
SM TRUEDRAW LANCING DEVICE	2	OTC
SMART DIABETES VANTAGE LANCING	2	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SMART SENSE COLOR LANCETS 33G	2	QL; OTC
SMART SENSE STANDARD LANCETS	2	QL; OTC
SMART SENSE SUPER THIN LANCETS	2	QL; OTC
SMART SENSE THIN LANCETS 26G	2	QL; OTC
SMARTEST LANCETS 28G	2	QL; OTC
SOLUS V2 LANCETS 28G	2	QL; OTC
SOLUS V2 LANCING DEVICE	2	OTC
SOLUS V2 TWIST LANCETS 30G	2	QL; OTC
STERILANCE PA	2	OTC
STERILANCE TL	2	QL; OTC
SUPER THIN LANCETS	2	QL; OTC
SURE COMFORT LANCETS 18G	2	QL; OTC
SURE COMFORT LANCETS 21G	2	QL; OTC
SURE COMFORT LANCETS 23G	2	QL; OTC
SURE COMFORT LANCETS 28G	2	QL; OTC
SURE COMFORT LANCETS 30G	2	QL; OTC
SURE COMFORT LANCING PEN	2	OTC
SURE-LANCE FLAT LANCETS	2	QL; OTC
SURE-LANCE LANCETS 26G	2	QL; OTC
SURE-LANCE THIN LANCETS 28G	2	QL; OTC
SURE-LANCE ULTRA THIN LANCETS	2	QL; OTC
SURELITE LANCETS	2	QL; OTC
SURE-PEN	2	OTC
SURE-TOUCH LANCETS UNIVERSAL	2	QL; OTC
TECHLITE AST LANCETS	2	QL; OTC
TECHLITE LANCETS	2	QL; OTC
TECHLITE LANCETS 30G	2	QL; OTC
TGT LANCET MICRO THIN 33G	2	QL; OTC
TGT LANCET THIN 26G	2	QL; OTC
TGT LANCET ULTRA THIN 30G	2	QL; OTC
TGT LANCING DEVICE	2	OTC
THINLETS GP LANCETS	2	QL; OTC
TODAYS HEALTH LANCING DEVICE	2	OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL; OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL; OTC
TOPCARE LANCETS MICRO-THIN 33G	2	QL; OTC
TRAVEL LANCETS	2	QL; OTC
TRAVEL LANCETS ADVANCED 28G	2	QL; OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL; OTC
TRUEPLUS LANCETS 26G	2	QL; OTC
TRUEPLUS LANCETS 28G	2	QL; OTC
TRUEPLUS LANCETS 30G	2	QL; OTC
TRUEPLUS LANCETS 33G	2	QL; OTC
TRUEPLUS SAFETY LANCETS 28G	2	QL; OTC
ULTI-LANCE AUTOMATIC	2	OTC
ULTILET CLASSIC LANCETS	2	QL; OTC
ULTILET LANCETS	2	QL; OTC
ULTILET SAFETY LANCETS	2	QL; OTC
ULTILET SAFETY LANCETS 23G	2	QL; OTC
ULTRA THIN LANCETS 31G	2	QL; OTC
ULTRA-CARE LANCETS 30G	2	QL; OTC
ULTRA-THIN II AUTO LANCET	2	QL; OTC
ULTRA-THIN II LANCETS	2	QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
UNILET COMFORTOUCH LANCET	2	QL; OTC
UNILET EXCELITE	2	QL; OTC
UNILET EXCELITE II	2	QL; OTC
UNILET G.P. LANCET	2	QL; OTC
UNILET G.P. SUPERLITE LANCET	2	QL; OTC
UNILET GP 28 ULTRA THIN	2	QL; OTC
UNILET LANCET	2	QL; OTC
UNILET MICRO-THIN 33G	2	QL; OTC
UNILET SUPERLITE LANCET	2	QL; OTC
UNILET SUPER-THIN 30G	2	QL; OTC
UNILET ULTRA-THIN 28G	2	QL; OTC
UNISTIK 1	2	OTC
UNISTIK 2	2	OTC
UNISTIK 2 COMFORT	2	OTC
UNISTIK 2 EXTRA	2	OTC
UNISTIK 2 NEONATAL	2	OTC
UNISTIK 2 NORMAL	2	OTC
UNISTIK 2 SUPER	2	OTC
UNISTIK 3	2	OTC
UNISTIK 3 COMFORT	2	OTC
UNISTIK 3 EXTRA	2	OTC
UNISTIK 3 GENTLE	2	QL; OTC
UNISTIK 3 NEONATAL	2	OTC
UNISTIK 3 NORMAL	2	OTC
UNISTIK CZT COMFORT	2	OTC
UNISTIK CZT NORMAL	2	OTC
UNISTIK PRO SAFETY LANCET	2	QL; OTC
UNISTIK SAFETY LANCETS 28G	2	QL; OTC
UNISTIK SAFETY LANCETS 30G	2	QL; OTC
UNISTIK TOUCH SAFETY LANC 21G	2	QL; OTC
UNISTIK TOUCH SAFETY LANC 23G	2	QL; OTC
UNISTIK TOUCH SAFETY LANC 28G	2	QL; OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL; OTC
UNIVERSAL 1 LANCETS THIN 26G	2	QL; OTC
UNIVERSAL 1 LANCETS THIN 33G	2	QL; OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL; OTC
VALUE PLUS LANCET STANDARD 21G	2	QL; OTC
VALUE PLUS LANCETS SUPER THIN	2	QL; OTC
VALUE PLUS LANCETS THIN 26G	2	QL; OTC
VALUE PLUS LANCING DEVICE	2	OTC
VALUMARK LANCET SUPER THIN 30G	2	QL; OTC
VALUMARK LANCET ULTRA THIN 28G	2	QL; OTC
VIDA MIA AUTOLET LANCING DEV	2	OTC
VIDA MIA UNILET LANCETS 28G	2	QL; OTC
VIDA MIA UNILET LANCETS 30G	2	QL; OTC
VIVAGUARD LANCETS	2	ST; QL; OTC
VIVAGUARD LANCING DEVICE	2	OTC
WALGREENS ADV TRAVEL LANCETS	2	QL; OTC
WALGREENS LANCETS	2	QL; OTC
WALGREENS LANCETS MICRO THIN	2	QL; OTC
WALGREENS LANCETS SUPER THIN	2	QL; OTC
WALGREENS THIN LANCETS	2	QL; OTC
WALGREENS ULTRA THIN LANCETS	2	QL; OTC
*MISC. DEVICES***		
folding paddle walker	1 or 1b*	OTC; $0
*NEEDLES & SYRINGES***		
1ST TIER UNIFINE PENTIPS	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL; OTC
ABOUTTIME PEN NEEDLE	3	ST; QL; OTC
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL; OTC
ADVOCATE INSULIN SYRINGE	3	ST; QL; OTC
ASSURE ID INSULIN SAFETY SYR	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES	3	OTC
AURORA PEN NEEDLES	3	ST; QL; OTC
AURORA UNIFINE PENTIPS	3	ST; QL; OTC
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	ST; QL; OTC
BD AUTOSHIELD DUO	2	OTC
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	ST; QL; OTC
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	OTC
BD INSULIN SYRINGE HALF-UNIT	2	OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	OTC
BD INSULIN SYRINGE U/F	2	OTC
BD INSULIN SYRINGE U/F 1/2UNIT	2	OTC
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML	2	ST; QL; OTC

Drug Name	Tier	Notes
BD PEN NEEDLE MICRO U/F	2	OTC
BD PEN NEEDLE MINI U/F	2	OTC
BD PEN NEEDLE NANO 2ND GEN	2	ST; QL; OTC
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	OTC
BD PEN NEEDLE SHORT U/F	2	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	ST; QL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	
BD SAFETY-LOK INSULIN SYRINGE	2	OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	ST; QL; OTC
BD VEO INSULIN SYRINGE U/F	2	OTC
CAREFINE PEN NEEDLES	3	ST; QL; OTC
CAREONE INSULIN SYRINGE	3	ST; QL; OTC
CAREONE UNIFINE PENTIPS	3	ST; QL; OTC
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL; OTC
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	3	ST; QL; OTC
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	3	OTC
CARETOUCH PEN NEEDLES	3	ST; QL; OTC
CLEVER CHOICE COMFORT EZ	3	ST; QL; OTC
CLICKFINE PEN NEEDLES	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
COMFORT ASSIST INSULIN SYRINGE	3	ST; QL; OTC
COMFORT EZ INSULIN SYRINGE	3	ST; QL; OTC
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL; OTC
COMFORT EZ PEN NEEDLES	3	ST; QL; OTC
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL; OTC
COMFORT TOUCH INSULIN PEN NEED	3	ST; QL; OTC
DIATHRIVE PEN NEEDLE	3	ST; QL; OTC
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	OTC
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
DROPLET MICRON	3	OTC
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	3	ST; QL; OTC
DROPLET PEN NEEDLES 30G X 8 MM	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES	3	OTC
DRUG MART UNIFINE PENTIPS	3	ST; QL; OTC
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL; OTC
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL; OTC
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM	3	OTC
EASY COMFORT PEN NEEDLES 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL; OTC
EASY GLIDE PEN NEEDLES	3	ST; QL; OTC
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL; OTC
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL; OTC
EASY TOUCH INSULIN SYRINGE	3	ST; QL; OTC
EASY TOUCH PEN NEEDLES	3	ST; QL; OTC
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL; OTC
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
EXEL COMFORT POINT INSULIN SYR	3	ST; QL; OTC
EXEL COMFORT POINT PEN NEEDLE	3	ST; QL; OTC
FIFTY50 PEN NEEDLES	3	ST; QL; OTC
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL; OTC
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL; OTC
FREESTYLE PRECISION INS SYR	3	ST; QL; OTC
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL; OTC
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	OTC
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML	3	ST; QL; OTC
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL; OTC
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL; OTC
GLOBAL INSULIN SYRINGES	3	ST; QL; OTC
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	3	OTC
GNP CLICKFINE PEN NEEDLES	3	ST; QL; OTC
GNP INSULIN SYRINGE	3	ST; QL; OTC
GNP ULTICARE PEN NEEDLES	3	ST; QL; OTC
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL; OTC
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL; OTC
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL; OTC
HEALTHWISE INSULIN SYR/NEEDLE	3	OTC
HEALTHWISE MICRON PEN NEEDLES	3	OTC
HEALTHWISE MINI PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	OTC
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL; OTC
HEALTHWISE UNIFINE PENTIPS	3	ST; QL; OTC
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL; OTC
H-E-B INCONTROL PEN NEEDLES	3	ST; QL; OTC
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	3	ST; QL; OTC
HM ULTICARE INSULIN SYRINGE	3	ST; QL; OTC
HM ULTICARE MINI PEN NEEDLES	3	ST; QL; OTC
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL; OTC
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
INSULIN SYRINGE/NEEDLE	3	ST; QL; OTC
INSULIN SYRINGE-NEEDLE U-100	3	ST; QL; OTC
INSUPEN PEN NEEDLES	3	ST; QL; OTC
INSUPEN SENSITIVE	3	ST; QL; OTC
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL; OTC
KINRAY INSULIN SYRINGE	3	ST; QL; OTC
KMART VALU INSULIN SYRINGE 29G	3	ST; QL; OTC
KMART VALU INSULIN SYRINGE 30G	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
KROGER PEN NEEDLES 29G X 12MM	3	OTC
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	3	ST; QL; OTC
LEADER INSULIN SYRINGE	3	ST; QL; OTC
LEADER UNIFINE PENTIPS	3	ST; QL; OTC
LEADER UNIFINE PENTIPS PLUS	3	ST; QL; OTC
LITETOUCH INSULIN SYRINGE	3	ST; QL; OTC
LITETOUCH PEN NEEDLES	3	ST; QL; OTC
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL; OTC
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL; OTC
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL; OTC
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL; OTC
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL; OTC
MEDIC INSULIN SYRINGE	3	ST; QL; OTC
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL; OTC
MEIJER PEN NEEDLES	3	ST; QL; OTC
MICRODOT PEN NEEDLE	3	ST; QL; OTC
MM INSULIN SYRINGE/NEEDLE	3	ST; QL; OTC
MM PEN NEEDLES	3	ST; QL; OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL; OTC
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
NOVOFINE 32G X 6 MM	3	ST; QL; OTC
NOVOFINE AUTOCOVER	3	ST; QL; OTC
NOVOFINE PLUS	3	ST; QL; OTC
NOVOTWIST 32G X 5 MM	3	ST; QL; OTC
PC UNIFINE PENTIPS	3	ST; QL; OTC
PEN NEEDLES	3	ST; QL; OTC
PEN NEEDLES 1/2"	3	ST; QL; OTC
PEN NEEDLES 5/16" 31G X 8 MM	3	ST; QL; OTC
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
PENTIPS 31G X 6 MM	3	ST; QL; OTC
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	3	OTC
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	3	ST; QL; OTC
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 3/8" 0.5 ML	3	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	3	ST; QL; OTC
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL; OTC
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL; OTC
PREVENT SAFETY PEN NEEDLES	3	ST; QL; OTC
PRO COMFORT INSULIN SYRINGE	3	ST; QL; OTC
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 6 MM	3	ST; QL; OTC
PRODIGY INSULIN SYRINGE	3	ST; QL; OTC
PURE COMFORT PEN NEEDLE	3	ST; QL; OTC
PX EXTRA SHORT PEN NEEDLES	3	ST; QL; OTC
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL; OTC
PX MINI PEN NEEDLES	3	ST; QL; OTC
PX PEN NEEDLE	3	ST; QL; OTC
PX SHORTLENGTH PEN NEEDLES	3	ST; QL; OTC
QC PEN NEEDLES	3	ST; QL; OTC
QC UNIFINE PENTIPS	3	ST; QL; OTC
RA INSULIN SYRINGE	3	ST; QL; OTC
RA PEN NEEDLES	3	ST; QL; OTC
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	OTC
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL; OTC
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
RELION MINI PEN NEEDLES	3	ST; QL; OTC
RELION PEN NEEDLES	3	ST; QL; OTC
RELION SHORT PEN NEEDLES	3	ST; QL; OTC
SAFETY INSULIN SYRINGES	3	ST; QL; OTC
SB INSULIN SYRINGE	3	ST; QL; OTC
SECURESAFE INSULIN SYRINGE	3	ST; QL; OTC
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL; OTC
SHOPKO UNIFINE PENTIPS	3	ST; QL; OTC
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL; OTC
SURE COMFORT INSULIN SYRINGE	3	ST; QL; OTC
SURE COMFORT PEN NEEDLES	3	ST; QL; OTC
SURE-FINE PEN NEEDLES	3	ST; QL; OTC
SURE-JECT INSULIN SYRINGE	3	ST; QL; OTC
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	OTC
TECHLITE PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL; OTC
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL; OTC
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL; OTC
TRUE COMFORT INSULIN SYRINGE	3	OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
TRUE COMFORT PEN NEEDLES	3	ST; QL; OTC
TRUE COMFORT PRO INSULIN SYR	3	ST; QL; OTC
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL; OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	3	OTC
TRUEPLUS INSULIN SYRINGE	3	ST; QL; OTC
TRUEPLUS PEN NEEDLES 31G X 6 MM	3	OTC
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL; OTC
ULTICARE MICRO PEN NEEDLES	3	ST; QL; OTC
ULTICARE MINI PEN NEEDLES	3	ST; QL; OTC
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL; OTC
ULTICARE SHORT PEN NEEDLES	3	ST; QL; OTC
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL; OTC
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML	3	ST; QL
ULTILET INSULIN SYRINGE SHORT	3	ST; QL; OTC
ULTILET PEN NEEDLE	3	ST; QL; OTC
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL; OTC
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	3	ST; QL; OTC

Drug Name	Tier	Notes
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	3	ST; QL; OTC
ULTRA THIN PEN NEEDLES	3	ST; QL; OTC
ULTRACARE INSULIN SYRINGE	3	OTC
ULTRACARE PEN NEEDLES	3	ST; QL; OTC
ULTRA-COMFORT INSULIN SYRINGE	3	ST; QL; OTC
ULTRA-THIN II INS SYR SHORT	3	ST; QL; OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL; OTC
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL; OTC
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL; OTC
ULTRA-THIN II PEN NEEDLES	3	ST; QL; OTC
UNIFINE PENTIPS	3	ST; QL; OTC
UNIFINE PENTIPS PLUS	3	ST; QL; OTC
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL; OTC
VALUE HEALTH INSULIN SYRINGE	3	ST; QL; OTC
VALUMARK PEN NEEDLES	3	ST; QL; OTC
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL; OTC
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	OTC
VIDA MIA UNIFINE PENTIPS	3	ST; QL; OTC
VP INSULIN SYRINGE	3	ST; QL; OTC
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL; OTC

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)**		
NURTEC ORAL TABLET DISPERSIBLE	2	ST; QL
UBRELVY ORAL TABLET	3	ST; QL
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	3	PA; QL; LD
ERGOT COMBINATIONS**		
CAFERGOT ORAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
MIGRAINE PRODUCTS - NSAIDS**		
CAMBIA ORAL PACKET	3	ST; QL

Drug Name	Tier	Notes
MIGRAINE PRODUCTS**		
D.H.E. 45 INJECTION SOLUTION	3	PA; QL
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate nasal solution	3	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
MIGRANAL NASAL SOLUTION	3	ST; QL
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS**		
sumatriptan-naproxen sodium oral tablet	1 or 1b*	ST; QL
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1)**		
almotriptan malate oral tablet	1 or 1b*	QL
AMERGE ORAL TABLET	3	ST; QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
FROVA ORAL TABLET	3	ST; QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
IMITREX NASAL SOLUTION	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL
RELPAX ORAL TABLET	3	ST; QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1 or 1b*	QL
TOSYMRA NASAL SOLUTION	3	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
zolmitriptan nasal solution	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
ZOMIG NASAL SOLUTION	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET DISPERSIBLE	3	ST; QL
SELECTIVE SEROTONIN AGONISTS 5-HT(1F)**		
REYVOW ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
MINERALS & ELECTROLYTES		
BICARBONATES**		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
THAM INTRAVENOUS SOLUTION	3	
CALCIUM COMBINATIONS**		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 2-0.675 GM/100ML-%	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
ELECTROLYTES & DEXTROSE**		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %	3	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %	1 or 1b*	
ELLIOTTS B INTRATHECAL SOLUTION	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1 or 1b*	
ELECTROLYTES PARENTERAL**		
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML	3	
lactated ringers intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1 or 1b*	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
FLUORIDE COMBINATIONS**		
FLORIVA ORAL LIQUID	3	
FLUORIDE**		
fluoritab oral solution	1 or 1a*	$0
nafrinse drops oral solution	1 or 1a*	$0
nafrinse oral tablet chewable	1 or 1a*	$0
sodium fluoride oral solution	1 or 1a*	$0
sodium fluoride oral tablet	1 or 1a*	$0
sodium fluoride oral tablet chewable	1 or 1a*	$0
MAGNESIUM**		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%	3	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	3	
MANGANESE**		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE**		
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	1 or 1b*	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
sodium phosphates intravenous solution 15 mmole/5ml	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
POTASSIUM**		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
SODIUM**		
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
saline flush intravenous solution	1 or 1b*	
saline flush zr intravenous solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	1 or 1b*	
swabflush saline flush intravenous solution	1 or 1b*	
TRACE MINERAL COMBINATIONS**		
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	
TRACE MINERALS**		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
SELENIOUS ACID INTRAVENOUS SOLUTION	3	
ZINC**		
GALZIN ORAL CAPSULE	3	
WILZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
ANTILEPROTICS**		
THALOMID ORAL CAPSULE	2	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
CHELATING AGENTS**		
clovique oral capsule	1 or 1b*	PA; QL; SP
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; QL
EDETATE DISODIUM INTRAVENOUS SOLUTION	3	
penicillamine oral capsule	1 or 1b*	PA; QL
penicillamine oral tablet	1 or 1b*	PA; QL
SYPRINE ORAL CAPSULE	3	PA; QL; SP
trientine hcl oral capsule	1 or 1b*	PA; QL; SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS**		
PHOXILLUM B22K4/0 INTRAVENOUS SOLUTION	3	
PHOXILLUM BK4/2.5 INTRAVENOUS SOLUTION	3	
PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION	3	
PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION	3	
PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION	3	
PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION	3	
PRISMASOL BGK 4/0/1.2 INTRAVENOUS SOLUTION	3	
PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION	3	
PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION	3	
CYCLOSPORINE ANALOGS**		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE	3	PA; QL; LD
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	3	
ENZYMES**		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FARNESYLTRANSFERASE INHIBITORS**		
ZOKINVY ORAL CAPSULE	3	PA; QL; LD
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS**		
SOLESTA INJECTION GEL	3	LD; SP
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS**		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES**		
REVLIMID ORAL CAPSULE	2	PA; QL; LD; SP
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	
CELLCEPT ORAL TABLET	3	
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	3	
INTERLEUKIN-6 (IL-6) ANTAGONISTS**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
IRRIGATION SOLUTIONS**		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
sirolimus oral solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
MISCELLANEOUS THERAPEUTIC CLASSES**		
NEXAVIR INJECTION SOLUTION	3	
MONOCLONAL ANTIBODIES**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	3	PA; QL; LD
PERITONEAL DIALYSIS SOLUTIONS**		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
EXTRANEAL INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION	3	
POTASSIUM REMOVING AGENTS**		
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	LD
PROSTAGLANDINS**		
alprostadil injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
PURINE ANALOGS**		
AZASAN ORAL TABLET	3	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
SCLEROSING AGENTS**		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	3	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	LD
SELECTIVE T-CELL COSTIMULATION BLOCKERS**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL**		
lidocaine hcl mouth/throat solution	1 or 1a*	
lidocaine viscous hcl mouth/throat solution	1 or 1a*	

Drug Name	Tier	Notes
ANTI-INFECTIVES - THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	
nystatin mouth/throat suspension	1 or 1b*	
ORAVIG BUCCAL TABLET	3	
ANTISEPTICS - MOUTH/THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	
paroex mouth/throat solution	1 or 1a*	
PERIDEX MOUTH/THROAT SOLUTION	3	
periogard mouth/throat solution	1 or 1a*	
DENTAL PRODUCTS - COMBINATIONS**		
fluoridex sensitivity relief dental paste	1 or 1b*	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
sodium fluoride 5000 enamel dental paste	1 or 1b*	
sodium fluoride 5000 sensitive dental paste	1 or 1b*	
FLUORIDE DENTAL PRODUCTS**		
cavarest dental gel	1 or 1b*	
clinpro 5000 dental paste	1 or 1b*	
denta 5000 plus dental cream	1 or 1b*	
dentagel dental gel	1 or 1a*	
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	
fluoridex enhanced whitening dental paste	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf 5000 plus dental cream	1 or 1b*	
sf dental gel	1 or 1a*	
sodium fluoride 5000 plus dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental paste	1 or 1b*	
sodium fluoride dental cream	1 or 1b*	
sodium fluoride dental gel 1.1 %	1 or 1b*	
SALIVA STIMULANTS**		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	
SALAGEN ORAL TABLET	3	
STEROIDS - MOUTH/THROAT/DENTAL**		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	

Drug Name	Tier	Notes
MULTIVITAMINS		
B-COMPLEX VITAMINS**		
b complex oral tablet	1 or 1b*	OTC; $0
b complex-b12 oral tablet	1 or 1b*	OTC; $0
B-COMPLEX INJECTION INJECTABLE	3	
b-complex/b-12 oral tablet	1 or 1b*	OTC; $0
ra b-complex oral tablet	1 or 1b*	OTC; $0
ra b-complex with b-12 oral tablet	1 or 1b*	OTC; $0
vitamin b complex oral tablet	1 or 1b*	OTC; $0
vitamin b-complex oral tablet	1 or 1b*	OTC; $0
vitamin-b complex oral tablet	1 or 1b*	OTC; $0
B-COMPLEX W/ C & CALCIUM**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	OTC; $0
qc b-complex/vitamin c oral tablet	1 or 1b*	OTC; $0
B-COMPLEX W/ C & FOLIC ACID**		
b complex-c-folic acid oral tablet	1 or 1b*	OTC; $0
b-complex balanced oral tablet	1 or 1b*	OTC; $0
b-complex/vitamin c oral tablet	1 or 1b*	OTC; $0
dialyvite 800 oral tablet	1 or 1b*	OTC; $0
eql super b complex/vitamin c oral tablet	1 or 1b*	OTC; $0
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2	OTC; $0
hm super vitamin b complex/c oral tablet	1 or 1b*	OTC; $0
hm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; $0
kp b complex-c oral tablet	1 or 1b*	OTC; $0
nephro vitamins oral tablet	1 or 1b*	OTC; $0
px b complex/vitamin c oral tablet	1 or 1b*	OTC; $0
renal multivitamin formula oral tablet	1 or 1b*	OTC; $0
renal vitamin oral tablet	1 or 1b*	OTC; $0
renal-vite oral tablet	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
rena-vite oral tablet	1 or 1b*	OTC; $0
sm b super vitamin complex oral tablet	1 or 1b*	OTC; $0
SM B-COMPLEX/VITAMIN C ORAL TABLET	2	OTC; $0
stress formula oral tablet	1 or 1b*	OTC; $0
super b complex/fa/vit c oral tablet	1 or 1b*	OTC; $0
super b-complex/vit c/fa oral tablet	1 or 1b*	OTC; $0
VITALINE BIOTIN FORTE ORAL TABLET	2	OTC; $0
WEST-VITE W/FOLIC ACID ORAL TABLET	2	OTC; $0
B-COMPLEX W/ C**		
allbee/c oral tablet	1 or 1b*	OTC; $0
b complex-c oral tablet	1 or 1b*	OTC; $0
b-complex-c oral tablet	1 or 1b*	OTC; $0
better b complex oral tablet	1 or 1b*	OTC; $0
cvs b complex plus c oral tablet	1 or 1b*	OTC; $0
cvs super b complex/c oral tablet	1 or 1b*	OTC; $0
hm b complex/c oral tablet	1 or 1b*	OTC; $0
sm super b complex/c oral tablet	1 or 1b*	OTC; $0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; $0
super b complex/vitamin c oral tablet	1 or 1b*	OTC; $0
super b-complex + vitamin c oral tablet	1 or 1b*	OTC; $0
vitamin b + c complex oral tablet	1 or 1b*	OTC; $0
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID**		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2	OTC; $0
B-COMPLEX W/ FOLIC ACID**		
b complex formula 1 oral tablet	1 or 1b*	OTC; $0
b complex plus oral tablet	1 or 1b*	OTC; $0
kobee oral tablet	1 or 1b*	OTC; $0
sm balanced b-100 oral tablet	1 or 1b*	OTC; $0
sm balanced b-50 oral tablet	1 or 1b*	OTC; $0

Drug Name	Tier	Notes
super b complex maxi oral tablet	1 or 1b*	OTC; $0
B-COMPLEX W/BIOTIN & FOLIC ACID**		
b complex 100 tr oral tablet extended release	1 or 1b*	OTC; $0
b complex-biotin-fa oral tablet	1 or 1b*	OTC; $0
b-100 b-complex oral tablet	1 or 1b*	OTC; $0
b-100 complex cr oral tablet extended release	1 or 1b*	OTC; $0
b-100 tr oral tablet extended release	1 or 1b*	OTC; $0
b-50 complex oral tablet extended release	1 or 1b*	OTC; $0
balance b-50 oral tablet	1 or 1b*	OTC; $0
balanced b complex oral tablet	1 or 1b*	OTC; $0
balanced b-100 oral tablet extended release	1 or 1b*	OTC; $0
balanced b-50/fa oral tablet	1 or 1b*	OTC; $0
b-compleet-100 oral tablet	1 or 1b*	OTC; $0
b-compleet-50 oral tablet	1 or 1b*	OTC; $0
b-complex oral tablet	1 or 1b*	OTC; $0
big 100 (biotin) oral tablet	1 or 1b*	OTC; $0
big 100 oral tablet	1 or 1b*	OTC; $0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	OTC; $0
endur-b oral tablet extended release	1 or 1b*	OTC; $0
eql b complex 50 oral tablet	1 or 1b*	OTC; $0
eql b-100 complex oral tablet extended release	1 or 1b*	OTC; $0
gnp b-100 complex oral tablet extended release	1 or 1b*	OTC; $0
gnp b-50 balanced oral tablet	1 or 1b*	OTC; $0
gnp b-50 complex oral tablet extended release	1 or 1b*	OTC; $0
hm vitamin b100 complex oral tablet	1 or 1b*	OTC; $0
hm vitamin b50 complex oral tablet	1 or 1b*	OTC; $0
qc b50 prolonged release oral tablet extended release	1 or 1b*	OTC; $0
quin b strong b-25 oral tablet	1 or 1b*	OTC; $0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ra balanced b-100 oral tablet	1 or 1b*	OTC; $0
ra balanced b-50 oral tablet	1 or 1b*	OTC; $0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	OTC; $0
sm b100 complex oral tablet	1 or 1b*	OTC; $0
sm b-complex oral tablet	1 or 1b*	OTC; $0
super b-100 oral tablet	1 or 1b*	OTC; $0
super b-50 oral tablet	1 or 1b*	OTC; $0
super b-complex oral tablet	1 or 1b*	OTC; $0
super dec b-100 oral tablet	1 or 1b*	OTC; $0
super quints b-50 oral tablet	1 or 1b*	OTC; $0
vitamin b50 complex oral tablet extended release	1 or 1b*	OTC; $0
yl balanced b-100 oral tablet	1 or 1b*	OTC; $0
BIOFLAVONOID PRODUCTS**		
ADRENAL C FORMULA ORAL TABLET	3	
MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID**		
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG	3	
MULTIPLE VITAMINS W/ IRON**		
daily multiple vitamins/iron oral tablet	1 or 1b*	OTC; $0
daily vitamin formula+iron oral tablet	1 or 1b*	OTC; $0
daily vite multivitamin/iron oral tablet	1 or 1b*	OTC; $0
daily-vitamin/iron oral tablet	1 or 1b*	OTC; $0
gnp one daily plus iron oral tablet	1 or 1b*	OTC; $0
hm one daily/iron oral tablet	1 or 1b*	OTC; $0
multi-day plus iron oral tablet	1 or 1b*	OTC; $0
multiple vitamins/iron oral tablet	1 or 1b*	OTC; $0
multivitamin plus iron adult oral tablet	1 or 1b*	OTC; $0
multi-vitamin/iron oral tablet	1 or 1b*	OTC; $0
nat-rul daily-vite+iron oral tablet	1 or 1b*	OTC; $0
once daily/iron oral tablet	1 or 1b*	OTC; $0

Drug Name	Tier	Notes
one daily multivitamin/iron oral tablet	1 or 1b*	OTC; $0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	OTC; $0
one-daily/iron oral tablet	1 or 1b*	OTC; $0
qc daily multivitamins/iron oral tablet	1 or 1b*	OTC; $0
sm multiple vitamins/iron oral tablet	1 or 1b*	OTC; $0
stress b complex/iron oral tablet	1 or 1b*	OTC; $0
stress formula/iron oral tablet	1 or 1b*	OTC; $0
tab-a-vite/iron oral tablet	1 or 1b*	OTC; $0
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID**		
FOLGARD OS ORAL TABLET	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID**		
QUFLORA FE ORAL TABLET CHEWABLE	3	
MULTIPLE VITAMINS W/ MINERALS**		
one daily multivitamin adult oral tablet	1 or 1b*	OTC; $0
tab-a-vite oral tablet	1 or 1b*	OTC; $0
VENEXA ORAL TABLET	3	
VITRANOL FE ORAL TABLET	3	
ZYVANA ORAL CAPSULE	3	
MULTIVITAMINS**		
anti-oxidant oral tablet	1 or 1b*	OTC; $0
daily multiple vitamins oral tablet	1 or 1b*	OTC; $0
daily value multivitamin oral tablet	1 or 1b*	OTC; $0
daily vitamin oral tablet	1 or 1b*	OTC; $0
daily vitamins oral tablet	1 or 1b*	OTC; $0
daily vite oral tablet	1 or 1b*	OTC; $0
daily vites oral tablet	1 or 1b*	OTC; $0
daily-vitamin oral tablet	1 or 1b*	OTC; $0
daily-vite multivitamin oral tablet	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
daily-vite oral tablet	1 or 1b*	OTC; $0
ESTROFACTORS ORAL TABLET	2	OTC; $0
gnp essential one daily oral tablet	1 or 1b*	OTC; $0
healthy hair/skin/nails oral tablet	1 or 1b*	OTC; $0
HIGH POTENCY MULTIVITAMIN ORAL TABLET	2	OTC; $0
INFUVITE ADULT INTRAVENOUS INJECTABLE	3	
M.V.I. ADULT INTRAVENOUS INJECTABLE	3	
multi vitamin daily oral tablet	1 or 1b*	OTC; $0
MULTI VITAMIN ORAL TABLET	2	OTC; $0
MULTI VITAMIN W/D-3 ORAL TABLET	2	OTC; $0
multi-day oral tablet	1 or 1b*	OTC; $0
multiple vitamin-folic acid oral tablet	1 or 1b*	OTC; $0
multiple vitamins essential oral tablet	1 or 1b*	OTC; $0
multiple vitamins oral tablet	1 or 1b*	OTC; $0
MULTIVITAMIN ADULT ORAL TABLET	2	OTC; $0
multi-vitamin daily oral tablet	1 or 1b*	OTC; $0
multivitamin iron-free oral tablet	1 or 1b*	OTC; $0
MULTIVITAMIN ORAL TABLET	2	OTC; $0
multi-vitamin oral tablet	1 or 1b*	OTC; $0
multi-vitamins oral tablet	1 or 1b*	OTC; $0
NEOMULTIVITE ORAL TABLET	2	OTC; $0
OMNICAP ORAL TABLET	2	OTC; $0
once daily oral tablet	1 or 1b*	OTC; $0
one daily essential oral tablet	1 or 1b*	OTC; $0
one daily oral tablet	1 or 1b*	OTC; $0
one-daily multi vitamins oral tablet	1 or 1b*	OTC; $0
one-daily multi-vitamin oral tablet	1 or 1b*	OTC; $0
qc essentials oral tablet	1 or 1b*	OTC; $0
QUINTABS ORAL TABLET	2	OTC; $0
sm multiple vitamins essential oral tablet	1 or 1b*	OTC; $0
stresstabs energy oral tablet	1 or 1b*	OTC; $0
tab-a-vite/beta carotene oral tablet	1 or 1b*	OTC; $0
THERA ORAL TABLET	2	OTC; $0
thera-mill oral tablet	1 or 1b*	OTC; $0
thera-tabs oral tablet	1 or 1b*	OTC; $0
THEREMS ORAL TABLET	2	OTC; $0
vit e-vit c-beta carotene oral tablet	1 or 1b*	OTC; $0
vitalee oral tablet	1 or 1b*	OTC; $0
PED MULTI VITAMINS W/FL & FE**		
multi-vit/iron/fluoride oral solution	1 or 1b*	
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL SUSPENSION	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	3	
QUFLORA FE PEDIATRIC ORAL LIQUID	3	
PED MV W/ FLUORIDE**		
FLORIVA PLUS ORAL SOLUTION	3	
multivitamin/fluoride oral solution	1 or 1b*	$0
multi-vitamin/fluoride oral solution	1 or 1b*	$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1 or 1b*	$0
POLY-VI-FLOR ORAL SUSPENSION	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
QUFLORA GUMMIES ORAL TABLET CHEWABLE	2	
QUFLORA PEDIATRIC ORAL SOLUTION	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
PED VITAMINS ACD & FA W/ FLUORIDE		
TRI-VI-FLOR ORAL SUSPENSION	3	
TRI-VI-FLORO ORAL SUSPENSION	3	
PED VITAMINS ACD W/ FLUORIDE		
adc/f (0.5mg/ml) oral solution	1 or 1b*	$0
tri-vite/fluoride oral solution	1 or 1b*	$0
vitamins acd-fluoride oral solution	1 or 1b*	$0
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA ORAL TABLET CHEWABLE	3	
PEDIATRIC MULTIPLE VITAMINS		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED	3	
PRENATAL MV & MIN W/FE-FA		
ATABEX EC ORAL TABLET DELAYED RELEASE	3	
ATABEX OB ORAL TABLET	3	
AZESCHEW PRENATAL/POSTNATAL ORAL TABLET CHEWABLE	3	ST; QL
AZESCO ORAL TABLET	3	ST; QL
CITRANATAL B-CALM ORAL	3	

Drug Name	Tier	Notes
CITRANATAL BLOOM ORAL TABLET	3	ST; QL
CITRANATAL RX ORAL TABLET	3	ST; QL
CLASSIC PRENATAL ORAL TABLET	2	OTC; $0
C-NATE DHA ORAL CAPSULE	3	
CO-NATAL FA ORAL TABLET	3	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
CVS PRENATAL ORAL TABLET 27-0.8 MG	2	OTC; $0
DUET DHA 400 ORAL	3	ST; QL
DUET DHA BALANCED ORAL 25-1 & 267 MG	3	ST; QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	OTC; $0
GNP PRENATAL ORAL TABLET	2	OTC; $0
GOODSENSE PRENATAL VITAMINS ORAL TABLET	2	OTC; $0
HM ONE DAILY PRENATAL ORAL	2	OTC; $0
HM PRENATAL ORAL TABLET	2	OTC; $0
inatal gt oral tablet	1 or 1b*	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	2	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; $0
KPN PRENATAL ORAL TABLET	2	OTC; $0
M-NATAL PLUS ORAL TABLET	3	
MULTI PRENATAL ORAL TABLET	2	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MYNATAL ORAL CAPSULE	3	
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; QL
NATALVIT ORAL TABLET	3	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
NEONATAL COMPLETE ORAL TABLET	3	ST; QL
NEONATAL FE ORAL TABLET	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	ST; QL
NEONATAL VITAMIN ORAL TABLET	2	OTC; $0
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	3	
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
OBSTETRIX DHA ORAL	3	
OBSTETRIX EC ORAL TABLET	3	
O-CAL PRENATAL ORAL TABLET	3	
ONE VITE WOMENS ORAL TABLET	2	OTC; $0
ONE VITE WOMENS PLUS ORAL TABLET	3	
ONE-A-DAY WOMENS PRENATAL ORAL	2	OTC; $0

Drug Name	Tier	Notes
PERRY PRENATAL ORAL CAPSULE	2	OTC; $0
PNV TABS 20-1 ORAL TABLET	3	ST; QL
PNV TABS 29-1 ORAL TABLET	2	
PNV-OMEGA ORAL CAPSULE	3	ST; QL
pnv-select oral tablet	1 or 1b*	
PREGENNA ORAL TABLET	3	ST; QL
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
PRENARA ORAL CAPSULE	3	ST; QL
prenatabs rx oral tablet	1 or 1a*	
PRENATAL 19 ORAL TABLET 29-1 MG	3	
prenatal 19 oral tablet chewable	1 or 1a*	
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	3	
PRENATAL COMPLETE ORAL TABLET	2	OTC; $0
PRE-NATAL FORMULA ORAL TABLET	2	OTC; $0
PRENATAL FORTE ORAL TABLET	2	OTC; $0
PRENATAL LOW IRON ORAL TABLET 27-0.8 MG	2	OTC; $0
PRENATAL ONE DAILY ORAL TABLET	2	OTC; $0
PRENATAL ORAL TABLET 27-0.8 MG	2	$0
PRENATAL ORAL TABLET 27-1 MG	2	
PRENATAL ORAL TABLET 28-0.8 MG	2	OTC; $0
PRENATAL PLUS IRON ORAL TABLET	2	
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	OTC; $0
PRENATAL VITAMIN ORAL TABLET	2	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2	OTC; $0
PRENATAL/IRON ORAL TABLET	2	OTC; $0
PRENATAL-U ORAL CAPSULE	2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRENATVITE COMPLETE ORAL TABLET	3	ST; QL
PRENATVITE PLUS ORAL TABLET	3	ST; QL
PRENATVITE RX ORAL TABLET	3	ST; QL
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	3	
PX PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; $0
QC PRENATAL ORAL TABLET	2	OTC; $0
RA PRENATAL FORMULA ORAL TABLET	2	OTC; $0
RA PRENATAL ORAL TABLET	2	OTC; $0
RELNATE DHA ORAL CAPSULE	3	ST; QL
RIGHT STEP PRENATAL ORAL TABLET	2	OTC; $0
SELECT-OB ORAL TABLET CHEWABLE	3	ST; QL
SE-NATAL 19 ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET CHEWABLE	2	
SM ONE DAILY PRENATAL ORAL	2	OTC; $0
SM PRENATAL VITAMINS ORAL TABLET	2	OTC; $0
THRIVITE RX ORAL TABLET	2	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3	ST; QL
trinate oral tablet	1 or 1a*	
TRINAZ ORAL TABLET	3	ST; QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VINATE II ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
VIRT-C DHA ORAL CAPSULE	3	
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL
VIRT-PN PLUS ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	3	
VITAFOL-NANO ORAL TABLET	3	ST; QL
VITAFOL-OB ORAL TABLET	3	ST; QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
VP-PNV-DHA ORAL CAPSULE	3	ST; QL
WESTAB PLUS ORAL TABLET	3	ST
ZALVIT ORAL TABLET	3	ST; QL
PRENATAL MV & MIN W/FE-FA-DHA		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL
CITRANATAL BLOOM DHA ORAL	3	ST; QL
CITRANATAL DHA ORAL	3	ST; QL
CITRANATAL ESSENCE ORAL THERAPY PACK	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	ST; QL
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL
ENFAMIL EXPECTA ORAL	2	OTC; $0
NEONATAL + DHA ORAL	3	ST; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL
OBSTETRIX ONE ORAL CAPSULE	3	
pnv-dha oral capsule	1 or 1b*	ST; QL
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL
PREGEN DHA ORAL CAPSULE	3	ST; QL
PRENA 1 TRUE ORAL	3	
PRENAISSANCE ORAL CAPSULE	3	ST; QL
PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL
PRENATAL MULTIVITAMIN + DHA ORAL	2	OTC; $0
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
PRENATE PIXIE ORAL CAPSULE	3	ST; QL
PRENATE RESTORE ORAL CAPSULE	3	ST; QL
SELECT-OB+DHA ORAL	3	ST; QL
TARON-PREX ORAL CAPSULE	3	
TRISTART DHA ORAL CAPSULE	3	ST; QL
TRISTART FREE ORAL CAPSULE	3	ST; QL
TRISTART ONE ORAL CAPSULE	3	ST; QL
VIRT-PN DHA ORAL CAPSULE	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
PRENATAL MV & MINERALS W/FA WITHOUT IRON		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
PRENATAL VITAMINS		
NEONATAL 19 ORAL TABLET	3	ST; QL
PREMESISRX ORAL TABLET	2	ST; QL
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAFOL STRIPS ORAL FILM	3	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	ST; QL
VITAMINS A & D		
COD LIVER OIL ORAL OIL	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
VITAMINS W/ LIPOTROPICS**		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	OTC; $0
b-100 complex oral tablet	1 or 1b*	OTC; $0
b-100 cr oral tablet extended release	1 or 1b*	OTC; $0
b-100 oral tablet	1 or 1b*	OTC; $0
b-50 oral tablet	1 or 1b*	OTC; $0
balance b-100 oral tablet	1 or 1b*	OTC; $0
balanced b-100 complex cr oral tablet extended release	1 or 1b*	OTC; $0
balanced b-100 oral tablet	1 or 1b*	OTC; $0
balanced b-50 complex oral tablet	1 or 1b*	OTC; $0
complex b-100 oral tablet extended release	1 or 1b*	OTC; $0
complex b-100-inositol oral tablet extended release	1 or 1b*	OTC; $0
cvs balanced b50 oral tablet	1 or 1b*	OTC; $0
cvs inner ear plus oral tablet	1 or 1b*	OTC; $0
ear health formula oral tablet	1 or 1b*	OTC; $0
ear health plus oral tablet	1 or 1b*	OTC; $0
inner ear plus oral tablet	1 or 1b*	OTC; $0
lipo flavonoid plus oral tablet	1 or 1b*	OTC; $0
lipoflavonoid oral tablet	1 or 1b*	OTC; $0
lipoflavovit oral tablet	1 or 1b*	OTC; $0
mega multiple/chelated mineral oral tablet	1 or 1b*	OTC; $0
nat-rul b-50 oral tablet	1 or 1b*	OTC; $0
px b-50 oral tablet	1 or 1b*	OTC; $0
risanoid plus oral tablet	1 or 1b*	OTC; $0
super stress b-complex cr oral tablet extended release	1 or 1b*	OTC; $0
ultra b-100 complex oral tablet	1 or 1b*	OTC; $0
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS**		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
baclofen intrathecal solution	1 or 1b*	
baclofen oral tablet	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	

Drug Name	Tier	Notes
CHLORZOXAZONE ORAL TABLET 250 MG	3	ST; QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL
cyclobenzaprine hcl oral tablet	1 or 1b*	
fexmid oral tablet	1 or 1b*	ST; QL
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	3	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	3	
LIORESAL INTRATHECAL SOLUTION	3	
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX ORAL SOLUTION	3	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	ST; QL
ROBAXIN-750 ORAL TABLET	3	ST; QL
SKELAXIN ORAL TABLET	3	ST; QL
SOMA ORAL TABLET 250 MG	3	ST; QL
SOMA ORAL TABLET 350 MG	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
tizanidine hcl oral capsule	1 or 1b*	
tizanidine hcl oral tablet	1 or 1b*	
ZANAFLEX ORAL CAPSULE	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
DIRECT MUSCLE RELAXANTS**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	3	
MUSCLE RELAXANT COMBINATIONS**		
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	
CYCLOPAK COMBINATION THERAPY PACK	3	
orphenadrine-asa-caffeine oral tablet	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
VISCOSUPPLEMENTS**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	3	PA; QL
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	3	PA; QL; SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
HYALGAN INTRA-ARTICULAR SOLUTION	3	PA; QL
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID**		
azelastine-fluticasone nasal suspension	1 or 1b*	
DYMISTA NASAL SUSPENSION	3	
NASAL ANESTHETICS**		
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	
NASAL ANTICHOLINERGICS**		
ipratropium bromide nasal solution	1 or 1b*	
NASAL ANTIHISTAMINES**		
azelastine hcl nasal solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
olopatadine hcl nasal solution	1 or 1b*	
PATANASE NASAL SOLUTION	3	
NASAL STEROIDS**		
BECONASE AQ NASAL SUSPENSION	3	ST; QL
flunisolide nasal solution 25 mcg/act (0.025%)	3	ST; QL
fluticasone propionate nasal suspension	1 or 1a*	
mometasone furoate nasal suspension	3	ST; QL
NASONEX NASAL SUSPENSION	3	ST; QL
OMNARIS NASAL SUSPENSION	3	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST; QL
QNASL NASAL AEROSOL SOLUTION	3	ST; QL
XHANCE NASAL EXHALER SUSPENSION	3	PA; QL
ZETONNA NASAL AEROSOL SOLUTION	3	ST; QL
NEUROMUSCULAR AGENTS		
BENZATHIAZOLES**		
RILUTEK ORAL TABLET	3	SP
riluzole oral tablet	1 or 1b*	SP
TIGLUTIK ORAL SUSPENSION	3	LD
DEPOLARIZING MUSCLE RELAXANTS**		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	

Drug Name	Tier	Notes
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
MUSCULAR DYSTROPHY AGENTS**		
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; QL; LD
VILTEPSO INTRAVENOUS SOLUTION	3	PA; QL; LD
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA; QL; LD
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS**		
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; SP
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; QL; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
NONDEPOLARIZING MUSCLE RELAXANTS**		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	3	
pancuronium bromide intravenous solution 1 mg/ml	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
rocuronium bromide intravenous solution	1 or 1b*	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS**		
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; QL; LD
NUTRIENTS		
AMINO ACID MIXTURES**		
AMINOPROTECT INTRAVENOUS SOLUTION	3	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	
AMINOSYN-PF INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
FREAMINE HBC INTRAVENOUS SOLUTION	3	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	
hepatamine intravenous solution	1 or 1b*	
NEPHRAMINE INTRAVENOUS SOLUTION	3	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	
PROSOL INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
AMINO ACIDS-SINGLE**		
ARGININE HCL INJECTION SOLUTION	3	
ELCYS INTRAVENOUS SOLUTION	3	
GLUTATHIONE INJECTION SOLUTION	3	
GLUTATHIONE INTRAVENOUS SOLUTION	3	
GLYCINE INJECTION SOLUTION	3	
LYSINE HCL INJECTION SOLUTION	3	
n-acetyl-l-cysteine oral capsule	1 or 1b*	
TAURINE INJECTION SOLUTION	3	
CARBOHYDRATES**		
dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %	3	
LIPIDS**		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	3	PA; QL; LD; SP
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
LIPOTROPIC COMBINATIONS**		
LIPO INTRAMUSCULAR SOLUTION	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	

Drug Name	Tier	Notes
PROTEIN COMBINATIONS**		
TRI-AMINO INJECTION SOLUTION	3	
PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS**		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB**		
SIMBRINZA OPHTHALMIC SUSPENSION	2	
ARTIFICIAL TEAR INSERTS**		
LACRISERT OPHTHALMIC INSERT	3	PA; QL
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS**		
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	
BETA-BLOCKERS - OPHTHALMIC**		
betaxolol hcl ophthalmic solution	1 or 1b*	
BETIMOL OPHTHALMIC SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
BETOPTIC-S OPHTHALMIC SUSPENSION	2	
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION	3	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate ophthalmic gel forming solution	1 or 1b*	
timolol maleate ophthalmic solution	1 or 1b*	
timolol maleate pf ophthalmic solution	1 or 1b*	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	
TIMOPTIC OPHTHALMIC SOLUTION	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	
CYCLOPLEGIC MYDRIATIC COMBINATIONS**		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
CYCLOPLEGIC MYDRIATICS**		
altafrin ophthalmic solution 10 %, 2.5 %	1 or 1b*	
atropine sulfate ophthalmic ointment	1 or 1b*	
ATROPINE SULFATE OPHTHALMIC SOLUTION	3	
CYCLOGYL OPHTHALMIC SOLUTION	3	
cyclopentolate hcl ophthalmic solution	1 or 1b*	
ISOPTO ATROPINE OPHTHALMIC SOLUTION	3	
MYDRIACYL OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG**		
XIIDRA OPHTHALMIC SOLUTION	3	PA; QL
MIOTICS - CHOLINESTERASE INHIBITORS**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
MIOTICS - DIRECT ACTING**		
ISOPTO CARPINE OPHTHALMIC SOLUTION	3	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
OPHTHALMIC ADRENERGIC AGENTS**		
EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC ANTIALLERGIC**		
ALOCRIL OPHTHALMIC SOLUTION	3	ST; QL
ALOMIDE OPHTHALMIC SOLUTION	3	ST; QL

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
azelastine hcl ophthalmic solution	1 or 1b*	
BEPREVE OPHTHALMIC SOLUTION	3	ST; QL
cromolyn sodium ophthalmic solution	1 or 1a*	
epinastine hcl ophthalmic solution	1 or 1b*	
LASTACAFT OPHTHALMIC SOLUTION	3	ST; QL
olopatadine hcl ophthalmic solution	3	ST; QL
PATADAY OPHTHALMIC SOLUTION 0.2 %	3	ST; QL
ZERVIATE OPHTHALMIC SOLUTION	3	ST; QL
OPHTHALMIC ANTIBIOTICS**		
AZASITE OPHTHALMIC SOLUTION	3	
bacitracin ophthalmic ointment	1 or 1b*	
BESIVANCE OPHTHALMIC SUSPENSION	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic solution	1 or 1a*	
erythromycin ophthalmic ointment	1 or 1a*	
gatifloxacin ophthalmic solution	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	
gentamicin sulfate ophthalmic solution	1 or 1a*	
levofloxacin ophthalmic solution	1 or 1b*	
MITOMYCIN INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	

Drug Name	Tier	Notes
MITOSOL OPHTHALMIC KIT	3	
MOXEZA OPHTHALMIC SOLUTION	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
moxifloxacin hcl ophthalmic solution	1 or 1b*	
OCUFLOX OPHTHALMIC SOLUTION	3	
ofloxacin ophthalmic solution	1 or 1a*	
tobramycin ophthalmic solution	1 or 1a*	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	3	
VIGAMOX OPHTHALMIC SOLUTION	3	
ZYMAXID OPHTHALMIC SOLUTION	3	
OPHTHALMIC ANTIFUNGAL**		
NATACYN OPHTHALMIC SUSPENSION	3	
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS**		
ak-poly-bac ophthalmic ointment	1 or 1a*	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
neo-polycin ophthalmic ointment	1 or 1b*	
polycin ophthalmic ointment	1 or 1a*	
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	
POLYTRIM OPHTHALMIC SOLUTION	3	
OPHTHALMIC ANTISEPTICS**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
OPHTHALMIC ANTIVIRALS**		
trifluridine ophthalmic solution	1 or 1b*	
ZIRGAN OPHTHALMIC GEL	3	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS**		
AZOPT OPHTHALMIC SUSPENSION	2	
dorzolamide hcl ophthalmic solution	1 or 1b*	
TRUSOPT OPHTHALMIC SOLUTION	3	
OPHTHALMIC DIAGNOSTIC PRODUCTS**		
ak-fluor intravenous solution 10 %	1 or 1b*	
AK-FLUOR INTRAVENOUS SOLUTION 25 %	3	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION	3	
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
FLURA-SAFE OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
PAREMYD OPHTHALMIC SOLUTION	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
OPHTHALMIC IMMUNOMODULATORS **		
CEQUA OPHTHALMIC SOLUTION	3	PA; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA; QL
RESTASIS OPHTHALMIC EMULSION	3	PA; QL
OPHTHALMIC IRRIGATION SOLUTIONS**		
balanced salt intraocular solution	1 or 1b*	
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS**		
ROCKLATAN OPHTHALMIC SOLUTION	3	
OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS**		
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION	3	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION	3	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC LOCAL ANESTHETICS**		
AKTEN OPHTHALMIC GEL	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ALCAINE OPHTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NERVE GROWTH FACTORS**		
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL; LD
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**		
ACULAR LS OPHTHALMIC SOLUTION	3	
ACULAR OPHTHALMIC SOLUTION	3	
ACUVAIL OPHTHALMIC SOLUTION	3	
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	
BROMSITE OPHTHALMIC SOLUTION	3	
diclofenac sodium ophthalmic solution	1 or 1b*	
flurbiprofen sodium ophthalmic solution	1 or 1b*	
ILEVRO OPHTHALMIC SUSPENSION	2	
ketorolac tromethamine ophthalmic solution	1 or 1b*	
NEVANAC OPHTHALMIC SUSPENSION	3	
PROLENSA OPHTHALMIC SOLUTION	3	
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP

Drug Name	Tier	Notes
OPHTHALMIC PHOTOENHANCER COMBINATIONS**		
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC RHO KINASE INHIBITORS**		
RHOPRESSA OPHTHALMIC SOLUTION	3	
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
OPHTHALMIC STEROID COMBINATIONS**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION	3	
ZYLET OPHTHALMIC SUSPENSION	2	
OPHTHALMIC STEROIDS**		
ALREX OPHTHALMIC SUSPENSION	3	

Drug Name	Tier	Notes
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
DUREZOL OPHTHALMIC EMULSION	2	
EYSUVIS OPHTHALMIC SUSPENSION	3	PA; QL
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
ILUVIEN INTRAVITREAL IMPLANT	3	PA; QL; LD; SP
INVELTYS OPHTHALMIC SUSPENSION	3	
LOTEMAX OPHTHALMIC GEL	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM OPHTHALMIC GEL	3	
loteprednol etabonate ophthalmic gel	1 or 1b*	
loteprednol etabonate ophthalmic suspension	1 or 1b*	
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PRED FORTE OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	
RETISERT INTRAVITREAL IMPLANT	3	PA; QL; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
YUTIQ INTRAVITREAL IMPLANT	3	PA; QL; LD
OPHTHALMIC SULFONAMIDES**		
BLEPH-10 OPHTHALMIC SOLUTION	3	
sulfacetamide sodium ophthalmic ointment	1 or 1b*	
sulfacetamide sodium ophthalmic solution	1 or 1b*	
OPHTHALMIC SURGICAL AIDS - COMBINATIONS**		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT	3	
OMIDRIA INTRAOCULAR SOLUTION	3	
VISCOAT INTRAOCULAR SOLUTION	3	
OPHTHALMIC SURGICAL AIDS**		
AMVISC INTRAOCULAR SOLUTION	3	
AMVISC PLUS INTRAOCULAR SOLUTION	3	

Drug Name	Tier	Notes
BIOLON INTRAOCULAR SOLUTION	3	LD
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON GV INTRAOCULAR SOLUTION	3	
HEALON INTRAOCULAR SOLUTION	3	
HEALON PRO INTRAOCULAR SOLUTION	3	
HEALON5 INTRAOCULAR SOLUTION	3	
HEALON5 PRO INTRAOCULAR SOLUTION	3	
HYALURONIDASE (INTRAOCULAR) INTRAOCULAR SOLUTION	3	
MEMBRANEBLUE OPHTHALMIC SOLUTION	3	
ocucoat viscoadherent intraocular solution	1 or 1b*	
PROVISC INTRAOCULAR SOLUTION	3	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE OPHTHALMIC SOLUTION	3	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS*		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
OPHTHALMICS - CYSTINOSIS AGENTS*		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL; LD
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL; LD

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PROSTAGLANDINS - OPHTHALMIC**		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	3	PA; QL; LD; SP
latanoprost ophthalmic solution	1 or 1b*	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
TRAVATAN Z OPHTHALMIC SOLUTION	3	
travoprost (bak free) ophthalmic solution	1 or 1b*	
VYZULTA OPHTHALMIC SOLUTION	3	
XALATAN OPHTHALMIC SOLUTION	3	
XELPROS OPHTHALMIC EMULSION	3	
ZIOPTAN OPHTHALMIC SOLUTION	3	
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS**		
BEOVU INTRAVITREAL SOLUTION	3	PA; QL; LD; SP
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
EYLEA INTRAVITREAL SOLUTION	3	PA; QL; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
LUCENTIS INTRAVITREAL SOLUTION	3	PA; QL; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP

Drug Name	Tier	Notes
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS**		
acetic acid otic solution	1 or 1b*	
OTIC ANALGESIC COMBINATIONS**		
PRAMOTIC OTIC LIQUID	3	
OTIC ANTI-INFECTIVES**		
CETRAXAL OTIC SOLUTION	3	
ciprofloxacin hcl otic solution	1 or 1b*	
ofloxacin otic solution	1 or 1b*	
OTIPRIO INTRATYMPANIC SUSPENSION	3	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS**		
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	3	
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	
CORTISPORIN-TC OTIC SUSPENSION	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
OTOVEL OTIC SOLUTION	3	
OTIC STEROIDS**		
DERMOTIC OTIC OIL	3	
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS**		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
PROSTIN E2 VAGINAL SUPPOSITORY	3	
OXYTOCICS**		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 20-0.9 UNT/L-%	3	
PITOCIN INJECTION SOLUTION	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVIRAL MONOCLONAL ANTIBODIES**		
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; QL; LD; SP
BACTERIAL MONOCLONAL ANTIBODIES**		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
IMMUNE SERUMS**		
ASCENIV INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA; QL; LD; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	3	PA; QL; SP
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; QL; LD
CUVITRU SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
CYTOGAM INTRAVENOUS INJECTABLE	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GAMMAGARD INJECTION SOLUTION	3	PA; QL; LD; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; QL; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	3	PA; QL; LD; SP
GAMUNEX-C INJECTION SOLUTION	3	PA; QL; LD; SP
HEPAGAM B INJECTION SOLUTION	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	3	PA; QL; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
HYPERRAB INJECTION SOLUTION	3	SP
HYPERRAB S/D INJECTION SOLUTION	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; SP
HYPERTET S/D INTRAMUSCULAR INJECTABLE	3	
IMOGAM RABIES-HT INJECTION SOLUTION	3	SP
KEDRAB INJECTION SOLUTION	3	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	SP
NABI-HB INTRAMUSCULAR SOLUTION	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	3	PA; QL; LD; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML	3	PA; QL; LD
PANZYGA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	LD; SP
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	SP
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; QL; LD
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA SUBCUTANEOUS KIT	3	PA; QL; LD; SP
PENICILLINS		
AMINOPENICILLINS*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
NATURAL PENICILLINS**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION	3	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
PENICILLIN COMBINATIONS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION	3	
PENICILLINASE-RESISTANT PENICILLINS**		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
PROGESTINS		
PROGESTINS**		
AYGESTIN ORAL TABLET	3	
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	PA; QL; SP
MAKENA INTRAMUSCULAR OIL	3	PA; QL; LD; SP
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
medroxyprogesterone acetate oral tablet	1 or 1a*	
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL**		
LUCEMYRA ORAL TABLET	3	
ALCOHOL DETERRENTS**		
acamprosate calcium oral tablet delayed release	1 or 1b*	
disulfiram oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ANTI-CATAPLECTIC AGENTS**		
XYREM ORAL SOLUTION	3	PA; QL; LD
ANTI-CATAPLECTIC COMBINATIONS**		
XYWAV ORAL SOLUTION	3	PA; QL; LD
ANTIDEMENTIA AGENT COMBINATIONS**		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
BENZODIAZEPINES & TRICYCLIC AGENTS**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
CHOLINOMIMETICS - ACHE INHIBITORS**		
ARICEPT ORAL TABLET 10 MG, 23 MG	3	
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
galantamine hydrobromide oral solution	1 or 1b*	
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG	3	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG	3	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	
rivastigmine transdermal patch 24 hour	1 or 1b*	
FIBROMYALGIA AGENT - SNRIS**		
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
MELANOCORTIN RECEPTOR AGONISTS**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD
MOVEMENT DISORDER DRUG THERAPY**		
AUSTEDO ORAL TABLET	3	PA; QL; LD; SP
INGREZZA ORAL CAPSULE 40 MG	3	PA; DO; QL; LD
INGREZZA ORAL CAPSULE 80 MG	3	PA; QL; LD
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL; LD
tetrabenazine oral tablet	1 or 1b*	PA; QL; SP
XENAZINE ORAL TABLET	3	PA; QL; LD; SP

Drug Name	Tier	Notes
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**		
AUBAGIO ORAL TABLET	3	PA; QL; LD; SP
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
MULTIPLE SCLEROSIS AGENTS - INTERFERONS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	3	PA; QL; SP
EXTAVIA SUBCUTANEOUS KIT	3	PA; QL; LD; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES**		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
LEMTRADA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; QL; LD; SP
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS**		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; QL; LD; SP
dimethyl fumarate starter pack oral	1 or 1b*	PA; QL; SP
TECFIDERA ORAL	3	PA; QL; LD; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; SP
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL; LD; SP
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; QL; SP
MULTIPLE SCLEROSIS AGENTS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
glatiramer acetate subcutaneous solution prefilled syringe	3	PA; QL; SP
glatopa subcutaneous solution prefilled syringe	3	PA; QL; SP
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	
memantine hcl oral solution	1 or 1b*	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA ORAL TABLET 10 MG	3	
NAMENDA ORAL TABLET 5 MG	3	DO
NAMENDA TITRATION PAK ORAL TABLET	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 7 MG	3	DO
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
PHENOTHIAZINES & TRICYCLIC AGENTS**		
perphenazine-amitriptyline oral tablet	1 or 1b*	
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**		
GRALISE ORAL TABLET 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET 600 MG	2	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; DO; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS**		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	
PSEUDOBULBAR AFFECT AGENT COMBINATIONS**		
NUEDEXTA ORAL CAPSULE	3	PA; QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**		
ergoloid mesylates oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	

Drug Name	Tier	Notes
RESTLESS LEG SYNDROME (RLS) AGENTS**		
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG**		
ADDYI ORAL TABLET	3	PA; QL
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS**		
ONPATTRO INTRAVENOUS SOLUTION	3	PA; QL; LD
SMOKING DETERRENTS**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; QL; $0
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	PA; QL; $0
CHANTIX ORAL TABLET	3	PA; QL; $0
CHANTIX STARTING MONTH PAK ORAL TABLET	3	PA; QL; $0
cvs nicotine mouth/throat gum	1 or 1b*	OTC; $0
cvs nicotine mouth/throat lozenge	1 or 1b*	OTC; $0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
cvs nicotine transdermal patch 24 hour	1 or 1b*	OTC; $0
eq nicotine mouth/throat lozenge	1 or 1b*	OTC; $0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; $0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
eql nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	OTC; $0
gnp nicotine mouth/throat gum	1 or 1b*	OTC; $0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
gnp nicotine transdermal patch 24 hour	1 or 1b*	OTC; $0
goodsense nicotine mouth/throat gum	1 or 1b*	OTC; $0
goodsense nicotine mouth/throat lozenge	1 or 1b*	OTC; $0
habitrol transdermal patch 24 hour	1 or 1b*	OTC; $0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
hm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
hm nicotine transdermal patch 24 hour	1 or 1b*	OTC; $0
kls quit2 mouth/throat gum	1 or 1b*	OTC; $0
kls quit2 mouth/throat lozenge	1 or 1b*	OTC; $0
kls quit4 mouth/throat gum	1 or 1b*	OTC; $0
kls quit4 mouth/throat lozenge	1 or 1b*	OTC; $0
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	OTC; $0
nicorelief mouth/throat gum 2 mg	1 or 1b*	OTC; $0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	OTC; $0
NICORETTE MOUTH/THROAT GUM	2	OTC; $0
NICORETTE MOUTH/THROAT LOZENGE	2	OTC; $0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	OTC; $0
nicotine mini mouth/throat lozenge	1 or 1b*	OTC; $0
nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	OTC; $0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	OTC; $0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; $0
NICOTINE TRANSDERMAL KIT	2	OTC; $0
nicotine transdermal patch 24 hour	1 or 1b*	OTC; $0
NICOTROL INHALATION INHALER	3	PA; QL; $0
NICOTROL NS NASAL SOLUTION	3	PA; QL; $0
px stop smoking aid mouth/throat gum	1 or 1b*	OTC; $0
px stop smoking aid mouth/throat lozenge	1 or 1b*	OTC; $0
ra mini nicotine mouth/throat lozenge	1 or 1b*	OTC; $0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	OTC; $0
ra nicotine mouth/throat gum	1 or 1b*	OTC; $0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; $0
sm nicotine mouth/throat gum	1 or 1b*	OTC; $0
sm nicotine mouth/throat lozenge	1 or 1b*	OTC; $0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; $0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; $0
sm nicotine transdermal patch 24 hour	1 or 1b*	OTC; $0
thrive mouth/throat gum 2 mg	1 or 1b*	OTC; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS**		
GILENYA ORAL CAPSULE 0.5 MG	3	PA; QL; SP
MAYZENT ORAL TABLET	3	PA; QL; LD; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
ZEPOSIA ORAL CAPSULE	3	PA; QL; LD; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
THIENBENZODIAZEPINES & SSRIS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO
VASOMOTOR SYMPTOM AGENTS - SSRIS**		
BRISDELLE ORAL CAPSULE	3	
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; QL; LD; SP
GLASSIA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; QL; LD
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; QL; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
CFTR POTENTIATORS**		
KALYDECO ORAL PACKET	3	PA; QL; LD
CYSTIC FIBROSIS AGENT - COMBINATIONS**		
ORKAMBI ORAL PACKET	3	PA; QL; LD
ORKAMBI ORAL TABLET	3	PA; QL; LD
SYMDEKO ORAL TABLET THERAPY PACK	3	PA; QL; LD
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL; LD
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS**		
BRONCHITOL INHALATION CAPSULE	3	LD; SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	3	LD; SP
HYDROLYTIC ENZYMES**		
PULMOZYME INHALATION SOLUTION	3	LD; SP
PLEURAL SCLEROSING AGENTS**		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
STERITALC INTRAPLEURAL POWDER	3	
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS		
OFEV ORAL CAPSULE	3	PA; QL; LD; SP
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE	3	PA; QL; LD; SP
ESBRIET ORAL TABLET	3	PA; QL; LD; SP
RESPIRATORY AGENTS - MISC.		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE ORAL TABLET	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
NUZYRA ORAL TABLET 150 MG	3	PA; QL; LD
FLUOROCYCLINES		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
GLYCYLCYCLINES		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST; QL
coremino oral tablet extended release 24 hour	1 or 1b*	ST; QL
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE	3	ST; QL
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	3	ST; QL
doxy 100 intravenous solution reconstituted	1 or 1b*	
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 75 mg	1 or 1b*	ST; QL
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
minocycline hcl er oral capsule extended release 24 hour	3	ST; QL
minocycline hcl er oral tablet extended release 24 hour	1 or 1b*	ST; QL
minocycline hcl oral capsule	1 or 1b*	
minocycline hcl oral tablet	1 or 1b*	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
mondoxyne nl oral capsule 100 mg, 75 mg	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
SEYSARA ORAL TABLET	3	ST; QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; QL
tetracycline hcl oral capsule	1 or 1b*	
VIBRAMYCIN ORAL CAPSULE	3	ST; QL
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	ST; QL
VIBRAMYCIN ORAL SYRUP	3	ST; QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
THYROID AGENTS		
ANTITHYROID AGENTS**		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
TAPAZOLE ORAL TABLET	3	
THYROID HORMONES**		
ARMOUR THYROID ORAL TABLET	3	
CYTOMEL ORAL TABLET	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	

Drug Name	Tier	Notes
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION	3	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg	1 or 1a*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
NATURE-THROID ORAL TABLET	3	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
WP THYROID ORAL TABLET	3	
TOXOIDS		
TOXOID COMBINATIONS**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	$0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	$0
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	$0
KINRIX INTRAMUSCULAR SUSPENSION	3	$0
PEDIARIX INTRAMUSCULAR SUSPENSION	3	$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	$0
TDVAX INTRAMUSCULAR SUSPENSION	3	$0
TENIVAC INTRAMUSCULAR INJECTABLE	3	$0
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTICHOLINERGIC COMBINATIONS**		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	

Drug Name	Tier	Notes
LIBRAX ORAL CAPSULE	3	
phenobarbital-belladonna alk oral elixir	1 or 1b*	
phenohytro oral elixir	1 or 1b*	
phenohytro oral tablet	1 or 1b*	
ANTISPASMODICS**		
BENTYL INTRAMUSCULAR SOLUTION	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
BELLADONNA ALKALOIDS**		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	1 or 1b*	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
hyoscyamine sulfate er oral tablet extended release 12 hour	1 or 1b*	
hyoscyamine sulfate sl sublingual tablet sublingual	1 or 1b*	
hyoscyamine sulfate sublingual tablet sublingual	1 or 1b*	
H-2 ANTAGONISTS**		
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
PEPCID ORAL TABLET	3	
MISC. ANTI-ULCER**		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
PROTON PUMP INHIBITOR-ANTACID COMBINATIONS**		
omeprazole-sodium bicarbonate oral capsule	3	ST; QL
omeprazole-sodium bicarbonate oral packet	3	ST; QL
ZEGERID ORAL CAPSULE	3	ST; QL
ZEGERID ORAL PACKET	3	ST; QL
PROTON PUMP INHIBITORS**		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	ST; QL
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	3	ST; QL
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	ST; QL
esomeprazole magnesium oral capsule delayed release	3	ST; QL
esomeprazole magnesium oral packet	3	ST; QL
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG	3	
lansoprazole oral capsule delayed release	3	ST; QL
lansoprazole oral tablet delayed release dispersible	3	ST; QL

Drug Name	Tier	Notes
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL
NEXIUM ORAL PACKET	3	ST; QL
omeprazole oral capsule delayed release	1 or 1b*	QL
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral packet	3	ST; QL
pantoprazole sodium oral tablet delayed release	1 or 1b*	QL
PREVACID ORAL CAPSULE DELAYED RELEASE	3	ST; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST; QL
PRILOSEC ORAL PACKET	3	ST; QL
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	3	ST; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST; QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST; QL
rabeprazole sodium oral tablet delayed release	3	ST; QL
QUATERNARY ANTICHOLINERGICS**		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA; QL
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA; QL
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	3	
methscopolamine bromide oral tablet	1 or 1b*	
ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS**		
HELIDAC THERAPY ORAL	3	ST; QL
PYLERA ORAL CAPSULE	3	ST; QL
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS**		
amoxicill-clarithro-lansopraz oral	1 or 1b*	ST; QL
OMECLAMOX-PAK ORAL	3	ST; QL
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
ULCER DRUGS - PROSTAGLANDINS**		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1 or 1a*	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	ST; QL
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	3	ST; QL
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST; QL
solifenacin succinate oral tablet	1 or 1b*	
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	
tolterodine tartrate oral tablet	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	
trospium chloride oral tablet	1 or 1b*	
VESICARE LS ORAL SUSPENSION	3	PA; QL
VESICARE ORAL TABLET	3	ST; QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**		
GEMTESA ORAL TABLET	3	ST; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**		
bethanechol chloride oral tablet	1 or 1b*	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**		
flavoxate hcl oral tablet	1 or 1b*	
VACCINES		
BACTERIAL VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0
BCG VACCINE INJECTION INJECTABLE	3	$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	$0
MENACTRA INTRAMUSCULAR INJECTABLE	3	$0
MENQUADFI INTRAMUSCULAR INJECTABLE	3	$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
VIRAL VACCINE COMBINATIONS**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
VIRAL VACCINES**		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	QL; $0
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; $0
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; $0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	$0
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; $0

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	QL; $0
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	QL; $0
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; $0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; $0
FLUMIST QUADRIVALENT NASAL SUSPENSION	2	$0
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	QL; $0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	QL; $0
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	$0
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	
IPOL INJECTION INJECTABLE	3	$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	$0
ROTATEQ ORAL SOLUTION	3	$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	$0
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	$0
VARIVAX SUBCUTANEOUS INJECTABLE	3	$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS**		
GYNAZOLE-1 VAGINAL CREAM	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
MISCELLANEOUS VAGINAL PRODUCTS**		
INTRAROSA VAGINAL INSERT	3	ST; QL
SPERMICIDES**		
ENCARE VAGINAL SUPPOSITORY	2	OTC; $0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	OTC; $0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	OTC; $0
TODAY SPONGE VAGINAL	2	OTC; $0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	OTC; $0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	OTC; $0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	OTC; $0
VAGINAL ANTI-INFECTIVES**		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
vandazole vaginal gel	1 or 1b*	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS**		
PHEXXI VAGINAL GEL	3	
VAGINAL ESTROGENS**		
ESTRACE VAGINAL CREAM	3	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
ESTRING VAGINAL RING	3	
FEMRING VAGINAL RING	3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT	3	
PREMARIN VAGINAL CREAM	2	
VAGIFEM VAGINAL TABLET 10 MCG	3	
yuvafem vaginal tablet	1 or 1b*	
VAGINAL PROGESTINS**		
CRINONE VAGINAL GEL 4 %	3	SP
CRINONE VAGINAL GEL 8 %	3	PA; QL; SP
ENDOMETRIN VAGINAL INSERT	3	PA; QL
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS**		
ADRENALIN INJECTION SOLUTION	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**		
droxidopa oral capsule	1 or 1b*	PA; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
NORTHERA ORAL CAPSULE	3	PA; QL; LD; SP
VASOPRESSORS**		
AKOVAZ INTRAVENOUS SOLUTION	3	
BIORPHEN INTRAVENOUS SOLUTION	3	
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
dobutamine in d5w intravenous solution	1 or 1b*	
dopamine hcl intravenous solution 40 mg/ml	1 or 1b*	
dopamine in d5w intravenous solution	1 or 1b*	
EMERPHED INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/10ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE INTRAVENOUS SOLUTION	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/500ML-%	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
VITAMINS		
VITAMIN A**		
AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML, 50000 UNIT/ML	3	
VITAMIN B-1**		
thiamine hcl injection solution	1 or 1b*	
VITAMIN B-6**		
PYRIDOXINE HCL INJECTION SOLUTION	3	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Drug Name	Tier	Notes
VITAMIN C**		
ASCOR INTRAVENOUS SOLUTION	3	
VITAMIN D**		
DRISDOL ORAL CAPSULE	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1 or 1a*	
VITAMIN K**		
MEPHYTON ORAL TABLET	3	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Most plans include our convenient home delivery program at no extra cost to you. Find out more at anthem.com or call 833-236-6196.

For information about your pharmacy benefit, log in at anthem.com.

You'll find the most up-to-date drug list and details about your benefits.
If you still have questions, we're here. Just call the Pharmacy Member Services number on your ID card.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Rev. 8/19