

National Direct 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.

National Direct 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 covered drugs at [anthem.com](https://www.anthem.com).

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](https://www.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](https://www.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.

National Direct Drug List

Three-Tier

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CURRENT AS OF 10/1/2020

Drug Name	Tier	Notes
*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET	3	PA; QL
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
REVCIVI INTRAMUSCULAR SOLUTION	3	PA; QL; LD
*ADENOSINE RECEPTOR ANTAGONIST***		
*ADENOSINE RECEPTOR ANTAGONIST***		
NOURIANZ ORAL TABLET	3	PA; QL; LD; SP
*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***		
*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
ADHD/ANTI- NARCOLEPSY/ANTI- OBESITY/ANOREXIANT S		
*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
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
*AMPHETAMINE MIXTURES***		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO; QL
amphetamine-dextroamphet er 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

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

Drug Name	Tier	Notes
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
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
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
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	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***		
CAFICIT 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
*LIPASE INHIBITORS***		
XENICAL ORAL CAPSULE	3	PA; QL
*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

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

Effective 10/01/2020

Drug Name	Tier	Notes
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
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
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
metadate er oral tablet extended release 20 mg	1 or 1b*	PA; 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

Drug Name	Tier	Notes
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO; QL
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
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

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

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Drug Name	Tier	Notes
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
*AGENTS FOR NARCOTIC WITHDRAWAL***		
*AGENTS FOR NARCOTIC WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	
*AGENTS FOR OPIOID WITHDRAWAL***		
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	
AMEBICIDES		
*AMEBICIDES***		
SOLOSEC ORAL PACKET	3	ST; QL
*AMINO ACIDS***		
*AMINO ACIDS***		
ENDARI ORAL PACKET	3	PA; QL; LD
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*	
neomycin sulfate oral tablet	1 or 1a*	

Drug Name	Tier	Notes
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE	3	LD; SP
tobramycin inhalation nebulization solution 300 mg/5ml	1 or 1b*	SP
tobramycin sulfate injection solution	1 or 1b*	
tobramycin sulfate injection solution reconstituted	1 or 1b*	
ZEMDRI INTRAVENOUS SOLUTION	3	
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*AMINOMETHYLCYCLES***		
*AMINOMETHYLCYCLES***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
NUZYRA ORAL TABLET 150 MG	3	PA; QL; LD
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	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

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

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Drug Name	Tier	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA; QL
*ANTIRHEUMATIC ANTIMETABOLITES***		
METHOTREXATE (ANTI-RHEUMATIC) ORAL TABLET	2	
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
*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	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START 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	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP

Drug Name	Tier	Notes
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
*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	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	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***		
celecoxib oral capsule	1 or 1b*	ST; QL
*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE	2	

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

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Drug Name	Tier	Notes
*INTERLEUKIN-1 BLOCKERS***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*INTERLEUKIN-1BETA BLOCKERS***		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
ANAPROX DS ORAL TABLET	3	
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
DAYPRO ORAL TABLET	3	
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 375 MG	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 tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	

Drug Name	Tier	Notes
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*	
indomethacin er oral capsule extended release	1 or 1b*	
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 50 mg, 75 mg	1 or 1b*	
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	3	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	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 tablet	1 or 1b*	
MOBIC ORAL TABLET	3	
nabumetone oral tablet	1 or 1b*	
NAPROSYN ORAL SUSPENSION	3	
naproxen dr oral tablet delayed release	1 or 1b*	
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
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*	

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

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Drug Name	Tier	Notes
sulindac oral tablet	1 or 1b*	
tolmetin sodium oral capsule	1 or 1b*	
tolmetin sodium oral tablet 600 mg	1 or 1b*	
*PYRIMIDINE SYNTHESIS INHIBITORS***		
ARAVA ORAL TABLET	3	
leflunomide oral tablet	1 or 1b*	
*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
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		
*ANALGESIC COMBINATIONS***		
duraxin oral capsule	1 or 1b*	
*ANALGESICS OTHER***		
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
OFIRMEV INTRAVENOUS SOLUTION	3	
*ANALGESICS- SEDATIVES***		
bupap oral tablet 50-300 mg	1 or 1b*	
butalbital-acetaminophen oral tablet	1 or 1b*	

Drug Name	Tier	Notes
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*	
esgic oral capsule	1 or 1b*	
tencon oral tablet 50-325 mg	1 or 1b*	
zebutal oral capsule 50-325-40 mg	1 or 1b*	
*SALICYLATE COMBINATIONS***		
eq buffered aspirin oral tablet	1 or 1b*	OTC; \$0
ra tri-buffered aspirin oral tablet	1 or 1b*	OTC; \$0
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
aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult oral tablet	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

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

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Drug Name	Tier	Notes
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
aspirin 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
cvs aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
ecotrin oral tablet delayed release	1 or 1a*	OTC; \$0
ecpirin oral tablet delayed release	1 or 1a*	OTC; \$0
eq adult aspirin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
eq aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin oral tablet	1 or 1a*	OTC; \$0
eq aspirin oral tablet delayed release 325 mg	1 or 1a*	OTC; \$0
eq childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
eq aspirin ec oral tablet delayed release 325 mg	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin oral tablet	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 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

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

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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
miniprin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
mm aspirin oral tablet	1 or 1a*	OTC; \$0
norwich aspirin oral tablet 325 mg	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 adult low strength oral tablet delayed release	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 childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
ra pain relief aspirin oral tablet	1 or 1a*	OTC; \$0
salsalate oral tablet	1 or 1b*	
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

Drug Name	Tier	Notes
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
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
tgt aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
tgt aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
tgt aspirin oral tablet	1 or 1a*	OTC; \$0
tgt aspirin oral tablet chewable	1 or 1a*	OTC; \$0
tgt aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
tgt childrens aspirin oral tablet chewable	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

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

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Drug Name	Tier	Notes
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
*DIHYDROCODEINE COMBINATIONS***		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1 or 1b*	QL
dvorah oral tablet	1 or 1b*	QL
trexix oral capsule 320.5-30-16 mg	1 or 1b*	QL
*HYDROCODONE COMBINATIONS***		
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-325 MG/15ML	3	QL
hydrocodone-acetaminophen oral solution 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
lorcet hd oral tablet	1 or 1b*	QL
lorcet oral tablet	1 or 1b*	QL
*OPIOID AGONISTS***		
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

Drug Name	Tier	Notes
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
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DOLOPHINE ORAL TABLET	3	PA; 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

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

Drug Name	Tier	Notes
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML, 1500 MCG/30ML, 250 MCG/5ML, 2750 MCG/55ML	3	
FENTANYL CITRATE-NACL INJECTION SOLUTION	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	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
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	QL
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 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

Drug Name	Tier	Notes
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
HYDROMORPHONE HCL RECTAL SUPPOSITORY	3	QL
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
mepiridine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
mepiridine hcl oral solution	1 or 1b*	QL
mepiridine hcl oral tablet	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

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

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Drug Name	Tier	Notes
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, 5 MG/ML	3	
MORPHINE SULFATE INTRAMUSCULAR DEVICE	3	QL
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	QL
morphine sulfate intravenous solution 1 mg/ml	1 or 1b*	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
morphine sulfate rectal suppository	1 or 1b*	QL

Drug Name	Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 50-0.9 MG/50ML-%	3	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
NUCYNTA ORAL TABLET	3	QL
OPANA ORAL TABLET 10 MG	3	QL
OXAYDO ORAL TABLET ABUSE-DETERRENT	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
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET	3	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

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

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Drug Name	Tier	Notes
tramadol hcl er oral capsule extended release 24 hour	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
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ULTRAM ORAL TABLET	3	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
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
*OPIOID PARTIAL AGONISTS***		
BELBUCA BUCCAL FILM	3	PA; QL
BUNAVAIL BUCCAL FILM	3	QL
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

Drug Name	Tier	Notes
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	2	QL
*TRAMADOL COMBINATIONS***		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ANDROGENS-ANABOLIC		
*ANABOLIC STEROIDS***		
ANADROL-50 ORAL TABLET	3	
oxandrolone oral tablet	1 or 1b*	PA; QL
*ANDROGENS***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
danazol oral capsule	1 or 1b*	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; QL
JATENZO ORAL CAPSULE	3	PA; QL
TESTOPEL IMPLANT PELLETT	3	PA; QL; LD
testosterone cypionate injection solution 200 mg/ml	1 or 1b*	PA; QL
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA; QL
testosterone enanthate intramuscular solution	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
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
ANORECTAL AGENTS		
*INTRARECTAL STEROIDS***		
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	2	
*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 STEROIDS***		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
hydrocortisone acetate rectal suppository 25 mg	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	

Drug Name	Tier	Notes
proctozone-hc external cream	1 or 1b*	
ANTACIDS		
*ANTACIDS - BICARBONATE***		
SODIUM BICARBONATE ORAL POWDER	3	
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*	

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

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Drug Name	Tier	Notes
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	
nitro-time oral capsule extended release	1 or 1b*	
ANTIANKXIETY AGENTS		
*ANTIANKXIETY AGENTS - MISC.***		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
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	

Drug Name	Tier	Notes
*BENZODIAZEPINES***		
alprazolam er oral tablet extended release 24 hour	1 or 1b*	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet dispersible	1 or 1b*	
alprazolam xr oral tablet extended release 24 hour	1 or 1b*	
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*	
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS - MISC.***		
ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML	3	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A***		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	

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

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Drug Name	Tier	Notes
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	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 2-5 MG/ML-%	3	
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	
*ANTIARRHYTHMICS TYPE III***		
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*	

Drug Name	Tier	Notes
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	1 or 1a*	
ADVAIR HFA INHALATION AEROSOL	2	
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	PA; QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	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	

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

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Drug Name	Tier	Notes
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	PA; QL
UTIBRON NEOHALER INHALATION CAPSULE	3	ST; QL
*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 INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
ARCAPTA NEOHALER INHALATION CAPSULE	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	
isoproterenol hcl injection solution	1 or 1b*	
ISUPREL INJECTION SOLUTION	3	

Drug Name	Tier	Notes
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*	
metaproterenol sulfate oral syrup	1 or 1a*	
PERFORMIST INHALATION NEBULIZATION SOLUTION	2	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROAIR HFA INHALATION AEROSOL SOLUTION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	
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	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	
XOPENEX HFA INHALATION AEROSOL	3	
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	

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

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Drug Name	Tier	Notes
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ipratropium bromide inhalation solution	1 or 1b*	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	
SEEBRI NEOHALER INHALATION CAPSULE	3	
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	
YUPELRI INHALATION SOLUTION	3	
*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*	
zafirlukast oral tablet	1 or 1b*	
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
DALIRESP ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
*STEROID INHALANTS***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
budesonide inhalation suspension	1 or 1b*	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
FLOVENT HFA INHALATION AEROSOL	2	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	
*XANTHINE-EXPECTORANTS***		
difil-g forte oral liquid	1 or 1b*	
*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*	
*ANTICOAGULANTS - MISC.***		
*ANTICOAGULANTS - MISC.***		
DEFITELIO INTRAVENOUS SOLUTION	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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

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Drug Name	Tier	Notes
ANTICOAGULANTS		
*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	2	
ELIQUIS ORAL TABLET	2	
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*	
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*	

Drug Name	Tier	Notes
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*	
HEPMED COMBINATION KIT	3	
*IN VITRO ANTICOAGULANTS***		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE	3	
*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 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	QL

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

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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 trifluoroacetate intravenous solution reconstituted	1 or 1b*	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	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	
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*	

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
SYMPAZAN ORAL FILM	3	
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL; LD
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL; LD
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL; LD
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL; LD
*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*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet chewable	1 or 1b*	

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

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Drug Name	Tier	Notes
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*	
FANATREX FUSEPAQ ORAL SUSPENSION	3	
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*	
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*	
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*	
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*	

Drug Name	Tier	Notes
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	ST; QL
roweepra oral tablet	1 or 1b*	
roweepra xr oral tablet extended release 24 hour	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*	
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*	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
zonisamide oral capsule	1 or 1b*	
*CARBAMATES***		
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI ORAL TABLET	3	
XCOPRI ORAL TABLET THERAPY PACK	3	
*GABA MODULATORS***		
tiagabine hcl oral tablet	1 or 1b*	
vigabatrin oral packet	1 or 1b*	LD; SP
vigabatrin oral tablet	1 or 1b*	LD; SP

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

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Drug Name	Tier	Notes
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*	
PEGANONE ORAL TABLET	3	
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*	
*VALPROIC ACID***		
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*	

Drug Name	Tier	Notes
*ANTIDEMENTIA AGENT COMBINATIONS***		
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
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
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
maprotiline hcl oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
*MODIFIED CYCLICS***		
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
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
MARPLAN ORAL TABLET	3	
NARDIL ORAL TABLET	3	
PARNATE ORAL TABLET	3	
phenelzine sulfate oral tablet	1 or 1b*	
tranylcypromine sulfate oral tablet	1 or 1b*	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
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*	

Drug Name	Tier	Notes
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*	
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
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 ORAL SUSPENSION	3	ST; QL
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PEXEVA ORAL TABLET 30 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
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
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*	

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

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Drug Name	Tier	Notes
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
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
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; 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*	
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*	

Drug Name	Tier	Notes
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
acarbose oral tablet	1 or 1b*	
GLYSET ORAL TABLET	3	
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***		
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	generic Glucophage XR
metformin hcl oral solution	1 or 1b*	PA; QL
metformin hcl oral tablet	1 or 1b*	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER	3	PA; QL
RIOMET ORAL SOLUTION	3	PA; QL
*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 HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	

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

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Drug Name	Tier	Notes
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
*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
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***		
CYCLOSET ORAL TABLET	3	
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL
*HUMAN INSULIN***		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	

Drug Name	Tier	Notes
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
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

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

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Drug Name	Tier	Notes
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
MYXREDLIN INTRAVENOUS SOLUTION	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL

Drug Name	Tier	Notes
*MEGLITINIDE ANALOGUES***		
nateglinide oral tablet	1 or 1b*	
repaglinide oral tablet	1 or 1b*	
STARLIX ORAL TABLET	3	
*PROGESTERONE RECEPTOR ANTAGONISTS***		
KORLYM ORAL TABLET	3	PA; QL; LD
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
FARXIGA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	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	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

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

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Drug Name	Tier	Notes
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
*THIAZOLIDINEDIONES ***		
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
VSL#3 DS ORAL PACKET	3	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
RESTORA RX ORAL CAPSULE	3	
ANTIDIARRHEALS		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
*ANTIDIARRHEAL AGENTS - MISC.***		
VSL#3 DS ORAL PACKET	3	
*ANTIDIARRHEAL COMBINATIONS***		
RESTORA RX ORAL CAPSULE	3	
*ANTIPERISTALTIC AGENTS***		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	

Drug Name	Tier	Notes
MOTOFEN ORAL TABLET	3	
*ANTIDOTE COMBINATIONS***		
*ANTIDOTE COMBINATIONS***		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOLE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP

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

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Drug Name	Tier	Notes
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO- INJECTOR	3	
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
ANTIDOTES		
*ANTIDOTE COMBINATIONS AND KITS***		
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 tablet 180 mg	1 or 1b*	SP
deferasirox oral tablet 360 mg, 90 mg	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
deferasirox oral tablet soluble	1 or 1b*	PA; QL; SP
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***		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP

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

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Drug Name	Tier	Notes
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
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	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	SP

Drug Name	Tier	Notes
*ANTIEMETICS - ANTIDOPAMINERGIC**		
*		
*ANTIEMETICS - ANTIDOPAMINERGIC**		
*		
BARHEMSYS INTRAVENOUS SOLUTION	3	
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	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	

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

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Drug Name	Tier	Notes
BONJESTA ORAL TABLET EXTENDED 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	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
*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 capsule	1 or 1b*	
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	

Drug Name	Tier	Notes
ANTIFUNGALS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
miconazole sodium intravenous solution reconstituted	1 or 1b*	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIFUNGALS***		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA; QL
BIO-STATIN ORAL CAPSULE	3	
bio-statin oral powder	1 or 1b*	
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***		
ketokonazole oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
*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
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
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

Drug Name	Tier	Notes
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
brompheniramine tannate oral tablet chewable	1 or 1b*	
ryclora oral solution	1 or 1b*	
*ANTIHISTAMINES - ETHANOLAMINES***		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	
diphen oral elixir	1 or 1a*	
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*	
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*	
QUZYTTR INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
*ANTI-HISTAMINES - 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*	
promethazine rectal suppository	1 or 1b*	
*ANTI-HISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
*ANTIHYPERLIPIDEMIC COMBINATIONS***		
*ANTIHYPERLIPIDEMIC COMBINATIONS***		
SURE RESULT O3D3 SYSTEM ORAL KIT	3	
ANTIHYPERLIPIDEMIC CS		
*ANTIHYPERLIPIDEMIC CS - MISC.***		
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	

Drug Name	Tier	Notes
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	
*FIBRIC ACID DERIVATIVES***		
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate oral capsule	1 or 1b*	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg	1 or 1b*	
fenofibric acid oral capsule delayed release	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***		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
atorvastatin calcium oral tablet 80 mg	1 or 1b*	
fluvastatin sodium er oral tablet extended release 24 hour	1 or 1b*	\$0
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
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
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet	1 or 1b*	ST; QL
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; DO; QL; LD
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	3	PA; 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

Drug Name	Tier	Notes
niacor oral tablet	1 or 1b*	ST; QL
NIASPAN ORAL TABLET EXTENDED RELEASE	3	ST; QL
*ANTHYPERTENSIVES		
*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
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*	

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

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Drug Name	Tier	Notes
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***		
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*	
QBRELIS ORAL SOLUTION	3	
quinapril hcl oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
trandolapril oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB***		
methyl dopa-hydrochlorothiazide oral tablet	1 or 1b*	
*AGENTS FOR PHEOCHROMOCYTOMA***		
DEMSEER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metirosine 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
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***		
candesartan cilexetil-hctz oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
EDARBYCLOR ORAL TABLET	3	
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
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***		
candesartan cilexetil oral tablet	1 or 1b*	
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*	
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*	

Drug Name	Tier	Notes
*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
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*	
*ANTIADRENERGICS - CENTRALLY ACTING***		
CATAPRES ORAL TABLET	3	
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*	
clonidine transdermal patch weekly	1 or 1b*	
guanfacine hcl oral tablet	1 or 1b*	
methyl dopa 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	

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

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Drug Name	Tier	Notes
*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	
LOPRESSOR HCT ORAL TABLET 50-25 MG	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***		
TEKTURN HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURN HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	
*DIRECT RENIN INHIBITORS***		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	
*DOPAMINE D1 RECEPTOR AGONISTS***		
CORLOPAM INTRAVENOUS SOLUTION	3	
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***		
eplerenone oral tablet	1 or 1b*	
INSPIRA ORAL TABLET	3	

Drug Name	Tier	Notes
*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	
NITROPRESS INTRAVENOUS SOLUTION	3	
nitroprusside sodium intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
bacim intramuscular solution reconstituted	1 or 1b*	
bacitracin intramuscular solution reconstituted	1 or 1b*	
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
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	

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

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Drug Name	Tier	Notes
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*	
*ANTIPROTOZOAL AGENTS***		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
atovaquone oral suspension	1 or 1b*	
MEPRON ORAL SUSPENSION	3	
*CARBAPENEM COMBINATIONS***		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	

Drug Name	Tier	Notes
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	3	
*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*	

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

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Drug Name	Tier	Notes
*GLYCYLCYCLINES***		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	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*	
CLINDAMYCIN PHOSPHATE IN NA CL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
*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

Drug Name	Tier	Notes
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
*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	
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*	QL
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*	
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
ANTIMYASTHENIC AGENTS		
*ANTIMYASTHENIC 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	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	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
*ANTIMYASTHENIC/CH OLINERGIC 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	
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	3	PA; QL; LD
GUANIDINE HCL ORAL TABLET	3	

Drug Name	Tier	Notes
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	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	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
ANTIMYASTHENIC/CH OLINERGIC 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	

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

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Drug Name	Tier	Notes
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	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
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	
RIFADIN ORAL CAPSULE	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	

Drug Name	Tier	Notes
TRECTOR ORAL TABLET	3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*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***		
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
BALVERSA ORAL TABLET	3	PA; QL; LD
PEMAZYRE ORAL TABLET	3	PA; QL; LD
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
LEUPROLIDE ACETATE-BUIVACAINE INTRAMUSCULAR SOLUTION	3	
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
TAZVERIK ORAL TABLET	3	PA; QL; LD

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

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Drug Name	Tier	Notes
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
*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
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
*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

Drug Name	Tier	Notes
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***		
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***		
ORMECA COMBINATION KIT	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	3	PA; QL; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
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 100 mg/20ml, 50 mg/10ml	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP

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

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Drug Name	Tier	Notes
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	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*	
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

Drug Name	Tier	Notes
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
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*	

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

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Drug Name	Tier	Notes
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
PURIXAN ORAL SUSPENSION	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; QL; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; SP
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY***		
PROVENGE INTRAVENOUS SUSPENSION	3	PA; QL; LD
*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 - 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

Drug Name	Tier	Notes
FARYDAK ORAL CAPSULE 10 MG, 20 MG	3	PA; QL; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
*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 - MONOCLONAL ANTIBODIES***		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; QL; LD; SP
BAVENCIO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
CAMPATH INTRAVENOUS SOLUTION	3	
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

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

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Drug Name	Tier	Notes
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
LARTRUVO INTRAVENOUS SOLUTION	3	PA; QL; LD
LIBTAYO INTRAVENOUS SOLUTION	3	PA; QL; LD
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
OPDIVO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
RUXIENCIE 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	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; 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

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

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Drug Name	Tier	Notes
STIVARGA ORAL TABLET	2	PA; QL; LD; SP
SUTENT ORAL CAPSULE	2	PA; QL; SP
*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 - 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
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL; LD
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; QL; LD
erlotinib hcl oral tablet	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
GILOTRIF ORAL TABLET	3	PA; QL; LD
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
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
TAGRISSEO ORAL TABLET	3	PA; QL; LD; SP
TARCEVA ORAL TABLET	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TUKYSA ORAL TABLET	3	PA; QL; LD
TURALIO ORAL CAPSULE	3	PA; QL; LD
TYKERB ORAL TABLET	2	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
XOSPATA ORAL TABLET	3	PA; QL; LD
ZYKADIA ORAL TABLET	3	PA; QL; LD; SP
*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
ELLECE 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

Drug Name	Tier	Notes
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; QL; LD
mitomycin intravenous solution reconstituted	1 or 1b*	SP
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	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
BESONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; QL; LD; SP
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
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
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	LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD
*ANTINEOPLASTIC ENZYMES***		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ERWINAZE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD
ONCASPAR INJECTION SOLUTION	3	PA; QL; SP

Drug Name	Tier	Notes
*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
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS***		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
*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*	

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

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Drug Name	Tier	Notes
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*	
AROMASIN ORAL TABLET	3	
exemestane oral tablet	1 or 1b*	
FEMARA ORAL TABLET	3	
letrozole oral tablet	1 or 1b*	
*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

Drug Name	Tier	Notes
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*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

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

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Drug Name	Tier	Notes
*IMIDAZOTETRAZINES ***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; QL; SP
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; 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 3.75 MG	3	PA; QL; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3	PA; QL; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	2	SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	2	SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; QL; SP
VANTAS SUBCUTANEOUS KIT	3	PA; QL; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP

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; SP
MARQIBO INTRAVENOUS SUSPENSION	3	LD
NAVELBINE INTRAVENOUS SOLUTION	3	SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA; QL; SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP

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

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Drug Name	Tier	Notes
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
*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

Drug Name	Tier	Notes
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA; QL
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*PROGESTINS-ANTINEOPLASTIC***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	LD
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
*RETINOIDS***		
tretinoin oral capsule	1 or 1b*	
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
*TOPOISOMERASE I INHIBITORS***		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCANTIN 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

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Drug Name	Tier	Notes
*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
*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
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL
*ANTI-OBESITY AGENT COMBINATIONS**		
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL

Drug Name	Tier	Notes
ANTIPARKINSON AGENTS		
*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*	
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; SP
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	

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

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Drug Name	Tier	Notes
*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	
*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
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	

Drug Name	Tier	Notes
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	
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*	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	3	
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*	
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	

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

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Drug Name	Tier	Notes
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
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
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 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

Drug Name	Tier	Notes
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	
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
VERSACLOZ ORAL SUSPENSION	3	
*DIBENZO-OXEPINO PYRROLES***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	ST; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	3	ST; DO; QL

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

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Drug Name	Tier	Notes
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
*DIBENZOTHIAZEPINE S***		
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*	
*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	3	
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*	

Drug Name	Tier	Notes
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
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	
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
*THIENBENZODIAZEPI NES***		
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 RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
*THIOXANTHENES***		
thiothixene oral capsule	1 or 1b*	
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL; LD
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
*ANTIRETROVIRALS ADJUVANTS***		
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	3	QL
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
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
CIMDUO ORAL TABLET	3	QL
COMBIVIR ORAL TABLET	3	QL
COMPLERA ORAL TABLET	2	PA; QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	2	
DOVATO ORAL TABLET	3	PA; QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
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

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

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Drug Name	Tier	Notes
lopinavir-ritonavir oral solution	1 or 1b*	QL
ODEFSEY ORAL TABLET	2	
PREZCOBIX ORAL TABLET	3	QL
STRIBILD ORAL TABLET	2	QL
SYMFI LO ORAL TABLET	2	QL
SYMFI ORAL TABLET	2	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	QL
TRUVADA ORAL TABLET 200-300 MG	2	QL; \$0
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET	2	QL
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	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

Drug Name	Tier	Notes
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
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

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

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Drug Name	Tier	Notes
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 ORAL TABLET	3	QL
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	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	2	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

Drug Name	Tier	Notes
*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
ZERIT ORAL CAPSULE 30 MG, 40 MG	3	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	
*CMV AGENTS***		
cidofovir intravenous solution	1 or 1b*	
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
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

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

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Drug Name	Tier	Notes
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	
entecavir oral tablet	1 or 1b*	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	3	
HEPSERA ORAL TABLET	3	SP
lamivudine oral tablet 100 mg	1 or 1b*	
VEMLIDY ORAL TABLET	3	SP
*HEPATITIS C AGENTS***		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	3	SP
PEGASYS SUBCUTANEOUS SOLUTION	3	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

Drug Name	Tier	Notes
*HERPES AGENTS - PURINE ANALOGUES***		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet	1 or 1b*	
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET	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
*RSV AGENTS - NUCLEOSIDE ANALOGUES***		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	3	PA; QL; LD
ASSORTED CLASSES		
*ANTILEPTICS***		
THALOMID ORAL CAPSULE	2	PA; QL; SP
*ASSORTED CLASSES***		
NEXAVIR INJECTION SOLUTION	3	
*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
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
trientine hcl oral capsule	1 or 1b*	PA; QL; SP
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***		
PHOXILLUM B22K4/0 INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
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 4/2.5 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*	
generaf oral capsule 100 mg, 25 mg	1 or 1b*	
generaf oral solution	1 or 1b*	
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	

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

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Drug Name	Tier	Notes
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***		
SOLESTA INJECTION GEL	3	LD; SP
*HOMEOPATHIC PRODUCTS***		
RAPID GEL RX EXTERNAL GEL	3	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANT S***		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*IMMUNOMODULATOR S 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*	

Drug Name	Tier	Notes
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	
*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 IMMUNOSUPPRESSANT S***		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARUS 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*	
sirolimus oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
*MONOCLONAL ANTIBODIES***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
GAMIFANT INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
UPLIZNA INTRAVENOUS SOLUTION	3	LD
*PERITONIAL 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	

Drug Name	Tier	Notes
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 RESINS***		
kionex oral suspension	1 or 1b*	
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal suspension	1 or 1b*	
sps 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
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	
POLIDOCANOL 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

Drug Name	Tier	Notes
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	SP
*BACTERIAL MONOCLONAL ANTIBODIES***		
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate er oral capsule extended release 24 hour	1 or 1b*	
LABETALOL HCL INTRAVENOUS SOLUTION	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	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	

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

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Drug Name	Tier	Notes
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-sodium chloride intravenous solution	1 or 1b*	
FIRST - METOPROLOL ORAL SOLUTION	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	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*	
*BETA BLOCKERS NON-SELECTIVE***		
HEMANGEOL ORAL SOLUTION	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*	

Drug Name	Tier	Notes
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*	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
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	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
AUREOBASIDIUM SUBCUTANEOUS SOLUTION	3	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION	3	
BLACK WILLOW SUBCUTANEOUS SOLUTION	3	
BOTRYTIS INJECTION SOLUTION	3	
BOTRYTIS SUBCUTANEOUS SOLUTION	3	
BOX ELDER SUBCUTANEOUS SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
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	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION	3	
EPICOCIMUM NIGRUM INJECTION SOLUTION	3	
EPICOCIMUM SUBCUTANEOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
FIRE ANT SUBCUTANEOUS SOLUTION	3	
FUSARIUM SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS 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	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS 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.

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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
PECAN POLLEN SUBCUTANEOUS SOLUTION	3	
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION	3	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PHOMA EXIGUA SUBCUTANEOUS SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
RED BIRCH SUBCUTANEOUS SOLUTION	3	
RED CEDAR SUBCUTANEOUS SOLUTION	3	
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	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION	3	
SAGEBRUSH SUBCUTANEOUS SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
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	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	PA; QL
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	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	

Drug Name	Tier	Notes
WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE ASH 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	

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

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Drug Name	Tier	Notes
YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	2	ST; QL
UBRELVY ORAL TABLET	3	ST; QL
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
afeditab cr oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
afeditab cr oral tablet extended release 24 hour 60 mg	1 or 1b*	

Drug Name	Tier	Notes
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 LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	DO
CARDIZEM ORAL TABLET 120 MG	3	
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO
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	
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	1 or 1b*	

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

Drug Name	Tier	Notes
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-%, 125-0.9 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*	

Drug Name	Tier	Notes
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*	
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*	
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	

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

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Drug Name	Tier	Notes
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*	

Drug Name	Tier	Notes
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 62.5 MCG	2	
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
*NITRATE & VASODILATOR COMBINATIONS***		
BIDIL ORAL TABLET	2	
*PROSTAGLANDIN - IMPOTENCE AGENTS***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL

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

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Drug Name	Tier	Notes
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

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***		
alyq oral tablet	1 or 1b*	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
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	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
*CEPHALOSPORIN COMBINATIONS***		
*CEPHALOSPORIN COMBINATIONS***		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
*CEPHALOSPORINS - SIDEROPHORES***		
*CEPHALOSPORINS - SIDEROPHORES***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS		
*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-%, 3-0.9 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, 2 GM/20ML	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 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*	

Drug Name	Tier	Notes
KEFLEX ORAL CAPSULE	3	
*CEPHALOSPORINS - 2ND GENERATION***		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefactor oral capsule	1 or 1b*	
cefactor 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*	
cefditoren pivoxil oral tablet	1 or 1b*	
cefixime 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
cefixime oral suspension reconstituted	1 or 1b*	
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*	
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAZONE 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	

Drug Name	Tier	Notes
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-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
*CEPHALOSPORINS - 5TH GENERATION***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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

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

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Drug Name	Tier	Notes
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	\$0
MIRCETTE ORAL TABLET	3	
pimtrea oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
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	\$0
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

Drug Name	Tier	Notes
chateal oral tablet	1 or 1a*	\$0
cryselles-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
drosipren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drosiprenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elimest oral tablet	1 or 1a*	\$0
emoquette oral tablet	1 or 1a*	\$0
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	\$0
falmina oral tablet	1 or 1a*	\$0
femynor oral tablet	1 or 1a*	\$0
GENERESS FE ORAL TABLET CHEWABLE	3	
gianvi oral tablet	1 or 1b*	\$0
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

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

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Drug Name	Tier	Notes
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
LOESTRIN 1.5/30 (21) ORAL TABLET	3	
LOESTRIN 1/20 (21) ORAL TABLET	3	
LOESTRIN FE 1.5/30 ORAL TABLET	3	
LOESTRIN FE 1/20 ORAL TABLET	3	
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
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 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-lynyah oral tablet	1 or 1a*	\$0
mononessa oral tablet	1 or 1a*	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
nikki oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
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
ocella oral tablet	1 or 1b*	\$0
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	2	\$0
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 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
TWIRLA TRANSDERMAL PATCH WEEKLY	3	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - VAGINAL***		
ANNOVERA VAGINAL RING	3	\$0
eluryng vaginal ring	1 or 1b*	\$0
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*** (NEW)		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
*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

Drug Name	Tier	Notes
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
prevenza 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
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	\$0
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON SUBCUTANEOUS IMPLANT	3	LD; SP

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

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Drug Name	Tier	Notes
*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
*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
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

Drug Name	Tier	Notes
norlyroc oral tablet	1 or 1b*	\$0
ORTHO MICRONOR ORAL TABLET		
sharobel oral tablet	1 or 1b*	\$0
SLYND ORAL TABLET		
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
ESTROSTEP FE ORAL TABLET		
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
ORTHO TRI-CYCLEN LO ORAL TABLET		
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
trinessa (28) 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

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Drug Name	Tier	Notes
velivet oral tablet	1 or 1a*	\$0
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
budesonide er oral tablet extended release 24 hour	1 or 1b*	
budesonide oral capsule delayed release particles	1 or 1b*	
CORTEF ORAL TABLET	3	
cortisone acetate oral tablet	1 or 1b*	
decadron oral tablet	1 or 1a*	
DEPO-MEDROL INJECTION SUSPENSION	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE (LA) INJECTION SUSPENSION	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	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
hydrocortisone oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	

Drug Name	Tier	Notes
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone acetate injection suspension 40 mg/ml	1 or 1b*	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 80 MG/ML	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 DP 12-DAY ORAL TABLET THERAPY PACK	3	
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

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

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Drug Name	Tier	Notes
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*	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	3	
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*	
TOPIDEX INJECTION KIT	3	
triamcinolone acetate injection suspension 40 mg/ml	1 or 1b*	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
ZCORT 7-DAY ORAL TABLET THERAPY PACK	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	LD
*MINERALOCORTICOIDSDS***		
fludrocortisone acetate oral tablet	1 or 1b*	
*STEROID COMBINATIONS***		
ACTIVE INJECTION BLM-1 INJECTION KIT	3	
ACTIVE INJECTION BM INJECTION KIT	3	

Drug Name	Tier	Notes
ACTIVE INJECTION DL INJECTION KIT	3	
ACTIVE INJECTION DLM INJECTION KIT	3	
ACTIVE INJECTION KIT L INJECTION KIT	3	
ACTIVE INJECTION KL-3 COMBINATION KIT	3	
ACTIVE INJECTION KM INJECTION KIT	3	
ACTIVE INJECTION LM-DEP-2 INJECTION KIT	3	
ACTIVE INJECTION M-1 INJECTION KIT	3	
BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	3	
JTT PHYSICIANS COMBINATION KIT	3	
LT INJECTION KIT INJECTION KIT	3	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION	3	
P-CARE D40MX INJECTION KIT	3	
P-CARE D80MX INJECTION KIT	3	
P-CARE K40MX INJECTION KIT	3	
P-CARE K80MX INJECTION KIT	3	
POD-CARE 100CMX INJECTION KIT	3	
POD-CARE 100KMX INJECTION KIT	3	
POINT OF CARE KM INJECTION KIT	3	

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

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Drug Name	Tier	Notes
POINT OF CARE L.2 INJECTION KIT	3	
POINT OF CARE L.5 INJECTION KIT	3	
POINT OF CARE LM DEP 2 INJECTION KIT	3	
READYSHARP ANESTH + BETAMETH INJECTION KIT	3	
READYSHARP ANESTH + DEXAMETH INJECTION KIT	3	
READYSHARP ANESTH + METHYLPRED INJECTION KIT	3	
*CORTISOL SYNTHESIS INHIBITORS***		
*CORTISOL SYNTHESIS INHIBITORS***		
ISTURISA ORAL TABLET	3	LD
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule	1 or 1b*	
TESSALON PERLES ORAL CAPSULE	3	
*ANTITUSSIVE - OPIOID***		
hydrocodone-homatropine oral syrup	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
*ANTITUSSIVE-EXPECTORANT***		
cheratussin ac oral syrup	1 or 1a*	OTC
CODITUSSIN AC ORAL LIQUID	3	OTC
g tussin ac oral solution	1 or 1a*	OTC
guaiaatussin 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

Drug Name	Tier	Notes
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
GILTUSS TR ORAL TABLET	2	
TUSNEL C ORAL SYRUP	2	OTC
virtussin dac oral solution	1 or 1b*	OTC
*DECONGESTANT & ANTIHISTAMINE***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	
SEMPREX-D ORAL CAPSULE	3	ST; QL
*DECONGESTANT W/ EXPECTORANT***		
GILPHEX TR ORAL TABLET	3	
*IODINE EXPECTORANTS***		
SSKI ORAL SOLUTION	3	
*MISC. RESPIRATORY INHALANTS***		
HYPERSAL INHALATION NEBULIZATION SOLUTION	3	
nebusal inhalation nebulization solution 3 %	1 or 1b*	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	2	
pulmosal inhalation nebulization solution	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	

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

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Drug Name	Tier	Notes
*MUCOLYTICS***		
acetylcysteine inhalation solution	1 or 1b*	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE***		
promethazine-dm oral syrup	1 or 1a*	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
bromfed dm oral syrup	1 or 1b*	
NEOTUSS PLUS ORAL LIQUID	2	
PSEUDOEPH-BROMPHEN-DM ORAL LIQUID 30-2-10 MG/5ML	3	
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	
Z-TUSS AC ORAL LIQUID	2	OTC
*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

Drug Name	Tier	Notes
M-END PE ORAL LIQUID	3	OTC
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	OTC
promethazine vc/codeine oral syrup	1 or 1b*	
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
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*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
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*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

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

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Drug Name	Tier	Notes
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
AMZEEQ EXTERNAL FOAM	3	PA; QL
CLEOCIN-T EXTERNAL GEL	3	ST; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	
clindacin-p external swab	1 or 1b*	
clindamycin phosphate external foam	1 or 1b*	
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***		
adapalene-benzoyl peroxide external gel	1 or 1b*	
BENZAMYCIN EXTERNAL GEL	3	ST; QL
benzoyl perox-hydrocortisone external lotion	1 or 1b*	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	3	
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*	

Drug Name	Tier	Notes
clindamycin-tretinoin external gel	1 or 1b*	
CLINOIN EXTERNAL CREAM	3	
neuac external gel	1 or 1b*	
ONEXTON EXTERNAL GEL	2	
resorcinol-sulfur external lotion	1 or 1b*	
sulfacetamide sodium-sulfur external pad 10-4 %	1 or 1b*	
sulfamez wash external emulsion	1 or 1b*	
ZACARE EXTERNAL KIT	3	
*ACNE PRODUCTS***		
ABSORICA LD ORAL CAPSULE	3	PA; QL
ABSORICA ORAL CAPSULE	3	PA; 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
AKLIEF EXTERNAL CREAM	3	ST; QL
amnesteem oral capsule	2	PA; QL
ARAZLO EXTERNAL LOTION	3	ST; QL
avita external cream	1 or 1b*	PA; QL
avita external gel	1 or 1b*	PA; QL
AZELEX EXTERNAL CREAM	3	PA; QL
BENZAC AC WASH EXTERNAL LIQUID	3	
benzepro short contact external foam	1 or 1b*	
benzoyl peroxide external foam 9.8 %	1 or 1b*	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %	3	
benzoyl peroxide external gel 8 %	1 or 1b*	PA; QL
bp wash external liquid 2.5 %, 7 %	1 or 1b*	
claravis oral capsule	2	PA; QL
isotretinoin oral capsule	2	PA; QL
myorisan oral capsule	2	PA; QL

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

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Drug Name	Tier	Notes
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
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
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	
CORTISPORIN EXTERNAL OINTMENT	3	
NEO-SYNALAR EXTERNAL CREAM	3	
*ANTIBIOTICS - TOPICAL***		
ALTABAX EXTERNAL OINTMENT	2	
CENTANY AT EXTERNAL KIT	3	
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*	

Drug Name	Tier	Notes
XEPI EXTERNAL CREAM	3	
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
clotrimazole-betamethasone external cream	1 or 1b*	
clotrimazole-betamethasone external lotion	1 or 1b*	
EXODERM EXTERNAL LOTION	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
iodoquimez-hc external cream	1 or 1b*	
iodoquinol-hc-aloe polysacch external gel	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*	
RECURA EXTERNAL CREAM	3	
VUSION EXTERNAL OINTMENT	3	
XOLEGEL COREPAK EXTERNAL KIT	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT	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

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

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Drug Name	Tier	Notes
MENTAX EXTERNAL CREAM	3	ST; QL
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel	1 or 1b*	ST; QL
NAFTIN EXTERNAL CREAM 2 %	3	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 sodium transdermal gel 1 %	1 or 1b*	
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***		
AIF #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
AIF #3 DRUG PREPARATION KIT EXTERNAL CREAM	3	
DFS/MS/MENTH/CAP PAK COMBINATION KIT	3	
K.B.G.L IN TERODERM EXTERNAL CREAM	3	
NP #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
*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

Drug Name	Tier	Notes
FLUOROPLEX EXTERNAL CREAM	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	
fluorouracil external solution	1 or 1b*	
TOLAK EXTERNAL CREAM	3	ST; QL
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.***		
PICATO EXTERNAL GEL	3	ST; QL
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
diclofenac sodium transdermal 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
*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

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

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Drug Name	Tier	Notes
methoxsalen rapid oral capsule	1 or 1b*	SP
OXSORALEN ULTRA ORAL CAPSULE	3	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*	
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL GEL	2	

Drug Name	Tier	Notes
*ANTISEBORRHEIC COMBINATIONS***		
SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID	3	
*ANTISEBORRHEIC PRODUCTS***		
OVACE WASH EXTERNAL LIQUID	3	
selenium sulfide external lotion	1 or 1a*	
selenium sulfide external shampoo 2.3 %	1 or 1a*	
sodium sulfacetamide external shampoo	1 or 1b*	
*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*	
DENA VIR EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	
*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*	

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

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Drug Name	Tier	Notes
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	3	
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	3	
betamethasone dipropionate external lotion	3	
betamethasone dipropionate external ointment	3	
betamethasone valerate external cream	3	
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	3	ST; QL
betamethasone valerate external ointment	3	
BRYHALI EXTERNAL LOTION	3	ST; QL
CAPEX EXTERNAL SHAMPOO	3	ST; QL
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*	

Drug Name	Tier	Notes
clobetasol propionate external ointment	1 or 1b*	
clobetasol propionate external shampoo	1 or 1b*	
clobetasol propionate external solution	1 or 1b*	
clocortolone pivalate external cream	1 or 1b*	ST; QL
clodan external shampoo	1 or 1b*	
CLODERM EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL CREAM 0.025 %	3	ST; QL
CORDRAN EXTERNAL TAPE	3	ST; QL
DERMA-SMOOTH/FS BODY EXTERNAL OIL	3	ST; QL
desonide external cream	3	
desonide external gel	3	
desonide external lotion	3	
desonide external ointment	3	
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 acetone body external oil	3	ST; QL
fluocinolone acetone external cream	3	
fluocinolone acetone external ointment	3	
fluocinolone acetone external solution	3	
fluocinolone acetone scalp external oil	3	

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

Drug Name	Tier	Notes
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	3	
fluticasone propionate external lotion	3	
fluticasone propionate external ointment	3	
halcinonide external cream	1 or 1b*	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 %, 2.5 %	1 or 1a*	
hydrocortisone external lotion 2.5 %	1 or 1a*	

Drug Name	Tier	Notes
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
IMPOYZ EXTERNAL CREAM	3	ST; QL
KENALOG EXTERNAL AEROSOL SOLUTION	3	ST; QL
LEXETTE EXTERNAL FOAM	3	ST; QL
LOCOID LIPOCREAM EXTERNAL CREAM	3	ST; QL
mometasone furoate external cream	1 or 1b*	
mometasone furoate external ointment	1 or 1b*	
mometasone furoate external solution	1 or 1b*	
noxil external lotion	3	ST; QL
PANDEL EXTERNAL CREAM	3	ST; QL
prednicarbate external cream	3	
prednicarbate external ointment	3	
PSORCON EXTERNAL CREAM	3	ST; QL
TEXACORT EXTERNAL SOLUTION	3	ST; QL
tovet external foam	1 or 1b*	
triamcinolone acetonide external aerosol solution	1 or 1a*	ST; QL
triamcinolone acetonide external cream	1 or 1a*	
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 %	1 or 1a*	ST; QL
triderm external cream	1 or 1a*	
ULTRAVATE EXTERNAL LOTION	3	ST; QL
*DEPIGMENTING AGENTS***		
blanche external cream	1 or 1b*	

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

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Drug Name	Tier	Notes
EPIQUIN MICRO EXTERNAL CREAM	3	
melpaque hp external cream	1 or 1b*	
remergent hq external cream	1 or 1b*	
tl hydroquinone 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	1 or 1b*	
HYDRO 40 EXTERNAL FOAM	3	
urea external cream 40 %	1 or 1b*	
UREA EXTERNAL FOAM	3	
urea external suspension 40 %	1 or 1b*	
urea nail external gel 45 %	1 or 1b*	
urea-c40 external lotion	1 or 1b*	
uredeb external cream	1 or 1b*	
uremez-40 external cream	1 or 1b*	
URESOL EXTERNAL CREAM	3	
*EMOLLIENT/KERATOLYTIC COMBINATIONS***		
LATRIX XM EXTERNAL EMULSION	3	
*EMOLLIENTS***		
ammonium lactate external cream	1 or 1b*	
ammonium lactate external lotion	1 or 1b*	
lactic acid external lotion	1 or 1b*	
sodium hyaluronate external gel	1 or 1b*	
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT	3	

Drug Name	Tier	Notes
*GLABELLAR LINES (FROWN LINES) AGENTS***		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL
*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*	ST; QL
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	

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

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Drug Name	Tier	Notes
*IMMUNOMODULATOR S IMIDAZOQUINOLINAMI NES - TOPICAL***		
ALDARA EXTERNAL CREAM	3	ST; QL
imiquimod external cream	1 or 1b*	
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
*KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS***		
GORDOFILM EXTERNAL SOLUTION	2	
PYROGALLIC ACID EXTERNAL OINTMENT	3	
SALVAX DUO PLUS EXTERNAL KIT	3	
*KERATOLYTIC/ANTIM ITOTIC AGENTS***		
CONDYLOX EXTERNAL GEL	3	
podofilox external solution	1 or 1b*	
salicylic acid external lotion	1 or 1b*	
*LINIMENT COMBINATIONS***		
MEDROX-RX EXTERNAL OINTMENT	2	
*LINIMENTS***		
METHYL SALICYLATE EXTERNAL LIQUID	3	
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL***		
glydo external prefilled syringe	1 or 1b*	
lidocaine external ointment	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	
LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
lidocaine hcl external lotion	1 or 1b*	
lidocaine hcl external solution	1 or 1b*	

Drug Name	Tier	Notes
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDOPIN EXTERNAL CREAM 3.25 %	3	
pramox external gel	1 or 1b*	
zionodil 100 external lotion	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL***		
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
*MISC. DERMATOLOGICAL PRODUCTS***		
ALEVAMAX EXTERNAL CREAM	3	
EMULSION SB EXTERNAL EMULSION	3	
ILIDERM EXTERNAL EMULSION	3	
NEOSALUS EXTERNAL FOAM	3	
NUVAIL EXTERNAL SOLUTION	3	
PENLEN EXTERNAL EMULSION	3	
PRESERA EXTERNAL FOAM	3	
REMIGEN EXTERNAL CREAM	3	
XERALUX EXTERNAL CREAM	3	
*MISC. TOPICAL COMBINATIONS***		
PRE & POST SX POUCH EXTERNAL THERAPY PACK	3	
*MISC. TOPICAL***		
BORIC ACID EXTERNAL GRANULES	3	
QBREXZA EXTERNAL PAD	3	PA; QL

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

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Drug Name	Tier	Notes
*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL***		
VANIQA EXTERNAL CREAM	3	
*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*	
FINACEA EXTERNAL FOAM	2	
METROCREAM EXTERNAL CREAM	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
RHOFADE EXTERNAL CREAM	3	
rosadan external cream	1 or 1b*	
rosadan external gel	1 or 1b*	
SOOLANTRA EXTERNAL CREAM	2	
ZILXI EXTERNAL FOAM	3	
*SCABICIDES & PEDICULICIDES***		
crotan external lotion	1 or 1b*	
ELIMITE EXTERNAL CREAM	3	
lindane external shampoo	1 or 1b*	
malathion external lotion	1 or 1b*	

Drug Name	Tier	Notes
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	
*SKIN CLEANSERS***		
ESSENTRA WIPES 9X9" EXTERNAL	3	
*SKIN PROTECTANTS***		
benzoin compound external tincture	1 or 1b*	
BENZOIN EXTERNAL TINCTURE	3	
*SKIN TISSUE REPLACEMENTS***		
AFFINITY EXTERNAL SHEET	3	
AMNIOCORE HUMAN TISSUE EXTERNAL DISK	3	
AMNIOCORE HUMAN TISSUE EXTERNAL SHEET	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
BIOVANCE EXTERNAL SHEET	3	
CORETEXT INJECTION SUSPENSION	3	
DERMAGRAFT EXTERNAL SHEET	3	
EPICORD EXTERNAL SHEET	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	

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

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Drug Name	Tier	Notes
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
GRAFIX CORE 1.5CM X 2CM EXTERNAL	3	
GRAFIX CORE 16MM EXTERNAL	3	
GRAFIX CORE 2CM X 3CM EXTERNAL	3	
GRAFIX CORE 3CM X 4CM EXTERNAL	3	
GRAFIX CORE 5CM X 5CM EXTERNAL	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	3	
GRAFIX PRIME 16MM EXTERNAL	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NOVACHOR EXTERNAL SHEET	3	
NUCEL INJECTION INJECTABLE	3	
NUSHIELD EXTERNAL DISK	3	
NUSHIELD EXTERNAL SHEET	3	
OSTEOCONDUCTIVE MATRIX PLUS INJECTION INJECTABLE	3	
PALINGEN FLOW INJECTION INJECTABLE	3	

Drug Name	Tier	Notes
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	
PROTEXT INJECTION SUSPENSION	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS***		
EPIFOAM EXTERNAL FOAM	3	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	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	
AMNIOCORE HUMAN TISSUE EXTERNAL DISK	3	
AMNIOCORE HUMAN TISSUE EXTERNAL SHEET	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
BIOVANCE EXTERNAL SHEET	3	
CORETEXT INJECTION SUSPENSION	3	
DERMAGRAFT 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	
GRAFIX CORE 1.5CM X 2CM EXTERNAL	3	
GRAFIX CORE 16MM EXTERNAL	3	
GRAFIX CORE 2CM X 3CM EXTERNAL	3	
GRAFIX CORE 3CM X 4CM EXTERNAL	3	
GRAFIX CORE 5CM X 5CM EXTERNAL	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	3	
GRAFIX PRIME 16MM EXTERNAL	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	

Drug Name	Tier	Notes
NOVACHOR EXTERNAL SHEET	3	
NUCEL INJECTION INJECTABLE	3	
NUSHIELD EXTERNAL DISK	3	
NUSHIELD EXTERNAL SHEET	3	
OSTEOCONDUCTIVE MATRIX PLUS INJECTION INJECTABLE	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	
PROTEXT INJECTION SUSPENSION	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*	
PREPIV SUPPLY COMBINATION KIT	3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	

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

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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	
*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 CARE COMBINATIONS***		
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT	3	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	3	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	3	
XEROFORM OIL EMULSION STRIP EXTERNAL	3	
XEROFORM OIL ROLL 4"X9' EXTERNAL	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	3	

Drug Name	Tier	Notes
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	3	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	3	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***		
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	3	
MICROCYN EXTERNAL GEL	3	
MICROCYN EXTERNAL LIQUID 0.023 %	3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	3	
*WOUND DRESSINGS***		
ACTICOAT 7 EXTERNAL PAD	2	
ACTICOAT 7 EXTERNAL SHEET	2	
ACTICOAT ABSORBENT EXTERNAL	2	
ACTICOAT ABSORBENT EXTERNAL PAD	2	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD	2	
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 8"X16"	3	
ACTICOAT EXTERNAL SHEET 5"X5"	2	
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	2	
ACTICOAT FLEX 3 EXTERNAL SHEET	2	
ACTICOAT FLEX 7 EXTERNAL SHEET	2	
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 2"X2"	2	

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

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Drug Name	Tier	Notes
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 4"X4" , 4"X8"	3	
ACTICOAT SITE EXTERNAL DISK	2	
ACTICOAT SURGICAL EXTERNAL PAD	3	
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	2	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	2	
ALLEVYN AG GENTLE EXTERNAL PAD	3	
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	2	
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	2	
ALLEVYN AG SACRUM 9"X9" EXTERNAL	2	
ALLEVYN GENTLE EXTERNAL PAD	2	
AQUACEL AG BURN EXTERNAL PAD	3	
ARIDA EXTERNAL GEL	3	
AVO CREAM EXTERNAL EMULSION	3	
AZADROX EXTERNAL GEL	3	
BIAFINE EXTERNAL EMULSION	3	
BIOSTEP AG EXTERNAL SHEET	2	
BIOSTEP EXTERNAL SHEET	2	
CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL	3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	2	
DIAB EXTERNAL GEL	3	

Drug Name	Tier	Notes
DIAB F.D.G. FREEZE-DRIED EXTERNAL GEL	3	
DURAFIBER AG EXTERNAL PAD	3	
DURAFIBER EXTERNAL PAD	3	
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET	3	
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET	3	
HYDROFERA BLUE 4"X4" EXTERNAL PAD	2	
HYDROFERA BLUE 6"X6" EXTERNAL PAD	2	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	2	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	2	
HYGEL EXTERNAL GEL 2.5 %	3	
KENDALL ALGINATE 12" ROPE EXTERNAL	3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X4" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	2	
KENDALL AMORPHOUS WOUND EXTERNAL GEL	3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	3	

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

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Drug Name	Tier	Notes
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
KERAGEL EXTERNAL GEL	3	
KERAGELT EXTERNAL GEL	3	
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	2	
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	3	
MIRODERM BIOLOGIC MATRIX FENES EXTERNAL SHEET	3	
MIRODERM BIOLOGIC WOUND MATRIX EXTERNAL SHEET	3	
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET	3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM	3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 7X10CM , 7X20CM	2	
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	3	
PICO WOUND THERAPY SYSTEM EXTERNAL KIT	3	

Drug Name	Tier	Notes
RADIAGEL EXTERNAL GEL	3	
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	2	
RTD WOUND CARE DRESSING EXTERNAL PAD	2	
SILVASORB EXTERNAL GEL	3	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	3	
SONAFINE EXTERNAL EMULSION	3	
TEGADERM AG MESH EXTERNAL PAD	2	
THERAHONEY EXTERNAL GEL	3	
THERAHONEY EXTERNAL SHEET	3	
VASCUDERM HYDROGEL EXTERNAL GEL	3	
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
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL; OTC
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL; OTC
ONETOUCH ULTRA IN VITRO STRIP	2	ST; QL; OTC
ONETOUCH VERIO IN VITRO STRIP	2	QL; OTC
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	

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

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Drug Name	Tier	Notes
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	
*DIRECT-ACTING P2Y12 INHIBITORS***		
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
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*	
DYAZIDE ORAL CAPSULE	3	

Drug Name	Tier	Notes
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*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET	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	
torseamide 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	
spironolactone oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
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*	
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	
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO; QL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	
*BISPHOSPHONATES***		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 MG	3	

Drug Name	Tier	Notes
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
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

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

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Drug Name	Tier	Notes
*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*	
MIA CALCIN INJECTION SOLUTION	3	
*CARNITINE REPLENISHER - AGENTS***		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
LEVOCARNITINE INJECTION 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
*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

Drug Name	Tier	Notes
*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
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***		
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; QL; LD

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

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Drug Name	Tier	Notes
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule	1 or 1b*	PA; QL; LD
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
*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

Drug Name	Tier	Notes
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA; QL
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; QL; LD; 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
*MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS***		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS***		
ELAPRASE INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***		
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
*OVULATION STIMULANTS-GONADOTROPINS***		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
GONAL-F RFF REDJECT 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	SP

Drug Name	Tier	Notes
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; SP
*PHENYLKETONURIA TREATMENT - AGENTS***		
KUVAN ORAL PACKET	2	PA; QL; LD; SP
KUVAN ORAL TABLET SOLUBLE	2	PA; QL; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	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

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

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Drug Name	Tier	Notes
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	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	

Drug Name	Tier	Notes
DDAVP NASAL SOLUTION	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 refrag nasal solution	1 or 1b*	
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	
*ERYTHROID MATURATION AGENTS***		
*ERYTHROID MATURATION AGENTS***		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***		
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***		
ORIAHNN ORAL CAPSULE THERAPY PACK	3	
ESTROGENS		
*ESTROGEN & PROGESTIN***		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	

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

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Drug Name	Tier	Notes
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*	
lopreeza oral tablet 1-0.5 mg	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	
*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	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	

Drug Name	Tier	Notes
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	
EVAMIST TRANSDERMAL SOLUTION	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	3	PA; QL
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	3	PA; QL; LD; SP
*FENTANYL COMBINATIONS***		
*FENTANYL COMBINATIONS***		
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	3	

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

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Drug Name	Tier	Notes
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION	3	
*FLUOROCYCLINES***		
*FLUOROCYCLINES***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
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*	

Drug Name	Tier	Notes
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
GASTROINTESTINAL AGENTS - MISC.		
*GALLSTONE SOLUBILIZING AGENTS***		
ACTIGALL ORAL CAPSULE	3	
CHENODAL ORAL TABLET	3	PA; QL; LD
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	
*GASTROINTESTINAL STIMULANTS***		
DEXPANTHENOL INJECTION SOLUTION	3	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	

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

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Drug Name	Tier	Notes
metoclopramide hcl oral tablet	1 or 1a*	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG	3	
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	
REGLAN ORAL TABLET	3	
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS***		
GATTEX SUBCUTANEOUS KIT	3	PA; QL; LD; SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
LINZESS ORAL CAPSULE	2	
*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	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
balsalazide disodium oral capsule	1 or 1b*	
CANASA RECTAL SUPPOSITORY	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	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*	

Drug Name	Tier	Notes
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*	
*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***		
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

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

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Drug Name	Tier	Notes
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
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	2	QL
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
GENERAL ANESTHETICS		
*ANESTHETICS - MISC.***		
AMIDATE INTRAVENOUS SOLUTION	3	
ANESTHESIA S/I-40 INTRAVENOUS KIT	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
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*	

Drug Name	Tier	Notes
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
FRESENIUS PROPOVEN INTRAVENOUS EMULSION 2000 MG/100ML	3	
KETALAR INJECTION SOLUTION	3	
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	1 or 1b*	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	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*	
SUPRANE INHALATION SOLUTION	3	
terrell inhalation solution	1 or 1b*	

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

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Drug Name	Tier	Notes
ULTANE INHALATION SOLUTION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
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	
silodosin oral capsule	1 or 1b*	
tamsulosin hcl oral capsule	1 or 1b*	
*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*	
potassium citrate-citric acid oral solution	1 or 1b*	
sod citrate-citric acid oral solution	1 or 1b*	
taron-crystals oral packet	1 or 1b*	
tricitrates oral solution	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	

Drug Name	Tier	Notes
*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*	
JALYN ORAL CAPSULE	3	

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

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Drug Name	Tier	Notes
*URINARY ANALGESICS***		
phenazo oral tablet 200 mg	1 or 1a*	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1 or 1a*	
*URINARY STONE AGENTS***		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; QL; LD
THIOLA ORAL TABLET	3	PA; QL; LD
*GLYCOPEPTIDES***		
*GLYCOPEPTIDES***		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOICIN HCL ORAL CAPSULE 125 MG	3	PA; QL
VANCOICIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.25-5 GM/250ML-%, 1.5-5 GM/250ML-%	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	3	

Drug Name	Tier	Notes
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1500 MG/300ML, 2000 MG/400ML, 500 MG/100ML	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 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	
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 tablet	2	
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	ST; QL

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

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Drug Name	Tier	Notes
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ZYLOPRIM ORAL TABLET	3	
*URICOSURICS***		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
AFSTYLA INTRAVENOUS KIT	3	PA; QL; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
BENEFIX INTRAVENOUS KIT	3	PA; QL; 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; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

Drug Name	Tier	Notes
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	3	PA; QL; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3	PA; QL; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
KOGENATE FS INTRAVENOUS KIT	3	PA; QL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	3	PA; QL; SP

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

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Drug Name	Tier	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
NUWIQ INTRAVENOUS KIT	3	PA; QL; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; 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; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; QL; SP

Drug Name	Tier	Notes
*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
*CYCLOPENTYLTRIAZ OLOPYRIMIDINE (CPTP) DERIVATIVES***		
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	

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

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Drug Name	Tier	Notes
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 200 MG/100ML, 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*	
HEXTEND INTRAVENOUS SOLUTION	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS***		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*PLASMA PROTEINS***		
albiked 25 intravenous solution	1 or 1b*	
albiked 5 intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
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	
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***		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	

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

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Drug Name	Tier	Notes
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE	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*	
*QUINAZOLINE AGENTS***		
AGRYLIN ORAL CAPSULE	3	
anagrelide hcl oral capsule	1 or 1b*	
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet	1 or 1b*	
prasugrel hcl oral tablet 10 mg	1 or 1b*	
prasugrel hcl oral tablet 5 mg	1 or 1b*	DO
*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	

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
*COBALAMIN COMBINATIONS***		
abaneu-sl sublingual tablet sublingual	2	
LIPO-B INTRAMUSCULAR SOLUTION	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	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	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT	3	

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

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Drug Name	Tier	Notes
*CXCR4 RECEPTOR ANTAGONIST***		
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*CYTOTOXIC AGENTS***		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; QL; 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	3	PA; QL; SP
*ERYTHROPOIETINS***		
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

Drug Name	Tier	Notes
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
PROCRIT INJECTION SOLUTION	3	PA; QL; SP
RETACRIT INJECTION SOLUTION	3	PA; QL; SP
*FOLIC ACID/FOLATE COMBINATIONS***		
airavite oral tablet	1 or 1b*	
B-6 FOLIC ACID ORAL CAPSULE 8.333-100-1 MG	3	
BP VIT 3 ORAL CAPSULE	3	
CENFOL ORAL TABLET	3	
fabb oral tablet	1 or 1b*	
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
folbee oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
FOLI-D ORAL TABLET	3	
folplex 2.2 oral tablet	1 or 1b*	
foltabs 800 oral tablet	1 or 1b*	OTC; \$0
millguard oral tablet	1 or 1b*	OTC; \$0
nufol oral tablet	1 or 1b*	
virt-gard oral tablet	1 or 1b*	
VITAMEZ ORAL CAPSULE	3	
*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

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

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Drug Name	Tier	Notes
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
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

Drug Name	Tier	Notes
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
*IRON COMBINATIONS***		
ACTIVE FE ORAL TABLET	3	
corvita 150 oral tablet	1 or 1b*	
CORVITE 150 ORAL TABLET 150-1.25 MG	3	
ferocon oral capsule	1 or 1b*	
ferottrinsic oral capsule	1 or 1b*	
ferrocite plus oral tablet	1 or 1b*	
FERRO-PLEX HEMATINIC ORAL TABLET	3	
FERROTRIN ORAL CAPSULE	3	
FOLIVANE-PLUS ORAL CAPSULE	3	
foltrin oral capsule	1 or 1b*	
FUSION PLUS ORAL CAPSULE	3	
hematinic plus vit/minerals oral tablet	1 or 1b*	
HEMATRON-AF ORAL TABLET	3	
HEMOCYTE PLUS ORAL CAPSULE	3	
hemocyte-plus oral tablet 106-1 mg	1 or 1b*	
ICAR-C PLUS ORAL TABLET	3	
IS 24/6 ORAL	3	
k-tan plus oral capsule	1 or 1b*	
MULTIGEN FOLIC ORAL TABLET	3	
MULTIGEN ORAL TABLET	3	
MULTIGEN PLUS ORAL TABLET	3	
polysaccharide iron forte oral capsule	1 or 1b*	
purevit dualfe plus oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
TARON FORTE ORAL CAPSULE	3	
tl-hem 150 oral tablet	1 or 1b*	
tricon oral capsule	1 or 1b*	
trigels-f forte oral capsule	1 or 1b*	
*IRON W/ FOLIC ACID***		
FOLIVANE-F ORAL CAPSULE	3	
hematinic/folic acid oral tablet	1 or 1b*	
hemocyte-f oral tablet	1 or 1b*	
*IRON***		
FERAHEME INTRAVENOUS SOLUTION	3	
FERRLECID INTRAVENOUS SOLUTION	3	
INFED INJECTION SOLUTION	3	
INJECTAFER 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	
*IRON-B12-FOLATE***		
FERIVA 21/7 ORAL TABLET	3	
FERRAPLUS 90 ORAL TABLET	3	
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***		
DOPTELET ORAL TABLET 20 MG	3	PA; QL; LD; SP
MUPLETA ORAL TABLET	3	PA; QL; SP

Drug Name	Tier	Notes
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
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
OXBRYTA ORAL TABLET	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	

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

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Drug Name	Tier	Notes
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	
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	

Drug Name	Tier	Notes
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	
*HEPATITIS C AGENT - COMBINATIONS***		
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL TABLET	3	PA; QL; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA; QL; SP
VOSEVI ORAL TABLET	3	PA; QL; SP

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

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Drug Name	Tier	Notes
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	3	PA; QL; LD
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
*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
HYPNOTICS		
*BARBITURATE HYPNOTICS***		
NEMBUTAL INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral solution	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
SECONAL ORAL CAPSULE	3	
*BENZODIAZEPINE HYPNOTICS***		
DORAL ORAL TABLET	3	
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*	

Drug Name	Tier	Notes
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	3	
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	
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***		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet	1 or 1b*	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	3	ST; QL
zaleplon oral capsule	1 or 1b*	ST; QL
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

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

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Drug Name	Tier	Notes
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
dexmedetomidine hcl in nacl intravenous solution 200 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 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
*HYPOPHOSPHATASIA (HPP) AGENTS***		
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	2	

Drug Name	Tier	Notes
*IMPOTENCE AGENT COMBINATIONS***		
*IMPOTENCE AGENT COMBINATIONS***		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
*IMPOTENCE AGENTS - OTHER***		
*IMPOTENCE AGENTS - OTHER***		
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION	3	
*IN VITRO/LOCK ANTICOAGULANTS***		
*IN VITRO/LOCK ANTICOAGULANTS***		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE	3	

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

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Drug Name	Tier	Notes
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*INTEGRIN RECEPTOR ANTAGONISTS***		
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
*INTERLEUKIN ANTAGONISTS***		
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD

Drug Name	Tier	Notes
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)***		
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
TIBSOVO ORAL TABLET	3	PA; QL; LD
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA ORAL TABLET	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
CLENPIQ ORAL SOLUTION	3	
gavilyte-c oral solution reconstituted	1 or 1a*	\$0
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	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED	3	
NULYTELY WITH FLAVOR PACKS 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-prep oral kit	1 or 1b*	\$0
PLENVU ORAL SOLUTION RECONSTITUTED	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
trilyte oral solution reconstituted	1 or 1a*	\$0
*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

Drug Name	Tier	Notes
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*	
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 packet	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
tgt powderlax oral packet 17 gm	1 or 1b*	OTC; \$0
tgt powderlax 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

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

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Drug Name	Tier	Notes
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
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 magnesium citrate oral solution	1 or 1a*	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

Drug Name	Tier	Notes
*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	
correct oral tablet delayed release	1 or 1a*	OTC; \$0
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
eq womens 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

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

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Drug Name	Tier	Notes
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
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
tgt gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
tgt womens 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
*LEPTIN ANALOGUES***		
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
LUPANETA PACK COMBINATION KIT	3	PA; QL; SP

Drug Name	Tier	Notes
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	
RECK SOLUTION PREFILLED SYRINGE	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*	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
*LOCAL ANESTHETIC COMBINATIONS***		
ACTIVE INJECTION LM-2 INJECTION KIT	3	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	3	
P-CARE 100MX INJECTION KIT	3	
POINT OF CARE LM-2.2 INJECTION KIT	3	
POINT OF CARE LM-2.5 INJECTION KIT	3	
READYSHARP-A INJECTION KIT	3	
*LOCAL ANESTHETICS - AMIDES***		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
BUPIVACAINE HCL INJECTION SOLUTION 0.125 %	3	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 125 MG/4ML, 250 MG/8ML, 312.5 MG/10ML, 625 MG/20ML	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	

Drug Name	Tier	Notes
EXPAREL INJECTION SUSPENSION	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
LIDOCAINE HCL INJECTION SOLUTION 1 %, 2 %	3	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/5ML, 60 MG/3ML	3	
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 INJECTION SOLUTION PREFILLED SYRINGE	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XYLOCAINE INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
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	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	3	PA; QL
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
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	

Drug Name	Tier	Notes
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*	
ery-tab oral tablet delayed release	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
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 TABLET	3	
MEDICAL DEVICES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	2	\$0

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

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Drug Name	Tier	Notes
*CONDOMS - FEMALE***		
FC FEMALE CONDOM	2	OTC; \$0
FC2 FEMALE CONDOM	2	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	\$0
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	OTC
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC

Drug Name	Tier	Notes
ACCU-CHEK FASTCLIX LANCETS	2	OTC
ACCU-CHEK MULTICLIX LANCET DEV KIT	2	OTC
ACCU-CHEK MULTICLIX LANCETS	2	OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	OTC
ACTI-LANCE 28G	2	OTC
ACTI-LANCE LITE LANCETS 28G	2	OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	OTC
ACTI-LANCE UNIVERSAL 23G	2	OTC
ADJUSTABLE LANCING DEVICE	2	OTC
ADVANCED MOBILE LANCET	2	OTC
ADVOCATE LANCETS	2	OTC
ADVOCATE LANCETS 30G	2	OTC
ADVOCATE LANCING DEVICE	2	OTC
ADVOCATE RAPID-SAFE LANCING	2	OTC
ADVOCATE SAFETY LANCETS	2	OTC
ADVOCATE SAFETY LANCETS 26G	2	OTC
AGAMATRIX ULTRA-THIN LANCETS	2	OTC
AIMSCO TWIST LANCETS 32G	2	OTC
AIMSCO TWIST LANCETS 33G	2	OTC
ALTERNATE SITE LANCING DEVICE	2	OTC
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	OTC
AQUALANCE LANCETS 30G	2	OTC

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

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Drug Name	Tier	Notes
ASSURE COMFORT LANCETS 28G	2	OTC
ASSURE HAEMOLANCE PLUS HIGH	2	OTC
ASSURE HAEMOLANCE PLUS LOW	2	OTC
ASSURE HAEMOLANCE PLUS MICRO	2	OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	OTC
ASSURE HAEMOLANCE PLUS PED	2	OTC
ASSURE LANCE LANCETS	2	OTC
ASSURE LANCE LANCETS 21G	2	OTC
ASSURE LANCE PLUS SAFETY 25G	2	OTC
ASSURE LANCE PLUS SAFETY 30G	2	OTC
ASSURE LANCE SAFETY LANCET 28G	2	OTC
ASSURE LANCETS	2	OTC
AURORA LANCET SUPER THIN 30G	2	OTC
AURORA LANCET THIN 23G	2	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	OTC
BD LANCET ULTRAFINE 33G	2	OTC
BD MICROTAINER LANCETS	2	OTC
BULLSEYE MINI SAFETY LANCETS	2	OTC

Drug Name	Tier	Notes
BULLSEYE SAFETY LANCETS	2	OTC
CARDIOCOM LANCING DEVICE	2	OTC
CAREONE ADVANCED LANCING DEV	2	OTC
CAREONE LANCET THIN 23G	2	OTC
CAREONE LANCET ULTRA THIN 28G	2	OTC
CARESENS LANCETS	2	OTC
CARETOUCH LANCING/EJECTOR	2	OTC
CARETOUCH SAFETY LANCETS	2	OTC
CARETOUCH SAFETY LANCETS 26G	2	OTC
CARETOUCH TWIST LANCETS 28G	2	OTC
CARETOUCH TWIST LANCETS 30G	2	OTC
CARETOUCH TWIST LANCETS 33G	2	OTC
CLEANLET LANCETS 28G	2	OTC
CLEVER CHEK LANCETS	2	OTC
CLEVER CHOICE LANCETS 21G	2	OTC
CLEVER CHOICE LANCETS 23G	2	OTC
CLEVER CHOICE LANCETS 28G	2	OTC
COAGUCHEK LANCETS	2	OTC
COMFORT ASSURED LANCETS 28G	2	OTC
COMFORT ASSURED LANCETS 33G	2	OTC
COMFORT LANCETS	2	OTC
CVS LANCETS 21G	2	OTC
CVS LANCETS MICRO THIN 33G	2	OTC
CVS LANCETS ORIGINAL	2	OTC
CVS LANCETS THIN 26G	2	OTC
CVS LANCETS ULTRA THIN 30G	2	OTC

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

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Drug Name	Tier	Notes
CVS LANCETS ULTRA-THIN 30G	2	OTC
CVS LANCING DEVICE	2	OTC
CVS ULTRA THIN LANCETS	2	OTC
DIATHRIVE LANCET ULTRA THIN 30	2	OTC
DIATHRIVE LANCETS	2	OTC
DIATHRIVE LANCING DEVICE	2	OTC
DROPLET LANCETS ULTRA THIN 30G	2	OTC
DROPLET LANCING DEVICE	2	OTC
DRUG MART LANCETS THIN 26G	2	OTC
DRUG MART LANCING DEVICE	2	OTC
DRUG MART ON-THE-GO LANCET 30G	2	OTC
DRUG MART UNILET LANCETS 28G	2	OTC
DRUG MART UNILET LANCETS 30G	2	OTC
DRUG MART UNILET LANCETS 33G	2	OTC
EASY COMFORT LANCETS	2	OTC
EASY COMFORT LANCETS TWIST TOP	2	OTC
EASY MINI EJECT LANCING DEVICE	2	OTC
EASY MINI LANCING DEVICE	2	OTC
EASY TOUCH LANCETS 21G	2	OTC
EASY TOUCH LANCETS 23G	2	OTC
EASY TOUCH LANCETS 26G	2	OTC
EASY TOUCH LANCETS 28G	2	OTC
EASY TOUCH LANCETS 28G/TWIST	2	OTC
EASY TOUCH LANCETS 30G	2	OTC
EASY TOUCH LANCETS 30G/TWIST	2	OTC

Drug Name	Tier	Notes
EASY TOUCH LANCETS 32G	2	OTC
EASY TOUCH LANCETS 32G/TWIST	2	OTC
EASY TOUCH LANCETS 33G/TWIST	2	OTC
EASY TOUCH LANCING DEVICE	2	OTC
EASY TOUCH SAFETY LANCETS 21G	2	OTC
EASY TOUCH SAFETY LANCETS 23G	2	OTC
EASY TOUCH SAFETY LANCETS 26G	2	OTC
EASY TOUCH SAFETY LANCETS 28G	2	OTC
EASY TWIST & CAP LANCETS	2	OTC
EMBRACE LANCETS ULTRA THIN 30G	2	OTC
EQL COLOR LANCETS 21G	2	OTC
EQL COLOR LANCETS MICRO 33G	2	OTC
EQL SUPER THIN LANCETS 30G	2	OTC
EQL THIN LANCETS 26G	2	OTC
E-Z JECT LANCET MICRO-THIN 33G	2	OTC
E-Z JECT LANCET SUPER THIN 30G	2	OTC
E-Z JECT LANCETS	2	OTC
E-Z JECT LANCETS 21G	2	OTC
E-Z JECT LANCETS THIN 26G	2	OTC
EZ SMART BLOOD GLUCOSE LANCETS	2	OTC
EZ-LETS LANCETS 21G	2	OTC
EZ-LETS LANCETS 26G	2	OTC
EZ-LETS LANCETS 28G	2	OTC
EZ-LETS LANCETS 30G	2	OTC
FIFTY50 SAFETY SEAL LANCETS	2	OTC
FIFTY50 UNILET LANCETS 33G	2	OTC
FINE 30	2	OTC
FINGERSTIX LANCETS	2	OTC

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

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Drug Name	Tier	Notes
FORA LANCETS	2	OTC
FORA LANCING DEVICE	2	OTC
FREDS PHARMACY AUTOLET LANCING	2	OTC
FREDS PHARMACY UNILET LANC 28G	2	OTC
FREDS PHARMACY UNILET LANC 30G	2	OTC
FREESTYLE LANCETS	2	OTC
FREESTYLE UNISTICK II LANCETS	2	OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	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 DEVICE (BLACK)	2	OTC
GENTEEL LANCING DEVICE (BLUE)	2	OTC
GENTEEL LANCING DEVICE (GOLD)	2	OTC
GENTEEL LANCING DEVICE (PINK)	2	OTC
GENTEEL LANCING DEVICE (WHITE)	2	OTC
GENTEEL LANCING DEVICE (PLATNM)	2	OTC
GENTEEL LANCING DEVICE (PURPLE)	2	OTC
GENTEEL LANCING DEVICE (SILVER)	2	OTC
GENTEEL LANCING KIT (BLUE) KIT	2	OTC
GENTEEL NOZZLES	2	OTC
GENTLE-LET GP LANCETS	2	OTC

Drug Name	Tier	Notes
GENTLE-LET LANCETS	2	OTC
GENTLE-LET PLATFORMS	2	OTC
GLOBAL INJECT EASE LANCETS 28G	2	OTC
GLOBAL INJECT EASE LANCETS 30G	2	OTC
GLOBAL LANCING DEVICE	2	OTC
GLUCOCOM LANCETS 28G	2	OTC
GLUCOCOM LANCETS 30G	2	OTC
GLUCOCOM LANCETS 33G	2	OTC
GNP LANCETS	2	OTC
GNP LANCETS 21G	2	OTC
GNP LANCETS MICRO THIN 33G	2	OTC
GNP LANCETS SUPER THIN 30G	2	OTC
GNP LANCETS THIN	2	OTC
GNP LANCETS THIN 26G	2	OTC
GNP MICRO THIN LANCETS 33G	2	OTC
GNP SUPER THIN LANCETS 30G	2	OTC
GOJJI LANCING DEVICE/CLEAR CAP	2	OTC
GOJJI STERILE LANCETS	2	OTC
GOODSENSE COLOR LANCETS 33G	2	OTC
GOODSENSE LANCETS 26G UNIV	2	OTC
GOODSENSE LANCETS 30G	2	OTC
GOODSENSE LANCETS 30G UNIV	2	OTC
GOODSENSE LANCETS 33G	2	OTC
GOODSENSE LANCETS 33G UNIV	2	OTC
GOODSENSE LANCING DEVICE	2	OTC
HAEMOLANCE	2	OTC

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

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Drug Name	Tier	Notes
HAEMOLANCE LOW FLOW LANCETS	2	OTC
HAEMOLANCE PLUS	2	OTC
HAEMOLANCE PLUS HIGH FLOW	2	OTC
HAEMOLANCE PLUS LOW FLOW	2	OTC
HAEMOLANCE PLUS MAX FLOW	2	OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	OTC
HEALTH CARE LANCING DEVICE	2	OTC
HEALTHY ACCENTS LANCING DEVICE	2	OTC
HEALTHY ACCENTS UNILET LANCETS	2	OTC
H-E-B INCONTROL ADV LANCING	2	OTC
H-E-B INCONTROL LANCETS 28G	2	OTC
H-E-B INCONTROL LANCETS 30G	2	OTC
H-E-B INCONTROL LANCETS 33G	2	OTC
HYPOLANCE AST LANCING KIT	2	OTC
HY-VEE LANCETS	2	OTC
HY-VEE THIN LANCETS	2	OTC
IN TOUCH LANCING DEVICE	2	OTC
IN TOUCH STERILE LANCETS 30G	2	OTC
KINNEY LANCETS	2	OTC
KINNEY THIN LANCETS	2	OTC
KROGER AUTOLET LANCING DEVICE	2	OTC
KROGER HEALTHPRO LANCET 26G	2	OTC
KROGER LANCETS	2	OTC
KROGER LANCETS 21G	2	OTC
KROGER LANCETS MICRO THIN 33G	2	OTC
KROGER LANCETS SUPER THIN	2	OTC
KROGER LANCETS THIN	2	OTC

Drug Name	Tier	Notes
KROGER LANCETS THIN 26G	2	OTC
KROGER LANCETS ULTRATHIN 30G	2	OTC
KROGER LANCING DEVICE	2	OTC
LANCET DEVICE	2	OTC
LANCET DEVICE WITH EJECTOR	2	OTC
LANCET TRANSPORTER CASE	2	OTC
LANCETS	2	OTC
LANCETS 28G	2	OTC
LANCETS 30G	2	OTC
LANCETS MICRO THIN 33G	2	OTC
LANCETS SUPER THIN 28G	2	OTC
LANCETS THIN	2	OTC
LANCETS ULTRA FINE	2	OTC
LANCETS ULTRA THIN	2	OTC
LANCETS ULTRA THIN 30G	2	OTC
LANCING DEVICE	2	OTC
LANZO	2	OTC
LEADER ADVANCED LANCING DEVICE	2	OTC
LIBERTY MEDICAL LANCETS	2	OTC
LIBERTY MINI LANCING DEVICE	2	OTC
LIFESCAN UNISTIK 2	2	OTC
LIFESCAN UNISTIK II LANCETS	2	OTC
LITE TOUCH LANCETS	2	OTC
LITE TOUCH LANCING PEN	2	OTC
LITETOUCH LANCETS	2	OTC
LIVE BETTER ADV LANCING DEVICE	2	OTC
LIVE BETTER LANCET SUPER THIN	2	OTC
LIVE BETTER LANCET ULTRA THIN	2	OTC
LONGS LANCETS STANDARD	2	OTC
LONGS LANCETS THIN	2	OTC

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

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Drug Name	Tier	Notes
LONGS LANCETS ULTRA THIN	2	OTC
MEDICHOICE SAFETY LANCET	2	OTC
MEDICHOICE SAFETY LANCET EXTRA	2	OTC
MEDICHOICE SAFETY LANCET NORM	2	OTC
MEDISENSE THIN LANCETS	2	OTC
MEDLANCE EXTRA 21G	2	OTC
MEDLANCE LITE 25G	2	OTC
MEDLANCE PLUS EXTRA 21G	2	OTC
MEDLANCE PLUS LANCETS	2	OTC
MEDLANCE PLUS LITE 25G	2	OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	OTC
MEDLANCE PLUS SUPERLITE 30G	2	OTC
MEDLANCE PLUS UNIVERSAL 21G	2	OTC
MEDLANCE UNIVERSAL 21G	2	OTC
MEIJER LANCETS	2	OTC
MEIJER LANCETS THIN	2	OTC
MEIJER LANCETS UNIVERSAL 21G	2	OTC
MEIJER LANCETS UNIVERSAL 30G	2	OTC
MEIJER LANCETS UNIVERSAL 33G	2	OTC
MEIJER SUPER THIN LANCETS	2	OTC
MICROLET LANCETS	2	OTC
MICROLET NEXT LANCING DEVICE	2	OTC
MINI LANCING DEVICE	2	OTC
MM LANCING DEVICE	2	OTC
MM TWIST LANCETS	2	OTC
MONOLET LANCETS	2	OTC
MONOLET OPD LANCETS	2	OTC
MONOLETTOR SAFETY LANCETS	2	OTC

Drug Name	Tier	Notes
MPD SAFETY LANCET 21G	2	OTC
MPD SAFETY LANCET 23G	2	OTC
MPD SAFETY LANCET 28G	2	OTC
MPD SAFETY LANCET 30G	2	OTC
MULTI-LANCET DEVICE	2	OTC
MULTI-LANCET DEVICE 2 KIT	2	OTC
MYGLUCOHEALTH LANCETS 30G	2	OTC
NOVA SAFETY LANCETS 23G	2	OTC
NOVA SAFETY LANCETS 28G	2	OTC
NOVA SUREFLEX LANCETS	2	OTC
NOVA SUREFLEX LANCING DEVICE	2	OTC
ON CALL LANCETS	2	OTC
ON CALL LANCING DEVICE	2	OTC
ON CALL PLUS LANCETS	2	OTC
ON CALL PLUS LANCING DEVICE	2	OTC
ONETOUCH CLUB LANCETS FINE PT	2	OTC
ONETOUCH DELICA LANCETS 30G	2	OTC
ONETOUCH DELICA LANCETS 33G	2	OTC
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCET30G	2	OTC
ONETOUCH DELICA PLUS LANCET33G	2	OTC
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH FINEPOINT LANCETS	2	OTC
ONETOUCH SURESOFT LANCING DEV	2	OTC
ONETOUCH ULTRASOFT LANCETS	2	OTC

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

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Drug Name	Tier	Notes
PC LANCETS SUPER THIN 30G	2	OTC
PENLET II BLOOD SAMPLER KIT	2	OTC
PENLET II REPLACEMENT CAP	2	OTC
PERFECT LANCETS 28G	2	OTC
PERFECT LANCETS 30G	2	OTC
PHARMACIST CHOICE LANCETS	2	OTC
PHARMACY COUNTER LANCETS	2	OTC
PIP LANCETS 28G	2	OTC
PIP LANCETS 30G	2	OTC
PRECISION THINS GP LANCETS	2	OTC
PREFERRED PLUS LANCETS COLORED	2	OTC
PREFERRED PLUS LANCETS THIN	2	OTC
PRESSURE ACTIVAT SAFETY LANCET	2	OTC
PRO COMFORT LANCETS 30G	2	OTC
PRO COMFORT LANCETS 31G	2	OTC
PRODIGY LANCETS 28G	2	OTC
PRODIGY LANCING DEVICE	2	OTC
PRODIGY SAFETY LANCETS 26G	2	OTC
PRODIGY TWIST TOP LANCETS 28G	2	OTC
PSS SELECT GP LANCETS	2	OTC
PSS SELECT PLATFORMS	2	OTC
PSS SELECT SAFETY LANCETS	2	OTC
PUSH BUTTON SAFETY LANCETS	2	OTC
PUSH BUTTON SAFETY LANCETS 28G	2	OTC
PX ADVANCED LANCING DEVICE	2	OTC
PX LANCET AUTO INJECTOR	2	OTC

Drug Name	Tier	Notes
PX LANCETS ULTRA THIN	2	OTC
PX LANCETS ULTRA THIN 28G	2	OTC
QC ADVANCED LANCING DEVICE	2	OTC
QC LANCETS SUPER THIN 30G	2	OTC
QC LANCETS ULTRA THIN	2	OTC
QC UNILET LANCETS 28G	2	OTC
QC UNILET LANCETS MICRO THIN	2	OTC
RA E-ZJECT COLOR LANCETS 33G	2	OTC
RA E-ZJECT LANCETS 28G	2	OTC
RA E-ZJECT LANCETS THIN 26G	2	OTC
RA E-ZJECT LANCETS THIN 28G	2	OTC
RA E-ZJECT LANCETS ULTRA THIN	2	OTC
RA LANCING DEVICE	2	OTC
READYLANCE SAFETY LANCETS	2	OTC
REALITY LANCETS	2	OTC
REALITY TRIGGER LANCETS	2	OTC
RELION LANCET DEVICES 30G	2	OTC
RELION LANCETS MICRO-THIN 33G	2	OTC
RELION LANCETS STANDARD 21G	2	OTC
RELION LANCETS THIN 26G	2	OTC
RELION LANCETS ULTRA-THIN 30G	2	OTC
RELION LANCING DEVICE	2	OTC
RELION LANCING DEVICE KIT	2	OTC
RELION ULTRA THIN LANCETS 30G	2	OTC
RELION ULTRA THIN PLUS LANCETS	2	OTC

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

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Drug Name	Tier	Notes
REXALL LANCETS ULTRA THIN 30G	2	OTC
RIGHTEST ALTERNATE SITE ADAPT	2	OTC
RIGHTEST GD500 LANCING DEVICE	2	OTC
RIGHTEST GL300 LANCETS	2	OTC
SAFE-T-LANCE	2	OTC
SAFE-T-LANCE PLUS	2	OTC
SAFETY LANCET 21G/PRESSURE ACT	2	OTC
SAFETY LANCET 23G/PRESSURE ACT	2	OTC
SAFETY LANCET 28G/PRESSURE ACT	2	OTC
SAFETY LANCET 30G/PRESSURE ACT	2	OTC
SAFETY LANCETS	2	OTC
SAFETY LANCETS 21G	2	OTC
SAFETY LANCETS 28G	2	OTC
SAFETY LET LANCETS	2	OTC
SAFETY SEAL LANCETS	2	OTC
SAPS HEALTH TWIST TOP LANCETS	2	OTC
SAPS TWIST TOP LANCETS	2	OTC
SAPSCARE TWIST TOP LANCETS	2	OTC
SB LANCETS THIN	2	OTC
SB LANCETS ULTRA THIN	2	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	OTC
SHOPKO UNILET LANCETS 28G	2	OTC
SHOPKO UNILET LANCETS 30G	2	OTC
SIDE BUTTON SAFETY LANCET	2	OTC
SIMPLE DIAGNOSTICS LANCING DEV	2	OTC

Drug Name	Tier	Notes
SINGLE-LET	2	OTC
SM LANCETS 33G	2	OTC
SM TRUEDRAW LANCING DEVICE	2	OTC
SMART DIABETES VANTAGE LANCING	2	OTC
SMART SENSE COLOR LANCETS 33G	2	OTC
SMART SENSE STANDARD LANCETS	2	OTC
SMART SENSE SUPER THIN LANCETS	2	OTC
SMART SENSE THIN LANCETS 26G	2	OTC
SMARTEST LANCETS 28G	2	OTC
SOLUS V2 LANCETS 28G	2	OTC
SOLUS V2 LANCING DEVICE	2	OTC
SOLUS V2 TWIST LANCETS 30G	2	OTC
STERILANCE PA	2	OTC
STERILANCE TL	2	OTC
SUPER THIN LANCETS	2	OTC
SURE COMFORT LANCETS 18G	2	OTC
SURE COMFORT LANCETS 21G	2	OTC
SURE COMFORT LANCETS 23G	2	OTC
SURE COMFORT LANCETS 28G	2	OTC
SURE COMFORT LANCETS 30G	2	OTC
SURE COMFORT LANCING PEN	2	OTC
SURE-LANCE FLAT LANCETS	2	OTC
SURE-LANCE LANCETS 26G	2	OTC
SURE-LANCE THIN LANCETS 28G	2	OTC
SURE-LANCE ULTRA THIN LANCETS	2	OTC
SURELITE LANCETS	2	OTC
SURE-PEN	2	OTC
SURE-TOUCH LANCETS UNIVERSAL	2	OTC

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

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Drug Name	Tier	Notes
TECHLITE AST LANCETS	2	OTC
TECHLITE LANCETS	2	OTC
TECHLITE LANCETS 30G	2	OTC
TGT LANCET MICRO THIN 33G	2	OTC
TGT LANCET THIN 26G	2	OTC
TGT LANCET ULTRA THIN 30G	2	OTC
TGT LANCING DEVICE	2	OTC
THINLETS GP LANCETS	2	OTC
TODAYS HEALTH LANCING DEVICE	2	OTC
TODAYS HEALTH THIN LANCETS 28G	2	OTC
TODAYS HEALTH THIN LANCETS 30G	2	OTC
TOPCARE LANCETS MICRO-THIN 33G	2	OTC
TRAVEL LANCETS	2	OTC
TRAVEL LANCETS ADVANCED 28G	2	OTC
TRUE COMFORT TWIST TOP LANCETS	2	OTC
TRUEDRAW LANCING DEVICE	2	OTC
TRUEPLUS LANCETS 26G	2	OTC
TRUEPLUS LANCETS 28G	2	OTC
TRUEPLUS LANCETS 30G	2	OTC
TRUEPLUS LANCETS 33G	2	OTC
TRUEPLUS SAFETY LANCETS 28G	2	OTC
ULTI-LANCE AUTOMATIC	2	OTC
ULILET CLASSIC LANCETS	2	OTC
ULILET LANCETS	2	OTC
ULILET SAFETY LANCETS	2	OTC
ULILET SAFETY LANCETS 23G	2	OTC
ULTRA THIN LANCETS 31G	2	OTC

Drug Name	Tier	Notes
ULTRA-CARE LANCETS 30G	2	OTC
ULTRALANCE	2	OTC
ULTRA-THIN II AUTO LANCET	2	OTC
ULTRA-THIN II LANCETS	2	OTC
UNILET COMFORTOUCH LANCET	2	OTC
UNILET EXCELITE	2	OTC
UNILET EXCELITE II	2	OTC
UNILET G.P. LANCET	2	OTC
UNILET G.P. SUPERLITE LANCET	2	OTC
UNILET GP 28 ULTRA THIN	2	OTC
UNILET LANCET	2	OTC
UNILET MICRO-THIN 33G	2	OTC
UNILET SUPERLITE LANCET	2	OTC
UNILET SUPER-THIN 30G	2	OTC
UNILET ULTRA-THIN 28G	2	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	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	OTC
UNISTIK SAFETY LANCETS 28G	2	OTC

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

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Drug Name	Tier	Notes
UNISTIK SAFETY LANCETS 30G	2	OTC
UNISTIK TOUCH SAFETY LANC 21G	2	OTC
UNISTIK TOUCH SAFETY LANC 23G	2	OTC
UNISTIK TOUCH SAFETY LANC 28G	2	OTC
UNISTIK TOUCH SAFETY LANC 30G	2	OTC
UNIVERSAL 1 LANCETS THIN 26G	2	OTC
UNIVERSAL 1 LANCETS THIN 33G	2	OTC
UNIVERSAL 1 LANCETS ULTRA THIN	2	OTC
VALUE PLUS LANCET STANDARD 21G	2	OTC
VALUE PLUS LANCETS SUPER THIN	2	OTC
VALUE PLUS LANCETS THIN 26G	2	OTC
VALUE PLUS LANCING DEVICE	2	OTC
VALUMARK LANCET SUPER THIN 30G	2	OTC
VALUMARK LANCET ULTRA THIN 28G	2	OTC
VIDA MIA AUTOLET LANCING DEV	2	OTC
VIDA MIA UNILET LANCETS 28G	2	OTC
VIDA MIA UNILET LANCETS 30G	2	OTC
VIVAGUARD LANCETS	2	OTC
VIVAGUARD LANCING DEVICE	2	OTC
WALGREENS ADV TRAVEL LANCETS	2	OTC
WALGREENS LANCETS	2	OTC
WALGREENS LANCETS MICRO THIN	2	OTC
WALGREENS LANCETS SUPER THIN	2	OTC
WALGREENS THIN LANCETS	2	OTC
WALGREENS ULTRA THIN LANCETS	2	OTC

Drug Name	Tier	Notes
*MISC. DEVICES***		
folding paddle walker	1 or 1b*	OTC; \$0
*NEEDLES & SYRINGES***		
1ST TIER UNIFINE PENTIPS	3	ST; QL; OTC
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	ST; QL; 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	ST; QL; 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	2	OTC
BD INSULIN SYRINGE 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	ST; QL; OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	2	OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	ST; QL; OTC
BD INSULIN SYRINGE U/F	2	ST; QL; OTC
BD INSULIN SYRINGE U/F 1/2UNIT	2	ST; QL; OTC
BD INSULIN SYRINGE U-500	2	

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

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Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 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, 31G X 5/16" 0.5 ML	2	ST; QL; OTC
BD PEN NEEDLE MICRO U/F	2	ST; QL; OTC
BD PEN NEEDLE MINI U/F	2	ST; QL; OTC
BD PEN NEEDLE NANO 2ND GEN	2	ST; QL; OTC
BD PEN NEEDLE NANO U/F	2	ST; QL
BD PEN NEEDLE ORIGINAL U/F	2	ST; QL; OTC
BD PEN NEEDLE SHORT U/F	2	ST; QL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML	2	ST; QL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	ST; QL
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	2	OTC
BD SAFETY-LOK INSULIN SYRINGE	2	ST; QL; OTC
BD VEO INSULIN SYR U/F 1/2UNIT	2	ST; QL; OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	2	ST; QL; OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	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

Drug Name	Tier	Notes
CARETOUCH INSULIN SYRINGE	3	ST; QL; OTC
CARETOUCH PEN NEEDLES	3	ST; QL; OTC
CLEVER CHOICE COMFORT EZ	3	ST; QL; OTC
CLICKFINE PEN NEEDLES	3	ST; QL; OTC
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
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 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" 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
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	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	ST; QL; OTC
DRUG MART UNIFINE PENTIPS	3	ST; QL; OTC
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL; OTC

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

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Drug Name	Tier	Notes
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	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
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 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
ELITE-THIN INSULIN SYRINGE 28G X 5/16" 0.5 ML, 29G X 5/16" 0.5 ML	3	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

Drug Name	Tier	Notes
FIFTY50 PEN NEEDLES	3	ST; QL; OTC
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL; OTC
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL; OTC
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 5/16" 0.3 ML	3	ST; QL; OTC
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	3	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	3	ST; QL; OTC
GNP CLICKFINE PEN NEEDLES	3	ST; QL; OTC
GNP INSULIN SYRINGE	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	ST; QL; OTC
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE MINI PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL; OTC
HEALTHWISE UNIFINE PENTIPS	3	ST; QL; OTC

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

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Drug Name	Tier	Notes
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL; OTC
H-E-B INCONTROL PEN NEEDLES	3	ST; QL; OTC
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL; OTC
HM ULTICARE INSULIN SYRINGE	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" 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
INSULIN SYRINGE 29G X 1" 0.3 ML	3	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
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	3	ST; QL; OTC
LEADER INSULIN SYRINGE	3	ST; QL; OTC

Drug Name	Tier	Notes
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

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

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Drug Name	Tier	Notes
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 3/16"	3	ST; QL; OTC
PEN NEEDLES 5/16"	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	3	ST; QL; OTC
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	3	ST; QL; OTC
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	3	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

Drug Name	Tier	Notes
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	3	ST; QL; OTC
RELION INSULIN SYRINGE	3	ST; QL; OTC
RELI-ON INSULIN SYRINGE	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
SAFESNAP INSULIN SYRINGE	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
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	3	ST; QL; OTC

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

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Drug Name	Tier	Notes
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	ST; QL; OTC
TRUE COMFORT PEN NEEDLES	3	ST; QL; OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL; OTC
TRUEPLUS PEN NEEDLES	3	ST; QL; 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	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

Drug Name	Tier	Notes
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	3	ST; QL; OTC
ULTRA FLO INSULIN SYRINGE	3	ST; QL; OTC
ULTRA THIN PEN NEEDLES	3	ST; QL; OTC
ULTRACARE INSULIN SYRINGE	3	ST; QL; 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.

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Drug Name	Tier	Notes
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; QL; LD
*MELANOCORTIN RECEPTOR AGONISTS***		
*MELANOCORTIN RECEPTOR AGONISTS***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD
MIGRAINE PRODUCTS		
*ERGOT COMBINATIONS***		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
*MIGRAINE PRODUCTS***		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***		
sumatriptan-naproxen sodium oral tablet	1 or 1b*	ST; QL
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
naratriptan hcl oral tablet	1 or 1b*	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

Drug Name	Tier	Notes
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
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
MINERALS & ELECTROLYTES		
*BICARBONATES***		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION 150-5 MEQ/L-%	3	
THAM INTRAVENOUS SOLUTION	3	
*CALCIUM COMBINATIONS***		
CALCIFOL ORAL WAFER	3	
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	

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

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Drug Name	Tier	Notes
*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	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
kcl in dextrose-nacl intravenous solution 0.15-5-0.45 %, 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	

Drug Name	Tier	Notes
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-LIDOCAINE-NACL INTRAVENOUS SOLUTION	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***		
FLUORABON ORAL SOLUTION	3	
fluoritab oral solution	1 or 1a*	\$0
fluoritab oral tablet chewable	1 or 1a*	\$0
flura-drops oral solution 0.55 (0.25 f) mg/drop	1 or 1a*	\$0
ludent oral tablet chewable	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
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 injection solution 50 %	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	3	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	3	
*MANGANESE***		
manganese chloride intravenous solution	1 or 1b*	
*PHOSPHATE***		
GLYCOPHOS INTRAVENOUS SOLUTION	3	
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phospha 250 neutral oral tablet	1 or 1b*	
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	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	

Drug Name	Tier	Notes
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 COMBINATIONS***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
pot bicarb-pot chloride oral tablet effervescent	1 or 1b*	
*POTASSIUM***		
effer-k oral tablet effervescent 25 meq	1 or 1b*	
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*	
klor-con sprinkle oral capsule extended release	1 or 1b*	
klor-con/ef oral tablet effervescent	1 or 1b*	
k-prime oral tablet effervescent	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium bicarbonate oral tablet effervescent	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*	

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

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Drug Name	Tier	Notes
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 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 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
*SODIUM***		
LIQUVIDA HYDRATION INTRAVENOUS KIT	3	
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 (pf) injection solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 3 %, 4 meq/ml, 5 %	1 or 1b*	
swabflush saline flush intravenous solution	1 or 1b*	
*TRACE MINERAL COMBINATIONS***		
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
*TRACE MINERALS***		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
SELENIOS ACID INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
*ZINC***		
GALZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	1 or 1b*	
ZINC SULFATE INTRAVENOUS SOLUTION 3 MG/ML	3	
zinc sulfate intravenous solution 5 mg/ml	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
*MISCELLANEOUS THERAPEUTIC CLASSES***		
NEXAVIR INJECTION SOLUTION	3	
*MIXED ALLERGENIC EXTRACTS***		
*MIXED ALLERGENIC EXTRACTS***		
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
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
*MONOBACTAMS***		
*MONOBACTAMS***		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	LD

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

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Drug Name	Tier	Notes
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
lidocaine hcl mouth/throat solution	1 or 1a*	
lidocaine viscous hcl mouth/throat solution	1 or 1a*	
*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 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*	

Drug Name	Tier	Notes
easygel dental gel	1 or 1b*	
fluoridex dental paste	1 or 1b*	
fluoridex enhanced whitening dental paste	1 or 1b*	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
neutral sodium fluoride mouth/throat solution	1 or 1a*	
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*	
*PROTECTANTS - MOUTH/THROAT***		
EPISIL MOUTH/THROAT LIQUID	3	
GELX MOUTH/THROAT GEL	3	

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Drug Name	Tier	Notes
MUCOTROL MOUTH/THROAT WAFER	3	
MUGARD MOUTH/THROAT LIQUID	3	
ORAFATE MOUTH/THROAT PASTE	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	3	
SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED	3	
*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***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***		
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***		
VIMIZIM INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
MEPSEVII INTRAVENOUS SOLUTION	3	PA; QL; LD

Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
*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 VITAMINS & FLUORIDE-FOLIC ACID***		
*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/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
QUFLORA FE ORAL TABLET CHEWABLE	3	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
b complex oral tablet	1 or 1b*	OTC; \$0

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

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Drug Name	Tier	Notes
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
pa b-complex with 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
b-plex oral tablet	1 or 1b*	\$0
dexifol oral tablet	1 or 1b*	
dialyvite 800 oral tablet	1 or 1b*	OTC; \$0
eql super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
folbee plus oral tablet	1 or 1b*	
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
hylavite oral tablet	1 or 1b*	\$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

Drug Name	Tier	Notes
renal vitamin oral tablet	1 or 1b*	OTC; \$0
renal-vite oral tablet	1 or 1b*	OTC; \$0
rena-vite oral tablet	1 or 1b*	OTC; \$0
reno caps oral capsule	1 or 1b*	
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
triphrocaps oral capsule	1 or 1b*	
virt-caps oral capsule	1 or 1b*	
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
RENATABS ORAL TABLET	3	

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

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Drug Name	Tier	Notes
*B-COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON***		
RENATABS WITH IRON ORAL	3	
*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
super b complex maxi oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID***		
NUTRIVIT ORAL LIQUID	2	
*B-COMPLEX W/ LYSINE-ZN & FOLIC ACID***		
SUPERVITE ORAL LIQUID	3	
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
b complete oral tablet	1 or 1b*	OTC; \$0
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
b50 complex tr 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
b-compleet-100 oral tablet	1 or 1b*	OTC; \$0
b-compleet-50 oral tablet	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
b-complex 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
express oral tablet	1 or 1b*	OTC; \$0
express-super oral tablet	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
poten b-150 cr oral tablet extended release	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
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	

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

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Drug Name	Tier	Notes
*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
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
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
ra one daily multi-vit plus fe 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 & FOLIC ACID***		
corvita oral tablet	1 or 1b*	
ONEVITE ORAL TABLET	3	

Drug Name	Tier	Notes
SYNAGEX ORAL CAPSULE	3	
SYNATEK ORAL CAPSULE	3	
THRIVITE 19 ORAL TABLET 1 MG	2	
UDAMIN SP ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS***		
biocel oral tablet	1 or 1b*	
b-plex plus oral tablet	1 or 1b*	
FORTAVIT ORAL CAPSULE	3	
lysiplex plus oral tablet	1 or 1b*	
MULTIVITAMIN ADULT ORAL TABLET	2	OTC; \$0
NICAZEL FORTE ORAL TABLET	3	
NICAZEL ORAL TABLET	3	
NUTRICAP ORAL TABLET	3	
nutrifac zx oral tablet	1 or 1b*	
one daily multivitamin adult oral tablet	1 or 1b*	OTC; \$0
REQ 49+ ORAL TABLET	3	
SIDEROL ORAL TABLET	2	
SUPPORT ORAL LIQUID	3	
tab-a-vite oral tablet	1 or 1b*	OTC; \$0
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
vita s forte oral tablet	1 or 1b*	
vitacel oral tablet	1 or 1b*	
vita-min oral capsule	1 or 1b*	
VITAROCA PLUS ORAL TABLET	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

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

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Drug Name	Tier	Notes
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
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
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

Drug Name	Tier	Notes
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
ra one daily essential oral tablet	1 or 1b*	OTC; \$0
ra one daily multi-vitamin oral tablet	1 or 1b*	OTC; \$0
sigtab oral tablet	1 or 1b*	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
therapeutic 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*	
multivitamin/fluoride/iron 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 MULTIPLE VITAMINS W/ MINERALS & C***		
vitamax pediatric oral solution	1 or 1b*	

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

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Drug Name	Tier	Notes
*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
multivitamins/fluoride oral tablet chewable 0.5 mg	1 or 1b*	\$0
mvc-fluoride oral tablet chewable	1 or 1b*	\$0
POLY-VI-FLOR FS ORAL STRIP	3	
POLY-VI-FLOR ORAL SUSPENSION	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
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-FLOORO ORAL SUSPENSION	3	
*PED VITAMINS ACD W/ FLUORIDE***		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
tri-vitamin/fluoride 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***		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
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	
BAL-CARE DHA ORAL	3	
CITRANATAL B-CALM ORAL	3	
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	
COMPLETENATE ORAL TABLET CHEWABLE	2	
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
elite-ob oral tablet	1 or 1b*	
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	OTC; \$0
FOLIVANE-OB ORAL CAPSULE	2	
GNP DAILY PRENATAL ORAL	2	OTC; \$0

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

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Drug Name	Tier	Notes
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*	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; \$0
KPN PRENATAL ORAL TABLET	2	OTC; \$0
MARNATAL-F ORAL CAPSULE	3	ST; QL
MULTI PRENATAL ORAL TABLET	2	OTC; \$0
M-VIT ORAL TABLET	3	
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 27-1 MG	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

Drug Name	Tier	Notes
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	ST; QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	OTC; \$0
PERRY PRENATAL ORAL CAPSULE	2	OTC; \$0
PNV FOLIC ACID + IRON ORAL TABLET	3	
PNV PRENATAL PLUS MULTIVIT+DHA ORAL	3	
PNV PRENATAL PLUS MULTIVITAMIN ORAL TABLET	2	
PNV TABS 29-1 ORAL TABLET	2	
PNV-OMEGA ORAL CAPSULE	3	ST; QL
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
PRENARA ORAL CAPSULE	3	
PRENATA ORAL TABLET CHEWABLE	3	
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	

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

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Drug Name	Tier	Notes
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
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
PRENATVITE COMPLETE ORAL TABLET	3	
PRENATVITE PLUS ORAL TABLET	3	
PRENATVITE RX ORAL TABLET	3	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	3	

Drug Name	Tier	Notes
PX PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; \$0
QC PRENATAL ORAL TABLET	2	OTC; \$0
RA ONE DAILY ORAL	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
TARON-C DHA ORAL CAPSULE	3	
THRIVITE RX ORAL TABLET	2	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3	ST; QL
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
TRI-TABS DHA ORAL	3	
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

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

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Drug Name	Tier	Notes
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
VOL-PLUS ORAL TABLET	2	
VOL-TAB RX ORAL TABLET	2	
VP-HEME OB + DHA ORAL	3	
VP-PNV-DHA ORAL CAPSULE	3	ST; QL
ZALVIT ORAL TABLET	3	ST; QL
ZATEAN-PN PLUS ORAL CAPSULE	3	ST; QL
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
COMPLETE NATAL DHA ORAL	3	
PR NATAL 400 EC ORAL	2	
PR NATAL 400 ORAL	2	
PR NATAL 430 EC ORAL	2	
PR NATAL 430 ORAL	2	
TRIVEEN-DUO DHA ORAL	2	
*PRENATAL MV & MIN W/FE-FA-DHA***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL
CITRANATAL BLOOM DHA ORAL	3	ST; QL
CITRANATAL DHA ORAL	3	ST; QL

Drug Name	Tier	Notes
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
NESTABS ONE ORAL CAPSULE	3	ST; QL
OBSTETRIX ONE ORAL CAPSULE	3	
PNV-DHA+DOCUSATE 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
R-NATAL OB 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 ONE ORAL CAPSULE	3	ST; QL
VIRT-PN DHA ORAL CAPSULE	3	ST; QL

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Drug Name	Tier	Notes
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
ZATEAN-PN DHA ORAL CAPSULE	3	ST; QL
*PRENATAL MV & MINERALS W/FA***		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
*PRENATAL VITAMINS***		
PREMESISRX ORAL TABLET	2	ST; QL
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	ST; QL
*SPECIALTY VITAMINS PRODUCTS***		
SUPPORT-500 ORAL CAPSULE	3	
urosex oral tablet	1 or 1b*	
*VITAMINS A & D***		
COD LIVER OIL ORAL OIL	3	
*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

Drug Name	Tier	Notes
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
balanced b-50 oral tablet	1 or 1b*	OTC; \$0
complex b-100 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
lipo-key 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
*MUSCULAR DYSTROPHY AGENTS***		
*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
MUSCULOSKELETAL THERAPY AGENTS		
*ARTICULAR CARTILAGE REPAIR THERAPY***		
CARTICEL INTRA-ARTICULAR IMPLANT	3	

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

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Drug Name	Tier	Notes
*CENTRAL MUSCLE RELAXANTS***		
baclofen intrathecal solution	1 or 1b*	
baclofen oral tablet	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine hcl oral tablet	1 or 1b*	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM	3	
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*	
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

Drug Name	Tier	Notes
SOMA ORAL TABLET 350 MG	3	
TABRADOL FUSEPAQ ORAL SUSPENSION	3	
TABRADOL RAPIDPAQ ORAL SUSPENSION	3	
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*	
CYCLO/GABA 10/300 ORAL THERAPY PACK	3	
METAXALL CP COMBINATION KIT	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

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

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Drug Name	Tier	Notes
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	3	SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	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
SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	
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	SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*ANTIHISTAMINE-STEROID***		
azelastine-fluticasone nasal suspension	1 or 1b*	
DYMISTA NASAL SUSPENSION	3	

Drug Name	Tier	Notes
*NASAL ANTICHOLINERGICS***		
ipratropium bromide nasal solution	1 or 1b*	
*NASAL ANTIHISTAMINES***		
azelastine hcl nasal solution	1 or 1b*	
olopatadine hcl nasal solution	1 or 1b*	
PATANASE NASAL SOLUTION	3	
*NASAL STEROIDS***		
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
PROPEL MINI NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
*TOPICAL DECONGESTANTS***		
ADRENALIN NASAL SOLUTION	3	
epinephrine hcl (nasal) nasal solution	1 or 1b*	
*NASAL ANESTHETICS***		
*NASAL ANESTHETICS***		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	2	

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

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Drug Name	Tier	Notes
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	3	PA; QL; LD; SP
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	
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
*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

Drug Name	Tier	Notes
*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	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*	
rocuronium bromide intravenous solution	1 or 1b*	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD

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

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Drug Name	Tier	Notes
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***		
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***		
EQUAPAX/IBUPROFEN/ MINREX ORAL THERAPY PACK	3	
NUTRIENTS		
*AMINO ACID MIXTURES***		
aminoamrms oral capsule	1 or 1b*	
AMINOPROTECT INTRAVENOUS SOLUTION	3	
aminoreliefrms oral capsule	1 or 1b*	
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/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	

Drug Name	Tier	Notes
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	
*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*	
NEOKE ALCAR ORAL POWDER	3	
TAURINE INJECTION SOLUTION	3	

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Drug Name	Tier	Notes
TRYPTOPHAN ORAL CAPSULE	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	
NEOKE MCT70 ORAL POWDER	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
*LIPOTROPIC COMBINATIONS***		
LECITHIN ORAL GRANULES	3	
LIPO INTRAMUSCULAR SOLUTION	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***		
CARDIOVID PLUS ORAL CAPSULE	3	
*PROTEIN COMBINATIONS***		
TRI-AMINO INJECTION SOLUTION	3	

Drug Name	Tier	Notes
*ONCOLYTIC VIRAL AGENTS - HSV1***		
*ONCOLYTIC VIRAL AGENTS - HSV1***		
IMLYGIC INTRALESIONAL SUSPENSION	3	LD
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
SIMBRINZA OPTHALMIC SUSPENSION	2	
*BETA-BLOCKERS - OPTHALMIC COMBINATIONS***		
COMBIGAN OPTHALMIC SOLUTION	2	
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	
*BETA-BLOCKERS - OPTHALMIC***		
betaxolol hcl ophthalmic solution	1 or 1b*	
BETIMOL OPTHALMIC SOLUTION	3	
BETOPTIC-S OPTHALMIC SUSPENSION	2	
carteolol hcl ophthalmic solution	1 or 1a*	
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*	
TIMOPTIC OCULOSE OPTHALMIC SOLUTION	3	
TIMOPTIC OPTHALMIC SOLUTION	3	

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

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Drug Name	Tier	Notes
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	
*CYCLOPLEGIC MYDRIATIC COMBINATIONS***		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
TROPICAMIDE- CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION	3	
*CYCLOPLEGIC MYDRIATICS***		
altafrin ophthalmic solution 10 %, 2.5 %	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	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
*MIOTICS - CHOLINESTERASE INHIBITORS***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
*MIOTICS - DIRECT ACTING***		
ISOPTO CARPINE OPHTHALMIC SOLUTION	3	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
*OPHTHALMIC ANTIALLERGIC***		
azelastine hcl ophthalmic solution	1 or 1b*	
cromolyn sodium ophthalmic solution	1 or 1a*	
epinastine hcl ophthalmic solution	1 or 1b*	
*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*	
MOXEZA OPHTHALMIC SOLUTION	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	
moxifloxacin hcl ophthalmic solution	1 or 1b*	
OCUFLOX OPHTHALMIC SOLUTION	3	
ofloxacin ophthalmic solution	1 or 1a*	

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

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Drug Name	Tier	Notes
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*	
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	

Drug Name	Tier	Notes
*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	
lissamine green ophthalmic strip	1 or 1b*	
PAREMYD OPHTHALMIC SOLUTION	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
ROSE GLO OPHTHALMIC STRIP	3	
*OPHTHALMIC IMMUNOMODULATORS ***		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA; QL
RESTASIS OPHTHALMIC EMULSION	3	PA; QL

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

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Drug Name	Tier	Notes
*OPHTHALMIC IRRIGATION SOLUTIONS***		
balanced salt intraocular solution	1 or 1b*	
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
*OPHTHALMIC LOCAL ANESTHETICS***		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
*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	

Drug Name	Tier	Notes
PROLENSA OPHTHALMIC SOLUTION	3	
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS***		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
*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	
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*	

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

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Drug Name	Tier	Notes
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*	
ZYLET OPHTHALMIC SUSPENSION	2	
*OPHTHALMIC STEROIDS***		
ALREX OPHTHALMIC SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
DUREZOL OPHTHALMIC EMULSION	2	
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	

Drug Name	Tier	Notes
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 suspension	1 or 1b*	
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; LD; SP
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*	

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

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Drug Name	Tier	Notes
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	
BIOLON INTRAOCULAR SOLUTION	3	LD
CELLUGEL INTRAOCULAR SOLUTION	3	
GELFILM OPTHALMIC FILM	3	
HEALON GV INTRAOCULAR SOLUTION	3	
HEALON INTRAOCULAR SOLUTION	3	
HEALON PRO INTRAOCULAR SOLUTION	3	
HEALON5 INTRAOCULAR SOLUTION	3	
HEALON5 PRO INTRAOCULAR SOLUTION	3	
MEMBRANEBLUE OPTHALMIC SOLUTION	3	
ocucoat viscoadherent intraocular solution	1 or 1b*	

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

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

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Drug Name	Tier	Notes
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
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN OPHTHALMIC SOLUTION	3	
*OPHTHALMIC NERVE GROWTH FACTORS***		
*OPHTHALMIC NERVE GROWTH FACTORS***		
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL; LD
*OPHTHALMIC PHOTOENHANCER COMBINATIONS***		
*OPHTHALMIC PHOTOENHANCER COMBINATIONS***		
PHOTREXA VISCIOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
PHOTREXA-PHOTREXA VISCIOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC RHO KINASE INHIBITORS***		
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**		
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
*OREXIN RECEPTOR ANTAGONISTS***		
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	3	ST; QL
DAYVIGO ORAL TABLET	3	ST; QL
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
acetic acid otic solution	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS***		
cortic-nd otic solution	1 or 1b*	
OTICIN HC NR OTIC SOLUTION	3	
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	2	
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	

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

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Drug Name	Tier	Notes
CORTISPORIN-TC OTIC SUSPENSION	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
OTOVEL OTIC SOLUTION	2	
*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*	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
KERYDIN EXTERNAL SOLUTION	3	
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*	

Drug Name	Tier	Notes
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 30-0.9 UT/500ML-%	3	
PITOCIN INJECTION SOLUTION	3	
*PA ENDONUCLEASE INHIBITORS***		
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT	3	PA; QL; SP
PASSIVE IMMUNIZING 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	

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

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Drug Name	Tier	Notes
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; QL; SP
*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; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; QL; SP
GAMMAGARD INJECTION SOLUTION	3	PA; QL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; QL; SP

Drug Name	Tier	Notes
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; 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
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	SP
HYPERRAB INJECTION SOLUTION	3	SP
HYPERRAB S/D INJECTION SOLUTION	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	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	SP

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

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Drug Name	Tier	Notes
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; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML	3	PA; QL
PANZYGA INTRAVENOUS SOLUTION	3	PA; QL; SP
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; QL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	SP
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	SP
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*PCSK9 INHIBITORS***		
*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

Drug Name	Tier	Notes
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
FLORIVA ORAL TABLET CHEWABLE	3	
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*	
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*	

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

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Drug Name	Tier	Notes
*PENICILLIN COMBINATIONS***		
amoxicillin-pot clavulanate 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*	
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	

Drug Name	Tier	Notes
*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*	
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*	
*PERITONEAL DIALYSIS SOLUTIONS***		
*PERITONEAL DIALYSIS SOLUTIONS***		
DELFLX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	

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

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Drug Name	Tier	Notes
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	

Drug Name	Tier	Notes
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*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
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*PLEUROMUTILINS***		
*PLEUROMUTILINS***		
XENLETA INTRAVENOUS SOLUTION	3	LD
XENLETA ORAL TABLET	3	PA; QL; LD

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

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Drug Name	Tier	Notes
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*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
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*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
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS***		
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS***		
CONVENIENCE PAK COMBINATION THERAPY PACK	3	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
GRALISE ORAL TABLET 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET 600 MG	2	PA; QL

Drug Name	Tier	Notes
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
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS***		
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS***		
CONVENIENCE PAK COMBINATION THERAPY PACK	3	
*POTASSIUM REMOVING AGENTS***		
*POTASSIUM REMOVING AGENTS***		
kionex oral suspension	1 or 1b*	
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal suspension	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	LD
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
PROGESTINS		
*PROGESTINS***		
AYGESTIN ORAL TABLET	3	
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	PA; QL; SP

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

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Drug Name	Tier	Notes
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*	
PROVERA ORAL TABLET	3	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	3	PA; QL
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release	1 or 1b*	
ANTABUSE ORAL TABLET	3	

Drug Name	Tier	Notes
disulfiram oral tablet	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS***		
XYREM ORAL SOLUTION	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
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
RAZADYNE ORAL TABLET 4 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*	

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

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Drug Name	Tier	Notes
rivastigmine transdermal patch 24 hour	1 or 1b*	
*FIBROMYALGIA AGENT - SNRIS***		
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO ORAL TABLET	3	PA; QL; 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
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
AUBAGIO ORAL TABLET	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; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL; LD; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP

Drug Name	Tier	Notes
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
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	3	PA; QL; CTT1; LD; SP
TECFIDERA ORAL	3	PA; QL; LD; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; SP

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Drug Name	Tier	Notes
VUMERITY (STARTER) 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; 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	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*POSTHERPETIC NEURALGIA (PHN) 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*	
*RESTLESS LEG SYNDROME (RLS) AGENTS***		
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
*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

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Drug Name	Tier	Notes
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 gum 4 mg	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	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine mini mouth/throat lozenge	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
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

Drug Name	Tier	Notes
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

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

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Drug Name	Tier	Notes
ra nicotine mouth/throat gum	1 or 1b*	OTC; \$0
ra nicotine polacrilex 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	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
sr nicotine mouth/throat gum	1 or 1b*	OTC; \$0
tgt nicotine mouth/throat gum	1 or 1b*	OTC; \$0
tgt nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
tgt nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
tgt nicotine step one transdermal patch 24 hour	1 or 1b*	OTC; \$0
tgt nicotine step three transdermal patch 24 hour	1 or 1b*	OTC; \$0
tgt nicotine step two transdermal patch 24 hour	1 or 1b*	OTC; \$0
thrive mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
GILENYA ORAL CAPSULE 0.5 MG	3	PA; QL; SP
MAYZENT ORAL TABLET	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

Drug Name	Tier	Notes
*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***		
paroxetine mesylate oral capsule	1 or 1b*	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	3	PA; QL; LD; SP
*PULMONARY FIBROSIS AGENTS***		
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	3	PA; QL; LD; SP
ESBRIET ORAL TABLET	3	PA; QL; LD; SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET	3	PA; QL; LD; SP
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
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
KALYDECO ORAL TABLET	3	PA; QL; LD
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION	3	SP
*PLEURAL SCLEROSING AGENTS***		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
STERITALC INTRAPLEURAL POWDER	3	

Drug Name	Tier	Notes
*RESPIRATORY AGENTS - MISC.***		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
*SCLEROSTIN INHIBITORS***		
*SCLEROSTIN INHIBITORS***		
EVENTITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
*SEBORRHEIC KERATOSIS PRODUCTS**		
*SEBORRHEIC KERATOSIS PRODUCTS**		
ESKATA EXTERNAL SOLUTION	3	
*SELECTIN BLOCKERS***		
*SELECTIN BLOCKERS***		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; QL; SP
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
REYVOW ORAL TABLET	3	ST; QL
*SEPTAL AGENTS - ABLATION**		
*SEPTAL AGENTS - ABLATION**		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	

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

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Drug Name	Tier	Notes
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	3	PA; QL
*SEROTONIN MODULATORS***		
*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
*SINUS NODE INHIBITORS**		
*SINUS NODE INHIBITORS**		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	2	PA; QL
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
ONPATRO INTRAVENOUS SOLUTION	3	PA; QL; LD

Drug Name	Tier	Notes
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***		
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***		
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; QL; LD
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	3	PA; QL; LD
*STEROIDS - MOUTH/THROAT/DENT AL***		
*STEROIDS - MOUTH/THROAT/DENT AL***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
SULFONAMIDES		
*SULFONAMIDES***		
SULFADIAZINE ORAL TABLET	3	

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

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Drug Name	Tier	Notes
TETRACYCLINES		
*TETRACYCLINES***		
coremino oral tablet extended release 24 hour	1 or 1b*	ST; QL
demeclocycline hcl oral tablet	1 or 1b*	
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 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	
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*	
mondoxyne nl oral capsule 100 mg, 75 mg	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
tetracycline hcl oral capsule	1 or 1b*	
*TETRAHYDROISOQUINOLINES***		
*TETRAHYDROISOQUINOLINES***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP

Drug Name	Tier	Notes
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*	
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 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	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
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
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

Drug Name	Tier	Notes
*TRANSTHYRETIN STABILIZERS***		
*TRANSTHYRETIN STABILIZERS***		
VYNDAMAX ORAL CAPSULE	3	PA; QL; LD; SP
VYNDAQEL ORAL CAPSULE	3	PA; QL; LD; SP
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	3	PA; QL; LD
ULCER DRUGS		
*ANTICHOLINERGIC COMBINATIONS***		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
DONNATAL ORAL ELIXIR	3	
LIBRAX ORAL CAPSULE	3	
phenobarbital-belladonna alk oral elixir	1 or 1b*	
phenobarbital-belladonna alk oral tablet	1 or 1b*	
phenohydro oral elixir	1 or 1b*	
phenohydro 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***		
ANASPAZ ORAL TABLET DISPERSIBLE	3	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	

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

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Drug Name	Tier	Notes
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML	3	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 1 mg/10ml	1 or 1b*	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	3	
hyoscyamine sulfate er oral tablet extended release 12 hour	1 or 1b*	
hyoscyamine sulfate oral tablet	1 or 1b*	
hyoscyamine sulfate oral tablet dispersible	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*	
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 INHIBITORS***		
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	ST; QL

Drug Name	Tier	Notes
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
omeprazole oral capsule delayed release	1 or 1b*	QL
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	QL
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
*QUATERNARY ANTICHOLINERGICS***		
CUVPOSA ORAL SOLUTION	3	
GLYCATO ORAL TABLET	3	PA; QL
glycopyrrolate injection solution 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml	1 or 1b*	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA; QL
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION	3	
methscopolamine bromide oral tablet	1 or 1b*	
propantheline bromide oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
*ULCER ANTI- INFECTIVE W/ BISMUTH COMBINATIONS***		
HELIDAC THERAPY ORAL	3	
PYLERA ORAL CAPSULE	3	
*ULCER ANTI- INFECTIVE W/ PROTON PUMP INHIBITORS***		
amoxicill-clarithro-lansopraz oral	1 or 1b*	
OMECLAMOX-PAK ORAL	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	
*ULCER DRUGS - PROSTAGLANDINS***		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1 or 1a*	
URINARY ANTI- INFECTIVES		
*URINARY ANTI- INFECTIVES***		
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate 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*	
*URINARY ANTISEPTIC- ANTISPASMODIC &/OR ANALGESICS***		
uretron d/s oral tablet	1 or 1b*	

Drug Name	Tier	Notes
uryl oral tablet	1 or 1b*	
uticap oral capsule	1 or 1b*	
utrona-c oral tablet	1 or 1b*	
URINARY ANTISPASMODICS		
*BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)** *		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 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	
tropium chloride er oral capsule extended release 24 hour	1 or 1b*	
tropium chloride oral tablet	1 or 1b*	
VESICARE ORAL TABLET	3	ST; QL

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Drug Name	Tier	Notes
*URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)*** (NEW)		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 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	
tropium chloride er oral capsule extended release 24 hour	1 or 1b*	
tropium chloride oral tablet	1 or 1b*	
VESICARE ORAL TABLET	3	ST; QL
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

Drug Name	Tier	Notes
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW)		
bethanechol chloride oral tablet	1 or 1b*	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** (NEW)		
flavoxate hcl 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
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0

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Drug Name	Tier	Notes
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
ENGERIX-B INTRAMUSCULAR INJECTABLE	3	\$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0

Drug Name	Tier	Notes
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
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	
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

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

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Drug Name	Tier	Notes
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	
IPOLE INJECTION INJECTABLE	3	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
RABAERT 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	

Drug Name	Tier	Notes
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
PHEXXI VAGINAL GEL	3	
VAGINAL 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*	
*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	1 or 1b*	OTC; \$0
*VAGINAL ANTI- INFECTIVES***		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	

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

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Drug Name	Tier	Notes
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 ESTROGENS***		
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	
yuvaferm 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	
epinephrine injection solution auto-injector	1 or 1b*	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
*VASOPRESSORS***		
AKOVAZ INTRAVENOUS SOLUTION	3	
BIORPHEN INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
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*	
EMERPHEID 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-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
epinephrine injection solution 30 mg/30ml	1 or 1b*	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
GIAPREZA INTRAVENOUS SOLUTION	3	

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Drug Name	Tier	Notes
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-%, 8-5 MG/500ML-%	3	
NOREPINEPHRINE- SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	3	
PHENYLEPHRINE HCL- NACL INTRAVENOUS SOLUTION 10-0.9 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 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
VAZCULEP INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS***		
*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS***		
DEFLUX INJECTION PREFILLED SYRINGE	3	
VITAMINS		
*PABA***		
aminobenzoate potassium oral packet	1 or 1b*	
*VITAMIN A***		
AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML	3	
*VITAMIN B-1***		
thiamine hcl injection solution	1 or 1b*	
*VITAMIN B-6***		
pyridoxine hcl injection solution	1 or 1b*	
*VITAMIN C***		
ASCOR INTRAVENOUS SOLUTION	3	
*VITAMIN D***		
DRISDOL ORAL CAPSULE	3	
ERGOCAL ORAL CAPSULE	2	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1 or 1a*	
*VITAMIN E***		
WHEAT GERM OIL ORAL OIL	2	
*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.

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Drug Name	Tier	Notes
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP

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

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