National Drug List

Drug list — Four 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 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 a higher 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.

- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

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

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

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

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

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

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

Online Pharmacy Resources

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

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

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

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

National Drug List

Four-Tier

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS 7
ALLERGENIC EXTRACTS/BIOLOGICALS MISC 9
AMEBICIDES 12
AMINOGLYCOSIDES 12
ANALGESICS - ANTI-INFLAMMATORY 13
ANALGESICS - NONNARCOTIC 15
ANALGESICS - OPIOID 17
ANDROGENS-ANABOLIC 20
ANORECTAL AND RELATED PRODUCTS 21
ANTACIDS 21
ANTHELMINTICS 21
ANTIANGINAL AGENTS 21
ANTIANXIETY AGENTS 22
ANTIARRHYTHMICS 22
ANTIASTHMATIC AND BRONCHODILATOR AGENTS 23
ANTICOAGULANTS 26
ANTICONVULSANTS 27
ANTIDEPRESSANTS 29
ANTIDIABETICS 32
ANTIDIARRHEAL/PROBIOTIC AGENTS 35
ANTIDOTES AND SPECIFIC ANTAGONISTS 35
ANTIEMETICS 37
ANTIFUNGALS 38
ANTIHISTAMINES 39
ANTIHYPERLIPIDEMICS 39
ANTIHYPERTENSIVES 41
ANTI-INFECTIVE AGENTS - MISC. 44
ANTIMALARIALS 47
ANTIMYASTHENIC/CHOLINERGIC AGENTS 47
ANTIMYCOBACTERIAL AGENTS 47
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 48
ANTIPARKINSON AND RELATED THERAPY AGENTS 61
ANTIPSYCHOTICS/ANTIMANIC AGENTS 62
ANTISEPTICS & DISINFECTANTS 65
ANTIVIRALS 65
BETA BLOCKERS 69
CALCIUM CHANNEL BLOCKERS 70
CARDIOTONICS 72
CARDIOVASCULAR AGENTS - MISC. 73
CEPHALOSPORINS 74
CONTRACEPTIVES 76
CORTICOSTEROIDS 80
COUGH/COLD/ALLERGY 81
DERMATOLOGICALS 82
DIAGNOSTIC PRODUCTS 91
DIGESTIVE AIDS 91
DIURETICS 91
ENDOCRINE AND METABOLIC AGENTS - MISC. 92
ESTROGENS 98
FLUOROQUINOLONES 99
GASTROINTESTINAL AGENTS - MISC. 99
GENERAL ANESTHETICS 101
GENITOURINARY AGENTS - MISCELLANEOUS 102
GOUT AGENTS 103
HEMATOLOGICAL AGENTS - MISC. 103
HEMATOPOIETIC AGENTS 107
HEMOSTATICS 110
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS 111

LAXATIVES 112
LOCAL ANESTHETICS-PARENTERAL 114
MACROLIDES 116
MEDICAL DEVICES AND SUPPLIES 116
MIGRAINE PRODUCTS 131
MINERALS & ELECTROLYTES 132
MISCELLANEOUS THERAPEUTIC CLASSES 135
MOUTH/THROAT/DENTAL AGENTS 139
MULTIVITAMINS 140
MUSCULOSKELETAL THERAPY AGENTS 147
NASAL AGENTS - SYSTEMIC AND TOPICAL 148
NEUROMUSCULAR AGENTS 149
NUTRIENTS 149
OPHTHALMIC AGENTS 151
OTIC AGENTS 157
OXYTOCICS 158
PASSIVE IMMUNIZING AND TREATMENT AGENTS 158
PENICILLINS 160
PROGESTINS 161
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. 161
RESPIRATORY AGENTS - MISC. 166
SULFONAMIDES 167
TETRACYCLINES 167
THYROID AGENTS 168
TOXOIDS 168
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS 169
URINARY ANTISPASMODICS 170
VACCINES 171
VAGINAL AND RELATED PRODUCTS 173
VASOPRESSORS 174
VITAMINS 175

Four-Tier

CURRENT AS OF 1/1/2023

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA; DO
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
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
AMPHETAMINE MIXTURES**		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine 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
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	PA; QL
AMPHETAMINES**		
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
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
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	PA; QL
zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
ANALEPTICS**		
CAFCIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	
ANOREXIANTS NON-AMPHETAMINE**		
ADIPEX-P ORAL CAPSULE	3	PA; QL
ADIPEX-P ORAL TABLET	3	PA; QL

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

Drug Name	Tier	Notes
benzphetamine hcl oral tablet	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	3	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine hcl oral capsule	1 or 1b*	PA; QL
phentermine hcl oral tablet	1 or 1b*	PA; QL
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS**		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**		
WAKIX ORAL TABLET 17.8 MG	4	PA; SP; QL
WAKIX ORAL TABLET 4.45 MG	4	PA; DO; SP
LIPASE INHIBITORS**		
orlistat oral capsule	1 or 1b*	PA; QL
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS**		
IMCIVREE SUBCUTANEOUS SOLUTION	4	PA; QL

Drug Name	Tier	Notes
STIMULANTS - MISC.**		
armodafinil oral tablet	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
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
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
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
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
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	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
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	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS**		
ACACIA SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BOTRYTIS CINEREA INJECTION SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
EPICOCCUM NIGRUM INJECTION SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) INJECTION SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	4	PA; SP; QL

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

Drug Name	Tier	Notes
PALFORZIA (120 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (160 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	4	PA; SP; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	4	PA; SP; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA (80 MG DAILY DOSE) ORAL	4	PA; SP; QL
PALFORZIA INITIAL ESCALATION ORAL	4	PA; SP; QL
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT 120 MCG	3	

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

Drug Name	Tier	Notes
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED	3	
VENOMIL WASP VENOM INJECTION KIT	3	
VENOMIL WHITE FACED HORNET INJECTION KIT	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	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 JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	

Drug Name	Tier	Notes
MIXED ALLERGENIC EXTRACTS**		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
AMEBICIDES		
AMEBICIDES**		
SOLOSEC ORAL PACKET	3	PA; QL
AMINOGLYCOSIDES		
AMINOGLYCOSIDES**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	4	PA; QL
BETHKIS INHALATION NEBULIZATION SOLUTION	4	SP; QL
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*	
HUMATIN ORAL CAPSULE	3	
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes
TOBI PODHALER INHALATION CAPSULE	4	LD; SP; QL
tobramycin inhalation nebulization solution	4	SP; QL
tobramycin sulfate injection solution	1 or 1b*	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; SP; QL
XELJANZ ORAL SOLUTION	4	PA; SP; QL
XELJANZ ORAL TABLET	4	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; SP; QL
ANTIRHEUMATIC ANTIMETABOLITES**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; SP; QL
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	4	PA; SP; QL
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL

Drug Name	Tier	Notes
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
CYCLOOXYGENASE 2 (COX-2) INHIBITORS**		
celecoxib oral capsule	1 or 1b*	ST; QL
GOLD COMPOUNDS**		
RIDAURA ORAL CAPSULE	2	QL

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

Drug Name	Tier	Notes
INTERLEUKIN-1 BLOCKERS**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; SP; QL
INTERLEUKIN-1BETA BLOCKERS**		
ILARIS SUBCUTANEOUS SOLUTION	4	PA; LD; SP; QL
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	QL
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
FELDENE ORAL CAPSULE	3	QL
flurbiprofen oral tablet	1 or 1b*	QL
ibu oral tablet	1 or 1a*	QL
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin sodium intravenous solution reconstituted	1 or 1b*	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
LODINE ORAL TABLET	3	QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
sulindac oral tablet	1 or 1b*	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
OTEZLA ORAL TABLET	4	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
PYRIMIDINE SYNTHESIS INHIBITORS**		
ARAVA ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
leflunomide oral tablet	1 or 1b*	QL
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER**		
acetaminophen intravenous solution	1 or 1b*	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
ANALGESICS-SEDATIVES**		
bac oral tablet	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
tencon oral tablet 50-325 mg	1 or 1b*	QL
SALICYLATE COMBINATIONS**		
sm aspirin tri-buffered oral tablet	1 or 1b*	$0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	$0

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

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

Drug Name	Tier	Notes
cvs aspirin oral tablet 325 mg	1 or 1a*	$0
cvs genuine aspirin oral tablet	1 or 1a*	$0
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*	$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	$0
eq aspirin low dose oral tablet chewable	1 or 1a*	$0
eq aspirin oral tablet	1 or 1a*	$0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	$0
eql aspirin low dose oral tablet chewable	1 or 1a*	$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	$0
genuine aspirin oral tablet	1 or 1a*	$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	$0
gnp aspirin oral tablet 325 mg	1 or 1a*	$0
gnp aspirin oral tablet delayed release	1 or 1a*	$0
goodsense aspirin adults oral tablet	1 or 1a*	$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	$0
goodsense aspirin oral tablet	1 or 1a*	$0
goodsense aspirin oral tablet chewable	1 or 1a*	$0
goodsense aspirin oral tablet delayed release	1 or 1a*	$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	$0
hm adult aspirin oral tablet	1 or 1a*	$0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	$0
hm aspirin ec oral tablet delayed release	1 or 1a*	$0
hm aspirin oral tablet chewable	1 or 1a*	$0
hm aspirin oral tablet delayed release	1 or 1a*	$0
kls aspirin low dose oral tablet delayed release	1 or 1a*	$0
kp aspirin oral tablet delayed release	1 or 1a*	$0
meijer aspirin ec oral tablet delayed release	1 or 1a*	$0
mm aspirin oral tablet delayed release	1 or 1a*	$0
px aspirin oral tablet	1 or 1a*	$0
px aspirin oral tablet chewable	1 or 1a*	$0
px enteric aspirin oral tablet delayed release	1 or 1a*	$0
qc aspirin low dose oral tablet chewable	1 or 1a*	$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	$0
qc aspirin oral tablet	1 or 1a*	$0
qc aspirin oral tablet delayed release	1 or 1a*	$0
qc childrens aspirin oral tablet chewable	1 or 1a*	$0
qc enteric aspirin oral tablet delayed release	1 or 1a*	$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	$0
ra aspirin childrens oral tablet chewable	1 or 1a*	$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	$0
ra aspirin ec oral tablet delayed release	1 or 1a*	$0
ra aspirin oral tablet 325 mg	1 or 1a*	$0
ra pain relief aspirin oral tablet	1 or 1a*	$0
sb aspirin ec oral tablet delayed release	1 or 1a*	$0
sb aspirin oral tablet	1 or 1a*	$0
sb childrens aspirin oral tablet chewable	1 or 1a*	$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	$0
sm aspirin ec oral tablet delayed release	1 or 1a*	$0

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

Drug Name	Tier	Notes
sm aspirin low dose oral tablet chewable	1 or 1a*	$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	$0
sm aspirin oral tablet	1 or 1a*	$0
sm childrens aspirin oral tablet chewable	1 or 1a*	$0
st joseph aspirin oral tablet delayed release	1 or 1a*	$0
st joseph low dose oral tablet chewable	1 or 1a*	$0
st joseph low dose oral tablet delayed release	1 or 1a*	$0
SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS**		
PRIALT INTRATHECAL SOLUTION	4	PA
ANALGESICS - OPIOID		
CODEINE COMBINATIONS**		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
DIHYDROCODEINE COMBINATIONS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL

Drug Name	Tier	Notes
FENTANYL COMBINATIONS**		
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-%	3	
fentanyl cit-ropivacaine-nacl epidural solution prefilled syringe 0.1-0.1-0.9 mg/50ml-%	3	
fentanyl-bupivacaine-nacl epidural solution 0.5-0.04-0.9 mg/100ml-%, 0.5-0.075-0.9 mg/100ml-%	3	
HYDROCODONE COMBINATIONS**		
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
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
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
DEMEROL INJECTION SOLUTION 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
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	

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

Drug Name	Tier	Notes
duramorph injection solution	1 or 1b*	QL
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML	3	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL
FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 1000 MCG/20ML, 1250 MCG/25ML, 20 MCG/2ML, 50 MCG/5ML, 500 MCG/50ML	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
fentanyl citrate-nacl intravenous solution 2.5-0.9 mg/100ml-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	3	
fentanyl citrate-nacl intravenous solution prefilled syringe 2500-0.9 mcg/50ml-%	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL

Drug Name	Tier	Notes
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	QL
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	QL
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-%, 5-0.9 MG/25ML-%	3	
INFUMORPH 200 INJECTION SOLUTION	3	QL
INFUMORPH 500 INJECTION SOLUTION	3	QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
METHADONE HCL INJECTION SOLUTION	3	PA; QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
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 10 mg/0.5ml, 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 1 MG/ML	3	
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 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	QL
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 250-0.9 MG/50ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
NUCYNTA ORAL TABLET	3	QL
OLINVYK INTRAVENOUS SOLUTION	3	
OXAYDO ORAL TABLET	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	3	PA; QL
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
QDOLO ORAL SOLUTION	3	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	3	QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION 100 MCG/2ML, 250 MCG/5ML	3	
SUFENTANIL CITRATE INTRAVENOUS SOLUTION 50 MCG/ML	1 or 1b*	

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

Drug Name	Tier	Notes
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
TRAMADOL HCL ORAL SOLUTION	3	QL
tramadol hcl oral tablet	1 or 1b*	QL
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
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 SOLUTION 5-325 MG/5ML	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
OPIOID PARTIAL AGONISTS**		
BELBUCA BUCCAL FILM	3	PA; 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
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL
TRAMADOL COMBINATIONS**		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS**		
oxandrolone oral tablet	1 or 1b*	PA; QL
ANDROGENS**		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
danazol oral capsule	1 or 1b*	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
JATENZO ORAL CAPSULE	3	PA; QL
NATESTO NASAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLET	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
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

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

Drug Name	Tier	Notes
testosterone transdermal solution	1 or 1b*	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS**		
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	3	QL
NITRATE VASODILATING AGENTS**		
RECTIV RECTAL OINTMENT	3	QL
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*	
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*	
proctozone-hc external cream	1 or 1b*	

Drug Name	Tier	Notes
ANTACIDS		
ANTACIDS - BICARBONATE**		
SODIUM BICARBONATE ORAL POWDER	3	
ANTHELMINTICS		
ANTHELMINTICS**		
albendazole oral tablet	1 or 1b*	PA; QL
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	PA; QL
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	PA; QL
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER**		
ASPRUZYO SPRINKLE ORAL PACKET	3	PA; QL
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
NITRATES**		
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*	
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	

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

Drug Name	Tier	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.**		
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	DO
buspirone hcl oral tablet 30 mg	1 or 1b*	QL
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	QL
hydroxyzine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
hydroxyzine hcl oral tablet 50 mg	1 or 1b*	QL
hydroxyzine pamoate oral capsule 100 mg	1 or 1a*	QL
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1 or 1a*	DO
meprobamate oral tablet 200 mg	3	DO
meprobamate oral tablet 400 mg	3	QL
VISTARIL ORAL CAPSULE	3	DO

Drug Name	Tier	Notes
BENZODIAZEPINES**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam intensol oral concentrate	1 or 1a*	QL
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
oxazepam oral capsule	1 or 1b*	QL
ANTIARRHYTHMICS		
ANTIARRHYTHMICS - MISC.**		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	

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

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

Drug Name	Tier	Notes
ANTIARRHYTHMICS TYPE III**		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	3	
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	QL
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS**		
ADVAIR HFA INHALATION AEROSOL	2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	ST; QL
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL

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

Drug Name	Tier	Notes
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1 or 1b*	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT INHALATION AEROSOL	2	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL
ANTI-IGE MONOCLONAL ANTIBODIES**		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
ANTI-INFLAMMATORY AGENTS**		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
BETA ADRENERGICS**		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
BROVANA INHALATION NEBULIZATION SOLUTION	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
BRONCHODILATORS - ANTICHOLINERGICS**		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	QL
ipratropium bromide inhalation solution	1 or 1b*	QL
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; QL
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
YUPELRI INHALATION SOLUTION	3	ST; QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL

Drug Name	Tier	Notes
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)**		
CINQAIR INTRAVENOUS SOLUTION	4	PA; SP
LEUKOTRIENE RECEPTOR ANTAGONISTS**		
ACCOLATE ORAL TABLET	3	QL
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
zafirlukast oral tablet	1 or 1b*	QL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
DALIRESP ORAL TABLET	3	PA; QL
roflumilast oral tablet	1 or 1b*	PA; QL
STEROID INHALANTS**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
budesonide inhalation suspension	1 or 1b*	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	QL
FLOVENT HFA INHALATION AEROSOL	2	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS**		
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL

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

Drug Name	Tier	Notes
XANTHINES**		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	1 or 1b*	QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral elixir	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.**		
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
COUMARIN ANTICOAGULANTS**		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
DIRECT FACTOR XA INHIBITORS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO ORAL TABLET	2	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL

Drug Name	Tier	Notes
HEPARINS AND HEPARINOID-LIKE AGENTS**		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 2500-0.9 UT/500ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	3	
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 sod (pork) lock flush intravenous solution	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	

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

Drug Name	Tier	Notes
LOW MOLECULAR WEIGHT HEPARINS**		
enoxaparin sodium injection solution	4	QL
enoxaparin sodium injection solution prefilled syringe	4	QL
FRAGMIN INJECTION INJECTABLE	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL
SYNTHETIC HEPARINOID-LIKE AGENTS**		
ARIXTRA SUBCUTANEOUS SOLUTION	4	QL
fondaparinux sodium subcutaneous solution	4	QL
THROMBIN INHIBITORS - HIRUDIN TYPE**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
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	

Drug Name	Tier	Notes
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS**		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL
ANTICONVULSANTS - BENZODIAZEPINES**		
clobazam oral suspension	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
DIASTAT ACUDIAL RECTAL GEL	3	ST; QL
DIASTAT PEDIATRIC RECTAL GEL	3	ST; QL
diazepam rectal gel	1 or 1b*	ST; QL
NAYZILAM NASAL SOLUTION	3	PA; QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
ANTICONVULSANTS - MISC.**		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET	3	QL
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	QL
BRIVIACT ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL
carbamazepine oral suspension	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
DIACOMIT ORAL CAPSULE	4	PA; QL
DIACOMIT ORAL PACKET	4	PA; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
EPIDIOLEX ORAL SOLUTION	4	PA; SP
epitol oral tablet	1 or 1b*	QL
FINTEPLA ORAL SOLUTION	4	PA; QL
gabapentin oral capsule	1 or 1b*	QL
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL
lamotrigine er oral tablet extended release 24 hour	1 or 1b*	QL
lamotrigine oral kit 25 & 50 & 100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	QL
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible	1 or 1b*	QL
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL

Drug Name	Tier	Notes
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet	1 or 1b*	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet	1 or 1b*	QL
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	ST; QL
roweepra oral tablet 500 mg	1 or 1b*	QL
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet	1 or 1b*	QL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	QL
subvenite oral tablet	1 or 1b*	QL
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle	1 or 1b*	QL
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet	1 or 1b*	QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
zonisamide oral capsule	1 or 1b*	QL

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

Drug Name	Tier	Notes
ZTALMY ORAL SUSPENSION	4	QL
CARBAMATES**		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI ORAL TABLET THERAPY PACK	3	QL
GABA MODULATORS**		
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; SP; QL
vigabatrin oral tablet	1 or 1b*	LD; SP; QL
vigadrone oral packet	1 or 1b*	LD; SP; QL
HYDANTOINS**		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	3	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	

Drug Name	Tier	Notes
SUCCINIMIDES**		
CELONTIN ORAL CAPSULE	3	QL
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
VALPROIC ACID**		
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution	1 or 1b*	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**		
mirtazapine oral tablet 15 mg, 7.5 mg	1 or 1b*	DO
mirtazapine oral tablet 30 mg, 45 mg	1 or 1b*	QL
mirtazapine oral tablet dispersible 15 mg	1 or 1b*	DO
mirtazapine oral tablet dispersible 30 mg, 45 mg	1 or 1b*	QL
REMERON ORAL TABLET 15 MG	3	DO
REMERON ORAL TABLET 30 MG	3	QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	3	DO
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG, 45 MG	3	QL
ANTIDEPRESSANTS - MISC.**		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	3	ST; DO

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

Drug Name	Tier	Notes
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*	QL
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*	QL
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**		
ZULRESSO INTRAVENOUS SOLUTION	4	PA; SP
MONOAMINE OXIDASE INHIBITORS (MAOIS)**		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR	3	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR	3	DO
MARPLAN ORAL TABLET	3	QL
NARDIL ORAL TABLET	3	QL
PARNATE ORAL TABLET	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS**		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; QL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**		
citalopram hydrobromide oral solution	1 or 1b*	QL
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	QL
escitalopram oxalate oral solution	1 or 1b*	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	QL
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	QL
fluoxetine hcl oral capsule delayed release	1 or 1b*	QL
fluoxetine hcl oral solution	1 or 1b*	QL
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	QL
FLUOXETINE HCL ORAL TABLET 60 MG	3	QL
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	QL
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	QL
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

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

Drug Name	Tier	Notes
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	QL
paroxetine hcl oral suspension	1 or 1b*	ST; QL
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	QL
PAXIL ORAL SUSPENSION	3	ST; QL
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO
PEXEVA ORAL TABLET 30 MG	3	ST; QL
sertraline hcl oral concentrate	1 or 1b*	QL
sertraline hcl oral tablet 100 mg	1 or 1b*	QL
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
SEROTONIN MODULATORS**		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
TRINTELLIX ORAL TABLET 10 MG, 5 MG	2	DO
TRINTELLIX ORAL TABLET 20 MG	2	QL
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
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
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*	QL
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*	QL
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 225 mg	1 or 1b*	QL
venlafaxine hcl oral tablet	1 or 1b*	QL
TRICYCLIC AGENTS**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
nortriptyline hcl oral solution	1 or 1b*	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG	3	DO
PAMELOR ORAL CAPSULE 50 MG, 75 MG	3	QL
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule	1 or 1b*	QL
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS**		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL
ANTIDIABETIC - AMYLIN ANALOGS**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
BIGUANIDES**		
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1 or 1b*	QL

Drug Name	Tier	Notes
RIOMET ORAL SOLUTION	3	PA; QL
DIABETIC OTHER**		
BAQSIMI ONE PACK NASAL POWDER	3	QL
BAQSIMI TWO PACK NASAL POWDER	3	QL
diazoxide oral suspension	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCAGON EMERGENCY INJECTION KIT	3	QL
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL

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

Drug Name	Tier	Notes
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	QL
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS**		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL
HUMAN INSULIN**		
HUMALOG INJECTION SOLUTION	2	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN N SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN R INJECTION SOLUTION	2	QL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN LISPRO INJECTION SOLUTION	2	QL
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL

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

Drug Name	Tier	Notes
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LANTUS SUBCUTANEOUS SOLUTION	2	QL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LEVEMIR SUBCUTANEOUS SOLUTION	2	QL
LYUMJEV INJECTION SOLUTION	2	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
MYXREDLIN INTRAVENOUS SOLUTION	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	ST; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
RYBELSUS ORAL TABLET	2	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
INSULIN-INCRETIN MIMETIC COMBINATIONS**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
MEGLITINIDE ANALOGUES**		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
PROGESTERONE RECEPTOR ANTAGONISTS**		
KORLYM ORAL TABLET	4	PA; QL
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**		
GLYXAMBI ORAL TABLET	2	ST; QL

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

Drug Name	Tier	Notes
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**		
FARXIGA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
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
SULFONYLUREA-BIGUANIDE COMBINATIONS**		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
SULFONYLUREAS**		
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
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
GLYNASE ORAL TABLET	3	ST; QL
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS**		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS**		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
THIAZOLIDINEDIONES**		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PRO BIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
ANTIDIARRHEAL/PRO BIOTIC AGENTS - MISC.**		
bilac oral capsule	3	
ANTIPERISTALTIC AGENTS**		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	QL
MOTOFEN ORAL TABLET	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS**		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
ANTIDOTES - CHELATING AGENTS**		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	4	PA; SP
deferasirox oral packet	4	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP

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

Drug Name	Tier	Notes
deferiprone oral tablet	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	4	PA
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS**		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	4	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	4	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
VISTOGARD ORAL PACKET	3	PA; QL
BENZODIAZEPINE ANTAGONISTS**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS**		
KLOXXADO NASAL LIQUID	2	QL
nalmefene hcl injection solution	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	SP; QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	QL

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

Drug Name	Tier	Notes
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS**		
ANZEMET ORAL TABLET 50 MG	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 injection solution prefilled syringe	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet 24 mg	1 or 1b*	QL
ondansetron oral tablet dispersible	1 or 1b*	QL
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA
SANCUSO TRANSDERMAL PATCH	3	QL
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
ANTIEMETIC COMBINATIONS**		
AKYNZEO INTRAVENOUS SOLUTION	3	PA; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
AKYNZEO ORAL CAPSULE	3	QL
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
ANTIEMETICS - ANTICHOLINERGIC**		
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMETICS - ANTIDOPAMINERGIC**		
BARHEMSYS INTRAVENOUS SOLUTION	3	
ANTIEMETICS - MISCELLANEOUS**		
dronabinol oral capsule	1 or 1b*	QL
MARINOL ORAL CAPSULE 2.5 MG	3	QL
SYNDROS ORAL SOLUTION	3	QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**		
aprepitant oral	1 or 1b*	QL
aprepitant oral capsule	1 or 1b*	QL
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL

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

Drug Name	Tier	Notes
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	QL
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)**		
BREXAFEMME ORAL TABLET	3	PA; QL
ANTIFUNGALS**		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA
flucytosine oral capsule	1 or 1b*	PA
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*	QL
IMIDAZOLES**		
ketoconazole oral tablet	1 or 1b*	QL
TRIAZOLES**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	QL
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	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*	QL
fluconazole oral tablet	1 or 1b*	QL
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
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL

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

Drug Name	Tier	Notes
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES**		
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 SYRUP	3	QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	QL
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	QL
ANTIHISTAMINES - NON-SEDATING**		
cetirizine hcl oral solution 1 mg/ml	1 or 1b*	QL
CLARINEX ORAL TABLET	3	ST; QL
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
QUZYTTIR INTRAVENOUS SOLUTION	3	
ANTIHISTAMINES - PHENOTHIAZINES**		
PHENERGAN INJECTION SOLUTION	3	

Drug Name	Tier	Notes
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral syrup	1 or 1a*	QL
promethazine hcl oral tablet	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL
promethegan rectal suppository	1 or 1b*	QL
ANTIHISTAMINES - PIPERIDINES**		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**		
NEXLIZET ORAL TABLET	3	PA; QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**		
NEXLETOL ORAL TABLET	3	PA; QL
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS**		
EVKEEZA INTRAVENOUS SOLUTION	4	PA
ANTIHYPERLIPIDEMICS - MISC.**		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
BILE ACID SEQUESTRANTS**		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL

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

Drug Name	Tier	Notes
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID FLAVORED ORAL GRANULES	3	QL
COLESTID FLAVORED ORAL PACKET	3	QL
COLESTID ORAL GRANULES	3	QL
COLESTID ORAL PACKET	3	QL
COLESTID ORAL TABLET	3	QL
colestipol hcl oral granules	1 or 1b*	QL
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
prevalite oral packet	1 or 1b*	QL
prevalite oral powder	1 or 1b*	QL
QUESTRAN LIGHT ORAL POWDER	3	QL
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL
FIBRIC ACID DERIVATIVES**		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
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
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
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; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; $0
pravastatin sodium oral tablet 80 mg	1 or 1b*	$0; QL
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*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; $0
simvastatin oral tablet 40 mg	1 or 1b*	$0; QL
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, 5 MG	3	PA; DO; LD
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL

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

Drug Name	Tier	Notes
NICOTINIC ACID DERIVATIVES**		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
niacor oral tablet	1 or 1b*	ST; QL
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
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
***ANTIHYPERTENSIVES ***		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
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	QL
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL

Drug Name	Tier	Notes
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE**		
ACCURETIC ORAL TABLET 10-12.5 MG	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG, 20-25 MG	3	QL
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*	QL
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1 or 1b*	DO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1 or 1b*	DO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1 or 1b*	QL
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*	QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG	3	DO
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	3	QL
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
VASERETIC ORAL TABLET	3	QL
ZESTORETIC ORAL TABLET 10-12.5 MG	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG	3	QL
ACE INHIBITORS**		
benazepril hcl oral tablet 10 mg, 20 mg, 5 mg	1 or 1a*	DO
benazepril hcl oral tablet 40 mg	1 or 1a*	QL
captopril oral tablet 100 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1 or 1b*	DO
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
enalapril maleate oral tablet 20 mg	1 or 1b*	QL
enalaprilat intravenous injectable	1 or 1b*	
EPANED ORAL SOLUTION	3	QL
fosinopril sodium oral tablet 10 mg, 20 mg	1 or 1b*	DO
fosinopril sodium oral tablet 40 mg	1 or 1b*	QL
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*	QL
LOTENSIN ORAL TABLET 10 MG, 20 MG	3	DO
LOTENSIN ORAL TABLET 40 MG	3	QL
moexipril hcl oral tablet 15 mg	1 or 1b*	QL
moexipril hcl oral tablet 7.5 mg	1 or 1b*	DO
perindopril erbumine oral tablet 2 mg, 4 mg	1 or 1b*	DO
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL
QBRELIS ORAL SOLUTION	3	QL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO
quinapril hcl oral tablet 40 mg	1 or 1b*	QL
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg	1 or 1b*	QL
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
AGENTS FOR PHEOCHROMOCYTOMA**		
DEMSER ORAL CAPSULE	3	PA; QL

Drug Name	Tier	Notes
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
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*	QL
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*	QL
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE**		
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
EDARBYCLOR ORAL TABLET	3	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
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*	QL
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL
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*	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS**		
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	QL
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet 100 mg, 50 mg	1 or 1b*	QL
losartan potassium oral tablet 25 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
valsartan oral solution	3	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
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*	QL
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*	QL
ANTIADRENERGICS - CENTRALLY ACTING**		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1 or 1a*	DO
clonidine hcl oral tablet 0.3 mg	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	DO
guanfacine hcl oral tablet 2 mg	1 or 1b*	QL
ANTIADRENERGICS - PERIPHERALLY ACTING**		
CARDURA ORAL TABLET	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
MINIPRESS ORAL CAPSULE	3	
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
ANTIHYPERTENSIVES - MISC.**		
VECAMYL ORAL TABLET	3	
BETA BLOCKER & DIURETIC COMBINATIONS**		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
TENORETIC 100 ORAL TABLET	3	QL
TENORETIC 50 ORAL TABLET	3	QL
ZIAC ORAL TABLET	3	QL
DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB**		
TEKTURNA HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	QL
DIRECT RENIN INHIBITORS**		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
DOPAMINE D1 RECEPTOR AGONISTS**		
CORLOPAM INTRAVENOUS SOLUTION	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
VASODILATORS**		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	3	

Drug Name	Tier	Notes
nitroprusside sodium intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.**		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
bacitracin intramuscular solution reconstituted	1 or 1b*	
FLAGYL ORAL CAPSULE	3	
IMPAVIDO ORAL CAPSULE	3	PA; QL
METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	4	
tinidazole oral tablet	1 or 1b*	QL
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	

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

Drug Name	Tier	Notes
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	QL
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET	3	
MEPRON ORAL SUSPENSION	3	
nitazoxanide oral tablet	1 or 1b*	QL
CARBAPENEM COMBINATIONS**		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CARBAPENEMS**		
ertapenem sodium injection solution reconstituted	1 or 1b*	
INVANZ INJECTION SOLUTION RECONSTITUTED	3	
meropenem intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
CHLORAMPHENICALS **		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
CYCLIC LIPOPEPTIDES**		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCOPEPTIDES**		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	QL
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 1.75-0.9 GM/250ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	3	QL

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

Drug Name	Tier	Notes
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	3	QL
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1 or 1b*	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED	3	PA; QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
LEPROSTATICS**		
dapsone oral tablet	1 or 1b*	
LINCOSAMIDES**		
CLEOCIN ORAL CAPSULE	3	QL
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	QL
clindamycin hcl oral capsule	1 or 1b*	QL
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	QL
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
MONOBACTAMS**		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	4	SP; QL
OXAZOLIDINONES**		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
PLEUROMUTILINS**		
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA 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*	

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

Drug Name	Tier	Notes
URINARY ANTI-INFECTIVES**		
fosfomycin tromethamine oral packet	1 or 1b*	QL
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	QL
MACRODANTIN ORAL CAPSULE	3	QL
methenamine hippurate oral tablet	1 or 1b*	
MONUROL ORAL PACKET	3	QL
nitrofurantoin macrocrystal oral capsule	1 or 1b*	QL
nitrofurantoin monohyd macro oral capsule	1 or 1b*	QL
nitrofurantoin oral suspension	1 or 1b*	QL
URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS**		
uro-sp oral capsule	1 or 1b*	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	
ANTIMALARIALS**		
ARAKODA ORAL TABLET	3	QL
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET	3	PA; QL
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG	3	QL
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL
KRINTAFEL ORAL TABLET	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS**		
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	4	PA; QL
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS**		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	

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

Effective 01012023

Drug Name	Tier	Notes
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
PASER ORAL PACKET	3	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS**		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; 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	SP
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution 1000 mg/100ml, 450 mg/45ml, 600 mg/60ml	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANDROGEN BIOSYNTHESIS INHIBITORS**		
abiraterone acetate oral tablet	1 or 1b*	PA; SP; QL
YONSA ORAL TABLET	3	PA; SP; QL
ANTIADRENALS**		
LYSODREN ORAL TABLET	2	QL
ANTIANDROGENS**		
bicalutamide oral tablet	1 or 1b*	QL
CASODEX ORAL TABLET	3	QL
ERLEADA ORAL TABLET	2	PA; SP; QL
EULEXIN ORAL CAPSULE	3	
flutamide oral capsule	1 or 1b*	
NILANDRON ORAL TABLET	3	QL
nilutamide oral tablet	1 or 1b*	QL
NUBEQA ORAL TABLET	2	PA; SP; QL
XTANDI ORAL CAPSULE	2	PA; SP; QL
XTANDI ORAL TABLET	2	PA; SP; QL
ANTIESTROGENS**		
FARESTON ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
SOLTAMOX ORAL SOLUTION	2	$0
tamoxifen citrate oral tablet	1 or 1b*	$0
toremifene citrate oral tablet	1 or 1b*	QL
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ARRANON INTRAVENOUS SOLUTION	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; SP
capecitabine oral tablet	1 or 1b*	PA; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	
CLOLAR INTRAVENOUS SOLUTION	3	
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
floxuridine injection solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 25 mg/ml	1 or 1b*	
fludarabine phosphate intravenous solution 50 mg/2ml	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*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
nelarabine intravenous solution	1 or 1b*	SP
ONUREG ORAL TABLET	3	PA; SP; QL
pemetrexed disodium intravenous solution	3	PA
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	1 or 1b*	PA; SP
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1 or 1b*	PA
pemetrexed ditromethamine intravenous solution reconstituted	3	PA
pemetrexed intravenous solution	3	PA
PEMFEXY INTRAVENOUS SOLUTION	3	PA
pralatrexate intravenous solution	1 or 1b*	
PURIXAN ORAL SUSPENSION	3	PA
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; SP
XATMEP ORAL SOLUTION	3	PA; SP

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - ALK INHIBITORS**		
ALECENSA ORAL CAPSULE	2	PA; SP; QL
ALUNBRIG ORAL TABLET	2	PA; LD; QL
ALUNBRIG ORAL TABLET THERAPY PACK	2	PA; LD; QL
LORBRENA ORAL TABLET	3	PA; SP; QL
XALKORI ORAL CAPSULE	3	PA; SP; QL
ZYKADIA ORAL TABLET	3	PA; LD; SP; QL
ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX**		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ANTINEOPLASTIC - ANTIBODY COMBINATIONS**		
OPDUALAG INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES**		
POTELIGEO INTRAVENOUS SOLUTION	3	SP
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD

Drug Name	Tier	Notes
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES**		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; SP
RIABNI INTRAVENOUS SOLUTION	3	PA; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES**		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX**		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX**		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX**		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; SP

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES**		
DARZALEX INTRAVENOUS SOLUTION	3	PA; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX**		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES**		
YERVOY INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES**		
DANYELZA INTRAVENOUS SOLUTION	3	PA
UNITUXIN INTRAVENOUS SOLUTION	3	
ANTINEOPLASTIC - ANTI-HER2 AGENTS**		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
MARGENZA INTRAVENOUS SOLUTION	3	PA; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
TUKYSA ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES**		
JEMPERLI INTRAVENOUS SOLUTION	3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; SP
LIBTAYO INTRAVENOUS SOLUTION	3	PA
OPDIVO INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES**		
BAVENCIO INTRAVENOUS SOLUTION	3	PA
IMFINZI INTRAVENOUS SOLUTION	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - BCL-2 INHIBITORS**		
VENCLEXTA ORAL TABLET	3	PA; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; QL
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS**		
BOSULIF ORAL TABLET	2	PA; SP; QL
imatinib mesylate oral tablet	1 or 1b*	PA; SP; QL
SPRYCEL ORAL TABLET	2	PA; SP; QL
TASIGNA ORAL CAPSULE	2	PA; SP; QL
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
ANTINEOPLASTIC - BRAF KINASE INHIBITORS**		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; SP; QL
TAFINLAR ORAL CAPSULE	3	PA; SP; QL
ZELBORAF ORAL TABLET	2	PA; LD; SP; QL
ANTINEOPLASTIC - BTK INHIBITORS**		
BRUKINSA ORAL CAPSULE	3	PA; QL
CALQUENCE ORAL CAPSULE	3	PA; QL
CALQUENCE ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
IMBRUVICA ORAL CAPSULE	2	PA; QL
IMBRUVICA ORAL SUSPENSION	2	PA; QL
IMBRUVICA ORAL TABLET	2	PA; QL
ANTINEOPLASTIC - EGFR INHIBITORS**		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; SP; QL
EXKIVITY ORAL CAPSULE	3	PA; QL
GILOTRIF ORAL TABLET	3	PA; QL
IRESSA ORAL TABLET	2	PA; SP; QL
PORTRAZZA INTRAVENOUS SOLUTION	3	SP
TAGRISSO ORAL TABLET	3	PA; SP; QL
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; SP
VIZIMPRO ORAL TABLET	3	PA; SP; QL
ANTINEOPLASTIC - FGFR KINASE INHIBITORS**		
BALVERSA ORAL TABLET	3	PA; QL
PEMAZYRE ORAL TABLET	3	PA; QL
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**		
DAURISMO ORAL TABLET	3	PA; SP; QL
ERIVEDGE ORAL CAPSULE	2	PA; SP; QL
ODOMZO ORAL CAPSULE	3	PA; LD; SP; QL
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS**		
WELIREG ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; SP
ZOLINZA ORAL CAPSULE	2	PA; SP; QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS**		
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	3	
ANTINEOPLASTIC - IMMUNOMODULATORS **		
POMALYST ORAL CAPSULE	3	PA; SP; QL
ANTINEOPLASTIC - KRAS INHIBITORS**		
LUMAKRAS ORAL TABLET	3	PA; SP; QL

Drug Name	Tier	Notes
ANTINEOPLASTIC - MEK INHIBITORS**		
COTELLIC ORAL TABLET	3	PA; SP; QL
KOSELUGO ORAL CAPSULE	3	PA; QL
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL
MEKINIST ORAL TABLET 2 MG	3	PA; SP; QL
MEKTOVI ORAL TABLET	3	PA; SP; QL
ANTINEOPLASTIC - MET INHIBITORS**		
TABRECTA ORAL TABLET	3	PA; SP; QL
TEPMETKO ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS**		
TAZVERIK ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - MTOR KINASE INHIBITORS**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; SP
everolimus oral tablet soluble	1 or 1b*	PA; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
temsirolimus intravenous solution	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - MULTIKINASE INHIBITORS**		
CABOMETYX ORAL TABLET	2	PA; SP; QL
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; SP; QL

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

Drug Name	Tier	Notes
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; SP; QL
FOTIVDA ORAL CAPSULE	3	PA; QL
lapatinib ditosylate oral tablet	1 or 1b*	PA; SP; QL
NERLYNX ORAL TABLET	3	PA; SP; QL
NEXAVAR ORAL TABLET	3	PA; SP; QL
QINLOCK ORAL TABLET	3	PA; QL
RYDAPT ORAL CAPSULE	3	PA; SP; QL
sorafenib tosylate oral tablet	1 or 1b*	PA; QL
STIVARGA ORAL TABLET	2	PA; SP; QL
sunitinib malate oral capsule	1 or 1b*	PA; SP; QL
SUTENT ORAL CAPSULE	3	PA; SP; QL
TURALIO ORAL CAPSULE	3	PA; QL
VOTRIENT ORAL TABLET	3	PA; SP; QL
XOSPATA ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES**		
RYBREVANT INTRAVENOUS SOLUTION	3	PA; SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**		
AYVAKIT ORAL TABLET	3	PA; QL
ANTINEOPLASTIC - PROTEASOME INHIBITORS**		
bortezomib injection solution	3	PA
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	PA
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	PA; SP

Drug Name	Tier	Notes
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
NINLARO ORAL CAPSULE	3	PA; LD; SP; QL
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - RET INHIBITORS**		
GAVRETO ORAL CAPSULE	3	PA; SP; QL
RETEVMO ORAL CAPSULE	3	PA; SP; QL
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS**		
ROZLYTREK ORAL CAPSULE	3	PA; SP; QL
VITRAKVI ORAL CAPSULE	3	PA; LD; SP; QL
VITRAKVI ORAL SOLUTION	3	PA; LD; SP; QL
ANTINEOPLASTIC - XPO1 INHIBITORS**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL

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

Drug Name	Tier	Notes
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL
ANTINEOPLASTIC ANTIBIOTICS**		
adriamycin intravenous solution reconstituted 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; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; SP
ELLENCE INTRAVENOUS SOLUTION	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA
mitomycin intravenous solution reconstituted	1 or 1b*	SP
MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE	3	
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP

Drug Name	Tier	Notes
valrubicin intravesical solution	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION	3	SP
ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY**		
ZEVALIN Y-90 INTRAVENOUS KIT	3	PA
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES**		
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC COMBINATIONS**		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	LD; SP
INQOVI ORAL TABLET	3	PA; SP; QL
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
LONSURF ORAL TABLET	3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	SP

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

Drug Name	Tier	Notes
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	SP
ANTINEOPLASTIC ENZYMES**		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; SP
ONCASPAR INJECTION SOLUTION	3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
ANTINEOPLASTIC RADIOPHARMACEUTICALS**		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	4	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	4	PA
LUTATHERA INTRAVENOUS SOLUTION	3	PA
PLUVICTO INTRAVENOUS SOLUTION	3	PA
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA
ANTINEOPLASTICS - INTERLEUKINS**		
ELZONRIS INTRAVENOUS SOLUTION	3	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
UVADEX EXTRACORPOREAL SOLUTION	3	
ANTINEOPLASTICS MISC.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LD; SP
ALFERON N INJECTION SOLUTION	4	SP
arsenic trioxide intravenous solution	1 or 1b*	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	4	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	SP
AROMATASE INHIBITORS**		
anastrozole oral tablet	1 or 1b*	$0; QL
AROMASIN ORAL TABLET	3	QL
exemestane oral tablet	1 or 1b*	$0; QL
FEMARA ORAL TABLET	3	QL
letrozole oral tablet	1 or 1b*	$0; QL

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

Drug Name	Tier	Notes
CARBOXYPEPTIDASE ENZYME AGENTS**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CARDIAC PROTECTIVE AGENTS**		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS**		
IBRANCE ORAL CAPSULE	2	PA; SP; QL
IBRANCE ORAL TABLET	2	PA; SP; QL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
VERZENIO ORAL TABLET	3	PA; SP; QL
ESTROGEN RECEPTOR ANTAGONIST**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; SP

Drug Name	Tier	Notes
ESTROGENS-ANTINEOPLASTIC**		
EMCYT ORAL CAPSULE	2	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; 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
levoleucovorin calcium pf intravenous solution	1 or 1b*	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; SP; QL
ORGOVYX ORAL TABLET	3	PA; QL
IMIDAZOTETRAZINES **		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP
TEMODAR ORAL CAPSULE 250 MG	3	PA; SP; QL
temozolomide oral capsule	1 or 1b*	PA; SP; QL
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS**		
TIBSOVO ORAL TABLET	3	PA; QL

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

Drug Name	Tier	Notes
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS**		
IDHIFA ORAL TABLET	3	PA; SP; QL
JANUS ASSOCIATED KINASE (JAK) INHIBITORS**		
INREBIC ORAL CAPSULE	3	PA; SP; QL
JAKAFI ORAL TABLET	2	PA; SP; QL
VONJO ORAL CAPSULE	3	PA; QL
LHRH ANALOGS**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA; QL
ELIGARD SUBCUTANEOUS KIT	3	PA; SP; QL
leuprolide acetate injection kit	1 or 1b*	PA; SP
leuprolide acetate intramuscular injectable	3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	4	PA; SP; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; SP; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	4	PA; SP; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	3	PA; SP; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; SP; QL
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; SP; QL

Drug Name	Tier	Notes
MITOTIC INHIBITORS**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	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; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP

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

Drug Name	Tier	Notes
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution 10 mg/ml	1 or 1b*	
vinorelbine tartrate intravenous solution 50 mg/5ml	1 or 1b*	SP
MYELOPROTECTIVE AGENTS**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
NITROGEN MUSTARDS AND RELATED ANALOGUES**		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	
cyclophosphamide oral capsule	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL TABLET	3	
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

Drug Name	Tier	Notes
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 100 mg	1 or 1b*	SP
carmustine intravenous solution reconstituted 300 mg, 50 mg	3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
OTOPROTECTIVE AGENTS**		
PEDMARK INTRAVENOUS SOLUTION	3	PA
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS**		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
COPIKTRA ORAL CAPSULE	3	PA; QL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
ZYDELIG ORAL TABLET	3	PA; SP; QL

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

Drug Name	Tier	Notes
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL TABLET	3	PA; LD; SP; QL
RUBRACA ORAL TABLET	3	PA; SP; QL
TALZENNA ORAL CAPSULE	3	PA; SP; QL
ZEJULA ORAL CAPSULE	3	PA; LD; SP; QL
PROGESTINS-ANTINEOPLASTIC**		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	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; SP; QL
TETRAHYDROISOQUINOLINES**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX**		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TOPOISOMERASE I INHIBITORS**		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML	3	SP
CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2ML	3	

Drug Name	Tier	Notes
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 500 mg/25ml	1 or 1b*	SP
irinotecan hcl intravenous solution 40 mg/2ml	1 or 1b*	
ONIVYDE INTRAVENOUS INJECTABLE	3	
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
URINARY TRACT PROTECTIVE AGENTS**		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS**		
AVASTIN INTRAVENOUS SOLUTION	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; SP
INLYTA ORAL TABLET	2	PA; SP; QL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL

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

Drug Name	Tier	Notes
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
MVASI INTRAVENOUS SOLUTION	3	PA; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; SP
ZIRABEV INTRAVENOUS SOLUTION	3	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST**		
NOURIANZ ORAL TABLET	4	PA; SP; QL
ANTIPARKINSON ANTICHOLINERGICS**		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
ANTIPARKINSON DOPAMINERGICS**		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	

Drug Name	Tier	Notes
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	4	PA; QL
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
CENTRAL/PERIPHERAL COMT INHIBITORS**		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
DECARBOXYLASE INHIBITORS**		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	

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

Drug Name	Tier	Notes
LEVODOPA COMBINATIONS**		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1 or 1b*	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA ENTERAL SUSPENSION	3	PA; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; QL
apomorphine hcl subcutaneous solution cartridge	4	PA; SP; QL
KYNMOBI SUBLINGUAL FILM	3	PA; LD; SP; QL
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
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	QL
entacapone oral tablet	1 or 1b*	QL
ONGENTYS ORAL CAPSULE	3	PA; QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS**		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule 150 mg, 300 mg	1 or 1a*	DO
lithium carbonate oral capsule 600 mg	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	DO
ANTIPSYCHOTICS - MISC.**		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	PA; QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
NUPLAZID ORAL CAPSULE	4	PA; SP; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; SP; QL

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

Drug Name	Tier	Notes
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
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*	QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	QL
BENZISOXAZOLES**		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL
risperidone oral tablet dispersible 0.25 mg	1 or 1b*	PA; DO
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	QL
BUTYROPHENONES**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
DIBENZODIAZEPINES**		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	QL
DIBENZO-OXEPINO PYRROLES**		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL

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

Drug Name	Tier	Notes
DIBENZOTHIAZEPINES**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 150 mg, 200 mg, 300 mg, 400 mg	1 or 1b*	QL
DIBENZOXAZEPINES**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL
DIHYDROINDOLONES**		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL
PHENOTHIAZINES**		
chlorpromazine hcl injection solution	1 or 1b*	
CHLORPROMAZINE HCL ORAL CONCENTRATE	3	QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
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*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL
perphenazine oral tablet 2 mg	1 or 1b*	DO
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
thioridazine hcl oral tablet 100 mg	1 or 1b*	QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
QUINOLINONE DERIVATIVES**		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
aripiprazole oral solution	1 or 1b*	QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	QL
aripiprazole oral tablet dispersible	1 or 1b*	QL
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	PA; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL
THIENBENZODIAZEPINES**		
olanzapine intramuscular solution reconstituted	1 or 1b*	PA; QL
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*	QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	QL
THIOXANTHENES**		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS**		
FORMALDEHYDE EXTERNAL SOLUTION 37 %	3	

Drug Name	Tier	Notes
CHLORINE ANTISEPTICS**		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %	3	
IODINE ANTISEPTICS**		
IODOFLEX EXTERNAL PAD	3	
povidone-iodine external solution 10 %	1 or 1b*	
ANTIVIRALS		
ANTIRETROVIRAL COMBINATIONS**		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
BIKTARVY ORAL TABLET	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	PA; QL
CIMDUO ORAL TABLET	3	QL
COMBIVIR ORAL TABLET	3	QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET 120-15 MG	2	ST; QL
DESCOVY ORAL TABLET 200-25 MG	2	ST; $0; QL
DOVATO ORAL TABLET	2	QL
efavirenz-emtricitab-tenofo df oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	$0; 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

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

Drug Name	Tier	Notes
KALETRA ORAL TABLET	3	QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
lopinavir-ritonavir oral tablet	1 or 1b*	QL
ODEFSEY ORAL TABLET	2	QL
STRIBILD ORAL TABLET	2	QL
SYMTUZA ORAL TABLET	2	QL
TRIUMEQ ORAL TABLET	2	QL
TRIUMEQ PD ORAL TABLET SOLUBLE	2	QL
TRIZIVIR ORAL TABLET	3	QL
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)**		
maraviroc oral tablet	1 or 1b*	QL
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	QL
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	QL
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR**		
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL
ANTIRETROVIRALS - FUSION INHIBITORS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL

Drug Name	Tier	Notes
ANTIRETROVIRALS - INTEGRASE INHIBITORS**		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	QL
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
TIVICAY ORAL TABLET	3	QL
TIVICAY PD ORAL TABLET SOLUBLE	3	QL
ANTIRETROVIRALS - PROTEASE INHIBITORS**		
APTIVUS ORAL CAPSULE	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	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 200 MG, 300 MG	3	QL
REYATAZ ORAL PACKET	2	QL
ritonavir oral tablet	1 or 1b*	QL
VIRACEPT ORAL TABLET	2	QL

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

Drug Name	Tier	Notes
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
etravirine oral tablet	1 or 1b*	PA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	PA; QL
INTELENCE ORAL TABLET 25 MG	2	PA; QL
nevirapine er oral tablet extended release 24 hour	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
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES**		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
ZIAGEN ORAL SOLUTION	3	QL
ZIAGEN ORAL TABLET	3	QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES**		
emtricitabine oral capsule	1 or 1b*	$0; QL
EMTRIVA ORAL CAPSULE	3	QL
EMTRIVA ORAL SOLUTION	2	QL
EPIVIR ORAL SOLUTION	3	QL
EPIVIR ORAL TABLET	3	QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL

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
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; QL
VIREAD ORAL POWDER	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
ANTIRETROVIRALS ADJUVANTS**		
TYBOST ORAL TABLET	3	QL
CMV AGENTS**		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	
GANCICLOVIR INTRAVENOUS SOLUTION	4	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	4	SP
ganciclovir sodium intravenous solution reconstituted	4	SP
LIVTENCITY ORAL TABLET	4	PA; QL
PREVYMIS INTRAVENOUS SOLUTION	4	PA; SP; QL

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

Drug Name	Tier	Notes
PREVYMIS ORAL TABLET	4	PA; SP; QL
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	4	SP; QL
BARACLUDE ORAL SOLUTION	4	QL
entecavir oral tablet	4	QL
EPIVIR HBV ORAL SOLUTION	4	QL
EPIVIR HBV ORAL TABLET	4	QL
lamivudine oral tablet 100 mg	1 or 1b*	QL
VEMLIDY ORAL TABLET	4	SP; QL
HEPATITIS C AGENT - COMBINATIONS**		
EPCLUSA ORAL PACKET	4	PA; SP; QL
EPCLUSA ORAL TABLET	4	PA; SP; QL
HARVONI ORAL PACKET	4	PA; SP; QL
HARVONI ORAL TABLET	4	PA; SP; QL
VOSEVI ORAL TABLET	4	PA; SP; QL
HEPATITIS C AGENTS**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LD; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	LD; SP; QL
ribavirin oral capsule	4	SP; QL
ribavirin oral tablet 200 mg	4	SP; QL

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*	QL
ZOVIRAX ORAL SUSPENSION	3	
HERPES AGENTS - THYMIDINE ANALOGUES**		
famciclovir oral tablet	1 or 1b*	QL
INFLUENZA AGENTS**		
rimantadine hcl oral tablet	1 or 1b*	
MISC. ANTIVIRALS**		
TPOXX INTRAVENOUS SOLUTION	3	
TPOXX ORAL CAPSULE	3	
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 5 MG/ACT	2	QL
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
PA ENDONUCLEASE INHIBITORS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL

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

Drug Name	Tier	Notes
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
RSV AGENTS - NUCLEOSIDE ANALOGUES**		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS**		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	1 or 1b*	DO
carvedilol oral tablet 25 mg	1 or 1b*	QL
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg	1 or 1b*	DO
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	1 or 1b*	QL
labetalol hcl oral tablet 100 mg, 200 mg	1 or 1b*	DO
labetalol hcl oral tablet 300 mg	1 or 1b*	QL
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
BETA BLOCKERS CARDIO-SELECTIVE**		
acebutolol hcl oral capsule	1 or 1b*	QL
atenolol oral tablet 100 mg	1 or 1a*	QL
atenolol oral tablet 25 mg, 50 mg	1 or 1a*	DO
betaxolol hcl oral tablet 10 mg	1 or 1b*	DO
betaxolol hcl oral tablet 20 mg	1 or 1b*	QL
bisoprolol fumarate oral tablet 10 mg	1 or 1b*	QL
bisoprolol fumarate oral tablet 5 mg	1 or 1b*	DO
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	3	DO
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG	3	QL
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
metoprolol succinate er oral tablet extended release 24 hour 200 mg	1 or 1b*	QL
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet 100 mg	1 or 1a*	QL
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	1 or 1a*	DO

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

Drug Name	Tier	Notes
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
nebivolol hcl oral tablet 20 mg	1 or 1b*	QL
BETA BLOCKERS NON-SELECTIVE**		
HEMANGEOL ORAL SOLUTION	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL
pindolol oral tablet 10 mg	1 or 1b*	QL
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1 or 1b*	DO
propranolol hcl oral tablet 80 mg	1 or 1b*	QL
sorine oral tablet	1 or 1b*	QL
sotalol hcl (af) oral tablet	1 or 1b*	
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet	1 or 1b*	QL
SOTYLIZE ORAL SOLUTION	3	
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS**		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	DO
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	3	QL
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 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	QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1 or 1b*	QL
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	3	
CONJUPRI ORAL TABLET 2.5 MG	3	ST; DO
CONJUPRI ORAL TABLET 5 MG	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral tablet extended release 24 hour	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl intravenous solution	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL
KATERZIA ORAL SUSPENSION	3	PA; QL

Drug Name	Tier	Notes
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	QL
matzim la oral tablet extended release 24 hour	1 or 1b*	QL
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*	QL
nifedipine er oral tablet extended release 24 hour	1 or 1b*	QL
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*	QL
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL
nimodipine oral capsule	1 or 1b*	QL
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*	QL
NORLIQVA ORAL SOLUTION	3	PA; QL
NYMALIZE ORAL SOLUTION 6 MG/ML	3	QL
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	QL

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

Drug Name	Tier	Notes
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	QL
taztia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	QL
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*	QL
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
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	QL
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	QL
CARDIOTONICS		
CARDIAC GLYCOSIDES**		
digitek oral tablet 125 mcg	1 or 1b*	DO
digitek oral tablet 250 mcg	1 or 1b*	QL
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
INOTROPES**		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML	3	
DOPAMINE IN D5W INTRAVENOUS SOLUTION	3	
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*	

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

Drug Name	Tier	Notes
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*	QL
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	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
CARDIAC MYOSIN INHIBITORS**		
CAMZYOS ORAL CAPSULE	4	PA; SP; QL
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
ENTRESTO ORAL TABLET	3	QL
NITRATE & VASODILATOR COMBINATIONS**		
BIDIL ORAL TABLET	3	QL
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL
PROSTAGLANDIN - IMPOTENCE AGENTS**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA
EDEX INTRACAVERNOSAL KIT	3	PA
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	3	PA
PROSTAGLANDIN VASODILATORS**		
epoprostenol sodium intravenous solution reconstituted	4	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; SP
treprostinil injection solution	4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	4	PA; QL
TYVASO DPI TITRATION KIT INHALATION POWDER	4	PA; QL
TYVASO INHALATION SOLUTION	4	PA; SP; QL
TYVASO REFILL INHALATION SOLUTION	4	PA; SP; QL
TYVASO STARTER INHALATION SOLUTION	4	PA; SP; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION	4	PA; SP; QL
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
ADEMPAS ORAL TABLET	4	PA; LD; SP; QL

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

Drug Name	Tier	Notes
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**		
ambrisentan oral tablet	4	PA; SP; QL
bosentan oral tablet	4	PA; LD; SP; QL
OPSUMIT ORAL TABLET	4	PA; SP; QL
TRACLEER ORAL TABLET SOLUBLE	4	PA; SP; QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**		
alyq oral tablet	4	PA; SP; QL
sildenafil citrate intravenous solution	4	PA; SP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah) oral tablet	4	PA; SP; QL
TADLIQ ORAL SUSPENSION	4	PA; QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL
UPTRAVI ORAL TABLET	4	PA; SP; QL
UPTRAVI ORAL TABLET THERAPY PACK	4	PA; SP; QL
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS**		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA

Drug Name	Tier	Notes
SEPTAL AGENTS - ABLATION*		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
SINUS NODE INHIBITORS*		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	2	PA; QL
TRANSTHYRETIN STABILIZERS**		
VYNDAMAX ORAL CAPSULE	4	PA; SP; QL
VYNDAQEL ORAL CAPSULE	4	PA; SP; QL
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
VERQUVO ORAL TABLET	3	PA; QL
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - 1ST GENERATION**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	

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

Drug Name	Tier	Notes
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML	3	
cefazolin sodium intravenous solution reconstituted	1 or 1b*	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%, 2-5 GM/100ML-%	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEPHALOSPORINS - 2ND GENERATION**		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	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 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*	QL
cefdinir oral suspension reconstituted	1 or 1b*	QL
cefixime oral capsule	1 or 1b*	QL
cefixime oral suspension reconstituted	1 or 1b*	QL
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	
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, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	QL
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	3	QL
SUPRAX ORAL CAPSULE	3	QL

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

Drug Name	Tier	Notes
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	QL
SUPRAX ORAL TABLET CHEWABLE	3	QL
tazicef injection solution reconstituted 1 gm	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1 or 1b*	
CEPHALOSPORINS - 4TH GENERATION**		
cefepime hcl injection solution reconstituted	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
CEPHALOSPORINS - 5TH GENERATION**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - SIDEROPHORES**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL**		
azurette oral tablet	1 or 1b*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	$0
kariva oral tablet	1 or 1b*	$0
LO LOESTRIN FE ORAL TABLET	2	
MIRCETTE ORAL TABLET	3	
pimtrea oral tablet	1 or 1b*	$0
simliya oral tablet	1 or 1b*	$0
viorele oral tablet	1 or 1b*	$0
volnea oral tablet	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - ORAL**		
afirmelle oral tablet	1 or 1a*	$0
altavera oral tablet	1 or 1a*	$0
alyacen 1/35 oral tablet	1 or 1a*	$0
apri oral tablet	1 or 1a*	$0
aubra eq oral tablet	1 or 1a*	$0
aubra oral tablet	1 or 1a*	$0
aurovela 1.5/30 oral tablet	1 or 1a*	$0
aurovela 1/20 oral tablet	1 or 1a*	$0
aurovela 24 fe oral tablet	1 or 1a*	$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	$0
aurovela fe 1/20 oral tablet	1 or 1a*	$0
aviane oral tablet	1 or 1a*	$0
ayuna oral tablet	1 or 1a*	$0
BALCOLTRA ORAL TABLET	3	
balziva oral tablet	1 or 1a*	$0
BEYAZ ORAL TABLET	3	
blisovi 24 fe oral tablet	1 or 1a*	$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	$0
blisovi fe 1/20 oral tablet	1 or 1a*	$0
briellyn oral tablet	1 or 1a*	$0
charlotte 24 fe oral tablet chewable	1 or 1a*	$0
chateal eq oral tablet	1 or 1a*	$0
chateal oral tablet	1 or 1a*	$0
cryselle-28 oral tablet	1 or 1a*	$0
cyred eq oral tablet	1 or 1a*	$0
cyred oral tablet	1 or 1a*	$0
dasetta 1/35 oral tablet	1 or 1a*	$0

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

Drug Name	Tier	Notes
delyla oral tablet	1 or 1a*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1 or 1a*	$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	$0
elinest oral tablet	1 or 1a*	$0
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
falmina oral tablet	1 or 1a*	$0
femynor oral tablet	1 or 1a*	$0
FINZALA ORAL TABLET CHEWABLE	1 or 1a*	$0
gemmily oral capsule	1 or 1b*	$0
GENERESS FE ORAL TABLET CHEWABLE	3	
hailey 1.5/30 oral tablet	1 or 1a*	$0
hailey 24 fe oral tablet	1 or 1a*	$0
hailey fe 1.5/30 oral tablet	1 or 1a*	$0
hailey fe 1/20 oral tablet	1 or 1a*	$0
isibloom oral tablet	1 or 1a*	$0
jasmiel oral tablet	1 or 1b*	$0
juleber oral tablet	1 or 1a*	$0
junel 1.5/30 oral tablet	1 or 1a*	$0
junel 1/20 oral tablet	1 or 1a*	$0
junel fe 1.5/30 oral tablet	1 or 1a*	$0
junel fe 1/20 oral tablet	1 or 1a*	$0
junel fe 24 oral tablet	1 or 1a*	$0
kaitlib fe oral tablet chewable	1 or 1b*	$0
kalliga oral tablet	1 or 1a*	$0
kelnor 1/35 oral tablet	1 or 1a*	$0
kelnor 1/50 oral tablet	1 or 1a*	$0
kurvelo oral tablet	1 or 1a*	$0
larin 1.5/30 oral tablet	1 or 1a*	$0
larin 1/20 oral tablet	1 or 1a*	$0
larin 24 fe oral tablet	1 or 1a*	$0
larin fe 1.5/30 oral tablet	1 or 1a*	$0
larin fe 1/20 oral tablet	1 or 1a*	$0
layolis fe oral tablet chewable	1 or 1b*	$0

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

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

Drug Name	Tier	Notes
nortrel 1/35 (21) oral tablet	1 or 1a*	$0
nortrel 1/35 (28) oral tablet	1 or 1a*	$0
nylia 1/35 oral tablet	1 or 1a*	$0
nymyo oral tablet	1 or 1a*	$0
ocella oral tablet	1 or 1b*	$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
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
taysofy oral capsule	1 or 1b*	$0
TAYTULLA ORAL CAPSULE	3	
TYBLUME ORAL TABLET CHEWABLE	3	
tydemy oral tablet	1 or 1b*	$0
vestura 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	
zovia 1/35 (28) oral tablet	1 or 1a*	$0
zumandimine oral tablet	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL**		
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
xulane transdermal patch weekly	1 or 1b*	$0
zafemy transdermal patch weekly	1 or 1b*	$0

Drug Name	Tier	Notes
COMBINATION CONTRACEPTIVES - VAGINAL**		
ANNOVERA VAGINAL RING	3	
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
dolishale oral tablet	1 or 1b*	$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	$0
COPPER CONTRACEPTIVES - IUD**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
EMERGENCY CONTRACEPTIVES**		
aftera oral tablet	1 or 1b*	$0
afterpill oral tablet	1 or 1b*	$0
econtra ez oral tablet	1 or 1b*	$0
econtra one-step oral tablet	1 or 1b*	$0
ELLA ORAL TABLET	3	$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	$0
my choice oral tablet	1 or 1b*	$0
my way oral tablet	1 or 1b*	$0
new day oral tablet	1 or 1b*	$0
opcicon one-step oral tablet	1 or 1b*	$0
option 2 oral tablet	1 or 1b*	$0
react oral tablet	1 or 1b*	$0
take action oral tablet	1 or 1b*	$0
EXTENDED-CYCLE CONTRACEPTIVES - ORAL**		
amethia oral tablet	1 or 1b*	$0
ashlyna oral tablet	1 or 1b*	$0
camrese lo oral tablet	1 or 1b*	$0

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

Drug Name	Tier	Notes
camrese oral tablet	1 or 1b*	$0
daysee oral tablet	1 or 1b*	$0
fayosim oral tablet	1 or 1b*	$0
iclevia oral tablet	1 or 1b*	$0
introvale oral tablet	1 or 1b*	$0
jaimiess oral tablet	1 or 1b*	$0
jolessa oral tablet	1 or 1b*	$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	$0
lojaimiess oral tablet	1 or 1b*	$0
LOSEASONIQUE ORAL TABLET	3	
QUARTETTE ORAL TABLET	3	
rivelsa oral tablet	1 or 1b*	$0
SEASONIQUE ORAL TABLET	3	
setlakin oral tablet	1 or 1b*	$0
simpesse oral tablet	1 or 1b*	$0
FOUR PHASE CONTRACEPTIVES - ORAL**		
NATAZIA ORAL TABLET	3	
PROGESTIN CONTRACEPTIVES - IMPLANTS**		
NEXPLANON SUBCUTANEOUS IMPLANT	4	SP
PROGESTIN CONTRACEPTIVES - INJECTABLE**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	$0
PROGESTIN CONTRACEPTIVES - IUD**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	SP
PROGESTIN CONTRACEPTIVES - ORAL**		
camila oral tablet	1 or 1b*	$0
deblitane oral tablet	1 or 1b*	$0
errin oral tablet	1 or 1b*	$0
heather oral tablet	1 or 1b*	$0
incassia oral tablet	1 or 1b*	$0
jencycla oral tablet	1 or 1b*	$0
lyleq oral tablet	1 or 1b*	$0
lyza oral tablet	1 or 1b*	$0
nora-be oral tablet	1 or 1b*	$0
norethindrone oral tablet	1 or 1b*	$0
norlyroc oral tablet	1 or 1b*	$0
sharobel oral tablet	1 or 1b*	$0
SLYND ORAL TABLET	3	
TRIPHASIC CONTRACEPTIVES - ORAL**		
alyacen 7/7/7 oral tablet	1 or 1a*	$0
aranelle oral tablet	1 or 1a*	$0
dasetta 7/7/7 oral tablet	1 or 1a*	$0
enpresse-28 oral tablet	1 or 1a*	$0
leena oral tablet	1 or 1a*	$0
levonest oral tablet	1 or 1a*	$0

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

Drug Name	Tier	Notes
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	$0
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*	$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	$0
nortrel 7/7/7 oral tablet	1 or 1a*	$0
nylia 7/7/7 oral tablet	1 or 1a*	$0
pirmella 7/7/7 oral tablet	1 or 1a*	$0
tilia fe oral tablet	1 or 1b*	$0
tri femynor oral tablet	1 or 1b*	$0
tri-estarylla oral tablet	1 or 1b*	$0
tri-legest fe oral tablet	1 or 1b*	$0
tri-linyah oral tablet	1 or 1b*	$0
tri-lo-estarylla oral tablet	1 or 1b*	$0
tri-lo-marzia oral tablet	1 or 1b*	$0
tri-lo-mili oral tablet	1 or 1b*	$0
tri-lo-sprintec oral tablet	1 or 1b*	$0
tri-mili oral tablet	1 or 1b*	$0
tri-nymyo oral tablet	1 or 1b*	$0
tri-sprintec oral tablet	1 or 1b*	$0
trivora (28) oral tablet	1 or 1a*	$0
tri-vylibra lo oral tablet	1 or 1b*	$0
tri-vylibra oral tablet	1 or 1b*	$0
velivet oral tablet	1 or 1a*	$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS**		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
CORTEF ORAL TABLET	3	
DEPO-MEDROL INJECTION SUSPENSION	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	

Drug Name	Tier	Notes
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 PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	3	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
HEMADY ORAL TABLET	3	PA; QL
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	

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

Drug Name	Tier	Notes
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG	3	QL
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	DO
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
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*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
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*	
TARPEYO ORAL CAPSULE DELAYED RELEASE	4	PA; QL

Drug Name	Tier	Notes
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	4	PA; QL
MINERALOCORTICOIDS**		
fludrocortisone acetate oral tablet	1 or 1b*	
STEROID COMBINATIONS**		
BSP 0820 INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC**		
benzonatate oral capsule	1 or 1b*	
ANTITUSSIVE - OPIOID**		
HYCODAN ORAL SOLUTION	3	QL
HYCODAN ORAL TABLET	3	PA
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA
hydromet oral solution	1 or 1a*	QL
ANTITUSSIVE-EXPECTORANT**		
CODITUSSIN AC ORAL LIQUID	3	
g tussin ac oral solution	1 or 1a*	
guaiatussin ac oral syrup	1 or 1a*	
guaifenesin ac oral syrup	1 or 1a*	
guaifenesin-codeine oral solution	1 or 1a*	
MAR-COF CG EXPECTORANT ORAL LIQUID	2	
maxi-tuss ac oral solution	1 or 1a*	
M-CLEAR WC ORAL SOLUTION	2	

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

Drug Name	Tier	Notes
NINJACOF-XG ORAL LIQUID	3	
trymine cg oral liquid	1 or 1a*	
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT		
CODITUSSIN DAC ORAL LIQUID	3	
TUSNEL C ORAL SYRUP	2	PA
DECONGESTANT & ANTIHISTAMINE		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine vc oral syrup	1 or 1b*	QL
promethazine-phenylephrine oral syrup	1 or 1b*	QL
MISC. RESPIRATORY INHALANTS		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1 or 1b*	
PULMOSAL INHALATION NEBULIZATION SOLUTION	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
MUCOLYTICS		
acetylcysteine inhalation solution	1 or 1b*	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE		
promethazine-dm oral syrup	1 or 1a*	QL
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	

Drug Name	Tier	Notes
OPIOID ANTITUSSIVE-ANTIHISTAMINE		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
promethazine-codeine oral syrup	1 or 1a*	QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE		
CAPCOF ORAL SYRUP	3	
HISTEX-AC ORAL SYRUP	3	
MAR-COF BP ORAL LIQUID	3	
MAXI-TUSS CD ORAL LIQUID	2	
M-END PE ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	
promethazine vc/codeine oral syrup	1 or 1b*	QL
promethazine-phenyleph-codeine oral syrup	1 or 1b*	QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA
RYDEX ORAL LIQUID	2	
DERMATOLOGICALS		
ACNE ANTIBIOTICS		
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL

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

Drug Name	Tier	Notes
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL
ERYGEL EXTERNAL GEL	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
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 0.1-2.5 %	1 or 1b*	PA; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	ST; QL
neuac external gel	1 or 1b*	QL
ONEXTON EXTERNAL GEL	2	QL
TAROXIA EXTERNAL GEL	3	
ACNE PRODUCTS**		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	PA
accutane oral capsule	2	PA
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
ARAZLO EXTERNAL LOTION	3	ST; QL
avita external cream	1 or 1b*	ST; QL
avita external gel	1 or 1b*	ST; QL
claravis oral capsule	2	PA
isotretinoin oral capsule	2	PA
myorisan oral capsule	2	PA
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
zenatane oral capsule	2	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**		
VEREGEN EXTERNAL OINTMENT	3	QL
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
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL**		
NEO-SYNALAR EXTERNAL CREAM	3	
ANTIBIOTICS - TOPICAL**		
ALTABAX EXTERNAL OINTMENT	2	QL
CENTANY EXTERNAL OINTMENT	3	ST; QL
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin external ointment	1 or 1b*	QL
XEPI EXTERNAL CREAM	3	QL

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

Drug Name	Tier	Notes
ANTIFUNGALS - TOPICAL COMBINATIONS**		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
VUSION EXTERNAL OINTMENT	3	QL
ANTIFUNGALS - TOPICAL**		
ciclodan external solution	1 or 1b*	QL
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
LOPROX EXTERNAL CREAM	3	ST; QL
LOPROX EXTERNAL SHAMPOO	3	QL
LOPROX EXTERNAL SUSPENSION	3	ST; QL
MENTAX EXTERNAL CREAM	3	ST; QL
naftifine hcl external cream	1 or 1b*	ST; QL
NAFTIN EXTERNAL GEL	3	ST; QL
nyamyc external powder	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
nystop external powder	1 or 1b*	QL
ANTI-INFLAMMATORY AGENTS - TOPICAL**		
diclofenac sodium external gel 1 %	1 or 1b*	QL

Drug Name	Tier	Notes
ANTI-INFLAMMATORY COMBINATIONS - TOPICAL**		
pennsaicin external therapy pack	1 or 1b*	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL**		
VALCHLOR EXTERNAL GEL	3	PA; LD; QL
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL**		
CARAC EXTERNAL CREAM	3	ST; QL
EFUDEX EXTERNAL CREAM	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	QL
fluorouracil external solution	1 or 1b*	QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S**		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
ANTINEOPLASTIC RETINOIDS - TOPICAL**		
PANRETIN EXTERNAL GEL	3	SP
ANTIPRURITICS - TOPICAL**		
doxepin hcl external cream	1 or 1b*	PA; QL
ANTIPSORIATICS - SYSTEMIC**		
acitretin oral capsule	1 or 1b*	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL

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

Drug Name	Tier	Notes
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP; QL
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
methoxsalen rapid oral capsule	1 or 1b*	SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
SPEVIGO INTRAVENOUS SOLUTION	4	PA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; SP; QL
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ANTIPSORIATICS**		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	1 or 1b*	QL
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
DOVONEX EXTERNAL CREAM	3	QL
tazarotene external cream	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
TAZORAC EXTERNAL CREAM 0.05 %	2	QL
TAZORAC EXTERNAL GEL	3	ST; QL
ANTISEBORRHEIC COMBINATIONS**		
PROMISEB EXTERNAL CREAM	3	
ANTISEBORRHEIC PRODUCTS**		
selenium sulfide external lotion	1 or 1a*	QL
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*	QL
DENAVIR EXTERNAL CREAM	3	PA; QL
penciclovir external cream	1 or 1b*	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	QL
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS**		
OPZELURA EXTERNAL CREAM	3	PA; QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES**		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; ST; SP

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

Drug Name	Tier	Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; ST; SP
BURN PRODUCTS**		
mafenide acetate external packet	1 or 1b*	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
CORTICOSTEROIDS - TOPICAL**		
ala-cort external cream	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external lotion	3	ST; QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone valerate external cream	1 or 1b*	QL
betamethasone valerate external foam	3	ST; QL

Drug Name	Tier	Notes
betamethasone valerate external lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
clocortolone pivalate external cream	3	ST; QL
clodan external shampoo	1 or 1b*	QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	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
desrx external gel	1 or 1b*	QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	QL

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

Drug Name	Tier	Notes
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL
flurandrenolide external cream	3	ST; QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1 or 1b*	QL
fluticasone propionate external lotion	1 or 1b*	QL
fluticasone propionate external ointment	1 or 1b*	QL
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	1 or 1b*	QL
halobetasol propionate external ointment	1 or 1b*	QL
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*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
mometasone furoate external cream	1 or 1b*	QL
mometasone furoate external ointment	1 or 1b*	QL
mometasone furoate external solution	1 or 1b*	QL
prednicarbate external ointment	1 or 1b*	QL
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
triderm external cream	1 or 1a*	QL
tritocin external ointment	3	ST; QL
DEPIGMENTING COMBINATIONS**		
TRI-LUMA EXTERNAL CREAM	3	
EMOLLIENTS**		
ammonium lactate external cream	1 or 1b*	QL
ammonium lactate external lotion	1 or 1b*	
ENZYMES - TOPICAL**		
SANTYL EXTERNAL OINTMENT	3	PA; QL
GLABELLAR LINES (FROWN LINES) AGENTS**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA

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

Drug Name	Tier	Notes
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL		
clotrimazole external cream	1 or 1b*	QL
clotrimazole external solution	1 or 1b*	QL
econazole nitrate external cream	1 or 1b*	QL
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	QL
JUBLIA EXTERNAL SOLUTION	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
ketodan external foam	3	QL
luliconazole external cream	1 or 1b*	ST; QL
LUZU EXTERNAL CREAM	3	ST; QL
oxiconazole nitrate external cream	3	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	QL

Drug Name	Tier	Notes
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	QL
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX EXTERNAL GEL	3	QL
podofilox external solution	1 or 1b*	QL
LOCAL ANESTHETICS - TOPICAL		
glydo external prefilled syringe	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
proxivol external gel	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL		
HYFTOR EXTERNAL GEL	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; QL

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

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

Drug Name	Tier	Notes
METROCREAM EXTERNAL CREAM	3	ST; QL
metronidazole external cream	1 or 1b*	QL
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
NORITATE EXTERNAL CREAM	3	ST; QL
RHOFADE EXTERNAL CREAM	3	QL
rosadan external cream	1 or 1b*	QL
rosadan external gel	1 or 1b*	QL
SOOLANTRA EXTERNAL CREAM	2	QL
SCABICIDES & PEDICULICIDES**		
crotan external lotion	1 or 1b*	QL
lindane external shampoo	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
NATROBA EXTERNAL SUSPENSION	3	QL
OVIDE EXTERNAL LOTION	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
SEBORRHEIC KERATOSIS PRODUCTS*		
ESKATA EXTERNAL SOLUTION	3	
STEROID-LOCAL ANESTHETIC COMBINATIONS**		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
TAR PRODUCTS**		
coal tar external solution	1 or 1b*	
TISSUE REPLACEMENTS**		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	

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

Drug Name	Tier	Notes
AMNIOTEXT EXTERNAL SHEET	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
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	
STRATAGRAFT EXTERNAL SHEET	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM	3	
TOPICAL ANESTHETIC COMBINATIONS**		
l.e.t. external solution	3	

Drug Name	Tier	Notes
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
TOPICAL ANESTHETIC GASES**		
CRYODOSE TA EXTERNAL AEROSOL	3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS**		
bexarotene external gel	1 or 1b*	PA; SP; QL
TARGRETIN EXTERNAL GEL	3	PA; SP; QL
TOPICAL STEROID COMBINATIONS**		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	QL
TACLONEX EXTERNAL OINTMENT	3	ST; QL
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
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	QL
WOUND CARE COMBINATIONS**		
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	3	
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	3	

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

Drug Name	Tier	Notes
WOUND DRESSINGS**		
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
TEGADERM AG MESH EXTERNAL PAD 2"X2"	2	
WOUNDGELHA MATRIX EXTERNAL GEL	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL
ACCU-CHEK GUIDE IN VITRO STRIP	2	QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH VERIO IN VITRO STRIP	2	QL
DIGESTIVE AIDS		
DIGESTIVE ENZYMES**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	4	PA; QL
VIOKACE ORAL TABLET	3	QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	QL
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	4	PA; QL
methazolamide oral tablet	1 or 1b*	
DIURETIC COMBINATIONS**		
ALDACTAZIDE ORAL TABLET 25-25 MG	3	DO
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
spironolactone-hctz oral tablet	1 or 1b*	DO
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 0.5 MG	3	
EDECRIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	4	PA
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torsemide oral tablet	1 or 1b*	
OSMOTIC DIURETICS		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	
POTASSIUM SPARING DIURETICS		
ALDACTONE ORAL TABLET 100 MG	3	QL
ALDACTONE ORAL TABLET 25 MG, 50 MG	3	DO
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	QL
spironolactone oral tablet 100 mg	1 or 1a*	QL
spironolactone oral tablet 25 mg, 50 mg	1 or 1a*	DO
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*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
THALITONE ORAL TABLET	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1a*	
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS		
REVCOVI INTRAMUSCULAR SOLUTION	4	PA
BISPHOSPHONATES		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	QL
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL
ATELVIA ORAL TABLET DELAYED RELEASE	3	QL
BINOSTO ORAL TABLET EFFERVESCENT	3	QL

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

Drug Name	Tier	Notes
FOSAMAX ORAL TABLET 70 MG	3	QL
FOSAMAX PLUS D ORAL TABLET	2	QL
ibandronate sodium intravenous solution 3 mg/3ml	4	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	4	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	SP
RECLAST INTRAVENOUS SOLUTION	4	PA; SP; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	4	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	4	PA; SP; QL
CALCIMIMETIC AGENTS**		
cinacalcet hcl oral tablet	4	PA; QL
PARSABIV INTRAVENOUS SOLUTION	4	PA
CALCITONINS**		
calcitonin (salmon) injection solution	4	
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIACALCIN INJECTION SOLUTION	4	
CARNITINE REPLENISHER - AGENTS**		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
CORTICOTROPIN**		
ACTHAR INJECTION GEL	4	PA; SP
CORTROPHIN INJECTION GEL	4	PA; SP
CORTISOL SYNTHESIS INHIBITORS**		
ISTURISA ORAL TABLET	4	PA; QL
DOPAMINE RECEPTOR AGONISTS**		
cabergoline oral tablet	1 or 1b*	QL
FABRY DISEASE - AGENTS**		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
GALAFOLD ORAL CAPSULE	4	PA; QL
GAA DEFICIENCY TREATMENT - AGENTS**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
GNRH/LHRH ANTAGONISTS**		
cetrorelix acetate subcutaneous kit	4	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
fyremadel subcutaneous solution prefilled syringe	4	PA; SP

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

Drug Name	Tier	Notes
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
ORILISSA ORAL TABLET	2	PA; QL
GROWTH HORMONE RECEPTOR ANTAGONISTS**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
GROWTH HORMONE RELEASING HORMONES (GHRH)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL
GROWTH HORMONES**		
HUMATROPE INJECTION CARTRIDGE	4	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; LD; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS*		
XURIDEN ORAL PACKET	3	PA; QL

Drug Name	Tier	Notes
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS**		
nitisinone oral capsule	4	PA; SP
NITYR ORAL TABLET	4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; SP
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
HOMOCYSTINURIA TREATMENT - AGENTS**		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER	3	LD
HYPERAMMONEMIA TREATMENT - AGENTS**		
carglumic acid oral tablet soluble	4	PA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS**		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	PA; QL
ZEMPLAR INTRAVENOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA

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

Drug Name	Tier	Notes
HYPOPHOSPHATASIA (HPP) AGENTS**		
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**		
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; SP
LEPTIN ANALOGUES**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; SP; QL
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	4	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	4	PA; SP; QL
SUPPRELIN LA SUBCUTANEOUS KIT	4	PA; SP; QL
SYNAREL NASAL SOLUTION	4	PA; SP; QL
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS**		
KANUMA INTRAVENOUS SOLUTION	3	PA; SP

Drug Name	Tier	Notes
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS**		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; SP
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS**		
ELAPRASE INTRAVENOUS SOLUTION	4	PA; SP
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS**		
VIMIZIM INTRAVENOUS SOLUTION	4	PA; SP
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS**		
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; SP
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS**		
MEPSEVII INTRAVENOUS SOLUTION	4	PA
NATRIURETIC PEPTIDES**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS**		
KERENDIA ORAL TABLET	3	PA; QL

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

Drug Name	Tier	Notes
OVULATION STIMULANTS-GONADOTROPINS**		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE	4	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
OVULATION STIMULANTS-SYNTHETIC**		
CLOMID ORAL TABLET	1 or 1b*	PA
clomiphene citrate oral tablet	1 or 1b*	PA
PARATHYROID HORMONE AND DERIVATIVES**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	SP; QL
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	SP; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	SP; QL
PHENYLKETONURIA TREATMENT - AGENTS**		
JAVYGTOR ORAL PACKET	4	PA
JAVYGTOR ORAL TABLET	4	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	4	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; SP; QL
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
RANK LIGAND (RANKL) INHIBITORS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
XGEVA SUBCUTANEOUS SOLUTION	3	PA; SP; QL
SCLEROSTIN INHIBITORS**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)**		
EVISTA ORAL TABLET	3	$0; QL
OSPHENA ORAL TABLET	3	PA; QL

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

Drug Name	Tier	Notes
raloxifene hcl oral tablet	1 or 1b*	$0; QL
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS**		
JYNARQUE ORAL TABLET	4	PA; SP; QL
JYNARQUE ORAL TABLET THERAPY PACK	4	PA; QL
SAMSCA ORAL TABLET	3	PA; SP; QL
tolvaptan oral tablet	1 or 1b*	PA; SP; QL
SOMATOSTATIC AGENTS**		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	4	PA; LD; SP; QL
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	4	PA; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
octreotide acetate subcutaneous solution prefilled syringe	4	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	4	PA; LD; SP; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	4	PA; SP; QL

Drug Name	Tier	Notes
UREA CYCLE DISORDER - AGENTS**		
AMMONUL INTRAVENOUS SOLUTION	3	
PHEBURANE ORAL PELLET	4	PA; QL
RAVICTI ORAL LIQUID	3	PA; SP; QL
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; SP; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; SP; QL
V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS**		
VAPRISOL INTRAVENOUS SOLUTION	3	
VASOPRESSIN**		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG	3	DO
DDAVP ORAL TABLET 0.2 MG	3	QL
DDAVP PF INJECTION SOLUTION	3	
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
DESMOPRESSIN ACETATE NASAL SOLUTION	3	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	4	PA; QL
vasopressin intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
vasopressin-dextrose intravenous solution prefilled syringe	3	
vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS**		
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; SP; QL
ESTROGENS		
ESTROGEN & PROGESTIN**		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREFEST ORAL TABLET	3	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST**		
MYFEMBREE ORAL TABLET	3	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL
ESTROGENS**		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	2	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	QL
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL

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

Drug Name	Tier	Notes
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB**		
DUAVEE ORAL TABLET	3	PA; QL
***FLUOROQUINOLONES ***		
FLUOROQUINOLONES **		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin in d5w intravenous solution	1 or 1b*	
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*	QL
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	QL
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS**		
CHOLBAM ORAL CAPSULE	3	PA; QL
FARNESOID X RECEPTOR (FXR) AGONISTS**		
OCALIVA ORAL TABLET	4	PA; SP; QL

Drug Name	Tier	Notes
GALLSTONE SOLUBILIZING AGENTS**		
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
GASTROINTESTINAL ANTIALLERGY AGENTS**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
GASTROINTESTINAL STIMULANTS**		
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
REGLAN ORAL TABLET	3	QL
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS**		
GATTEX SUBCUTANEOUS KIT	3	PA; SP
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS**		
LINZESS ORAL CAPSULE	2	QL
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS**		
VIBERZI ORAL TABLET	3	PA; QL
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS**		
alosetron hcl oral tablet	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS**		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	4	PA; QL
BYLVAY ORAL CAPSULE	4	PA; QL
LIVMARLI ORAL SOLUTION	4	PA; QL
INFLAMMATORY BOWEL AGENTS**		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	QL
AZULFIDINE ORAL TABLET	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
CANASA RECTAL SUPPOSITORY	3	QL
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
mesalamine er oral capsule extended release	1 or 1b*	QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
mesalamine oral capsule delayed release	1 or 1b*	QL
mesalamine oral tablet delayed release	1 or 1b*	QL
mesalamine rectal enema	1 or 1b*	QL
mesalamine rectal suppository	1 or 1b*	QL
mesalamine-cleanser rectal kit	1 or 1b*	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	ST; QL
ROWASA RECTAL KIT	3	QL
SFROWASA RECTAL ENEMA	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
INTEGRIN RECEPTOR ANTAGONISTS**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
INTERLEUKIN ANTAGONISTS**		
SKYRIZI INTRAVENOUS SOLUTION	4	PA; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL
STELARA INTRAVENOUS SOLUTION	4	PA; SP; QL
INTESTINAL ACIDIFIERS**		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**		
alvimopan oral capsule	1 or 1b*	
ENTEREG ORAL CAPSULE	3	
MOVANTIK ORAL TABLET	2	QL
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*	QL

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

Drug Name	Tier	Notes
calcium acetate (phos binder) oral tablet	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL
FOSRENOL ORAL PACKET	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
PHOSLYRA ORAL SOLUTION	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
TRYPTOPHAN HYDROXYLASE INHIBITORS**		
XERMELO ORAL TABLET	4	PA; QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
GENERAL ANESTHETICS		
ANESTHETICS - MISC.**		
AMIDATE INTRAVENOUS SOLUTION	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*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
KETALAR INJECTION SOLUTION	3	
KETAMINE HCL INJECTION SOLUTION 10 MG/ML	3	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	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*	

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

Drug Name	Tier	Notes
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS**		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
ANTI-INFECTIVE GENITOURINARY IRRIGANTS**		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
CITRATES**		
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
CYSTINOSIS AGENTS**		
CYSTAGON ORAL CAPSULE	4	LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE	4	ST; LD
PROCYSBI ORAL PACKET	4	ST; LD
GENITOURINARY IRRIGANTS**		
acetic 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	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
INTERSTITIAL CYSTITIS AGENTS**		
ELMIRON ORAL CAPSULE	3	QL
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*	QL
JALYN ORAL CAPSULE	3	QL
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)**		
OXLUMO SUBCUTANEOUS SOLUTION	4	PA
URINARY STONE AGENTS**		
LITHOSTAT ORAL TABLET	3	

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

Drug Name	Tier	Notes
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; QL
THIOLA ORAL TABLET	3	PA; QL
tiopronin oral tablet	1 or 1b*	PA; QL
VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS		
DEFLUX INJECTION PREFILLED SYRINGE	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid oral tablet	1 or 1b*	
GOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral tablet	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LD; SP; QL
ZYLOPRIM ORAL TABLET	3	
URICOSURICS		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES		
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; SP

Drug Name	Tier	Notes
ANTIHEMOPHILIC PRODUCTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
AFSTYLA INTRAVENOUS KIT	4	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	4	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
BENEFIX INTRAVENOUS KIT	4	PA; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
CORIFACT INTRAVENOUS KIT	4	PA; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	4	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP

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

Drug Name	Tier	Notes
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	4	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT	4	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	4	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	4	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
NUWIQ INTRAVENOUS KIT	4	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
WILATE INTRAVENOUS KIT	4	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	4	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	4	PA; SP
ANTI-VON WILLEBRAND FACTOR AGENTS**		
CABLIVI INJECTION KIT	4	PA

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

Drug Name	Tier	Notes
BRADYKININ B2 RECEPTOR ANTAGONISTS**		
icatibant acetate subcutaneous solution	4	PA; SP; QL
sajazir subcutaneous solution	4	PA; SP; QL
C1 ESTERASE INHIBITORS**		
BERINERT INTRAVENOUS KIT	4	PA; SP; QL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
COMPLEMENT C1 INHIBITORS**		
ENJAYMO INTRAVENOUS SOLUTION	4	
COMPLEMENT C3 INHIBITORS**		
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; QL
COMPLEMENT C5 INHIBITORS**		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	4	PA; QL
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	4	PA; QL
COMPLEMENT C5A RECEPTOR INHIBITORS**		
TAVNEOS ORAL CAPSULE	4	
DIRECT-ACTING P2Y12 INHIBITORS**		
BRILINTA ORAL TABLET	2	QL

Drug Name	Tier	Notes
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS**		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
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	4	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*	

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

Drug Name	Tier	Notes
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES**		
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLASMA KALLIKREIN INHIBITORS**		
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; SP; QL
ORLADEYO ORAL CAPSULE	4	PA; QL
PLASMA PROTEINS**		
ALBUKED 25 INTRAVENOUS SOLUTION	3	
ALBUKED 5 INTRAVENOUS SOLUTION	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION	3	
FLEXBUMIN INTRAVENOUS SOLUTION	3	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
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	3	
PLASBUMIN-5 INTRAVENOUS SOLUTION	3	
PLASMANATE INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	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

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

Drug Name	Tier	Notes
PROTAMINE**		
protamine sulfate intravenous solution	1 or 1b*	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS**		
ZONTIVITY ORAL TABLET	3	PA; QL
PYRUVATE KINASE ACTIVATORS**		
PYRUKYND ORAL TABLET	4	PA; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	4	PA; QL
QUINAZOLINE AGENTS**		
AGRYLIN ORAL CAPSULE	3	QL
anagrelide hcl oral capsule	1 or 1b*	QL
SPLEEN TYROSINE KINASE (SYK) INHIBITORS**		
TAVALISSE ORAL TABLET	4	PA; QL
THIENOPYRIDINE DERIVATIVES**		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet	1 or 1b*	QL
THROMBOLYTIC AGENT - MISC**		
DEFITELIO INTRAVENOUS SOLUTION	4	
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	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE**		
CERDELGA ORAL CAPSULE	2	PA; SP; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	4	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
miglustat oral capsule	2	PA; SP; QL
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
AMINO ACIDS**		
ENDARI ORAL PACKET	4	PA
COBALAMIN COMBINATIONS**		
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
COBALAMINS**		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
dodex injection solution	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
CXCR4 RECEPTOR ANTAGONIST**		
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; SP
CYTOTOXIC AGENTS**		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP

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

Drug Name	Tier	Notes
ERYTHROID MATURATION AGENTS**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; SP; QL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	4	PA; QL
PROCRIT INJECTION SOLUTION	4	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; SP; QL
FOLIC ACID/FOLATE COMBINATIONS**		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
foltabs 800 oral tablet	1 or 1b*	$0
millguard oral tablet	1 or 1b*	$0
FOLIC ACID/FOLATES**		
cvs folic acid oral tablet 800 mcg	1 or 1a*	$0
fa-8 oral capsule	1 or 1b*	$0
folate oral tablet	1 or 1a*	$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	$0
gnp folic acid oral tablet	1 or 1a*	$0
hm folic acid oral tablet	1 or 1a*	$0
kp folic acid oral tablet 800 mcg	1 or 1a*	$0
px folic acid oral tablet	1 or 1a*	$0
qc folic acid oral tablet	1 or 1a*	$0
ra folic acid oral tablet	1 or 1a*	$0
sm folic acid oral tablet	1 or 1a*	$0
yl folic acid oral tablet	1 or 1a*	$0
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
GRANIX SUBCUTANEOUS SOLUTION	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
NIVESTYM INJECTION SOLUTION	4	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP

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

Effective 01012023

Drug Name	Tier	Notes
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
RELEUKO INJECTION SOLUTION	4	PA; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; SP
HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS**		
OXBRYTA ORAL TABLET	4	PA; SP; QL
OXBRYTA ORAL TABLET SOLUBLE	4	PA; SP; QL
IRON COMBINATIONS**		
foltrin oral capsule	1 or 1b*	
IRON**		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	4	PA; SP; QL
FERRLECIT INTRAVENOUS SOLUTION	4	PA; SP; QL
ferumoxytol intravenous solution	4	PA; SP; QL
INFED INJECTION SOLUTION	4	PA; SP
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML	4	PA; QL
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	4	PA; SP; QL
MONOFERRIC INTRAVENOUS SOLUTION	3	PA; SP; QL
na ferric gluc cplx in sucrose intravenous solution	4	PA; SP; QL
TRIFERIC AVNU INTRAVENOUS SOLUTION	3	PA
TRIFERIC HEMODIALYSIS PACKET	3	PA
TRIFERIC HEMODIALYSIS SOLUTION	3	PA
VENOFER INTRAVENOUS SOLUTION	4	PA; SP; QL
SELECTIN BLOCKERS**		
ADAKVEO INTRAVENOUS SOLUTION	4	PA; SP
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**		
DOPTELET ORAL TABLET 20 MG	4	PA; SP; QL
MULPLETA ORAL TABLET	4	PA; SP; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
PROMACTA ORAL PACKET 12.5 MG	4	PA; DO; SP
PROMACTA ORAL PACKET 25 MG	4	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL

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

Drug Name	Tier	Notes
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	QL
AMICAR ORAL TABLET 1000 MG	3	
AMICAR ORAL TABLET 500 MG	3	QL
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
LYSTEDA ORAL TABLET	3	QL
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
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	
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	
SURGICEL SNOW 1"X2" EXTERNAL PAD	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	3	

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

Drug Name	Tier	Notes
SURGICEL SNOW 4"X4" EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS**		
NEMBUTAL INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet	1 or 1b*	QL
phenobarbital sodium injection solution	1 or 1b*	
BENZODIAZEPINE HYPNOTICS**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	4	
DORAL ORAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	QL
flurazepam hcl oral capsule	1 or 1b*	QL
HALCION ORAL TABLET	3	QL
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*	QL
midazolam hcl-nacl intravenous solution prefilled syringe	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 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 INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 25 MG/25ML	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 60-0.9 MG/30ML-%	3	
quazepam oral tablet	1 or 1b*	QL
RESTORIL ORAL CAPSULE	3	QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
HYPNOTICS - TRICYCLIC AGENTS**		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS**		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet	1 or 1b*	QL
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
ZOLPIMIST ORAL SOLUTION	3	ST; QL
OREXIN RECEPTOR ANTAGONISTS**		
BELSOMRA ORAL TABLET	3	ST; QL
DAYVIGO ORAL TABLET	3	ST; QL
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES**		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
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	
IGALMI SUBLINGUAL FILM	3	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	
SELECTIVE MELATONIN RECEPTOR AGONISTS**		
HETLIOZ LQ ORAL SUSPENSION	4	PA; QL
HETLIOZ ORAL CAPSULE	4	PA; QL
ramelteon oral tablet	1 or 1b*	ST; QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS**		
CLENPIQ ORAL SOLUTION	3	QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1 or 1a*	$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	$0; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	QL
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*	$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	$0; QL
PEG-PREP ORAL KIT	3	QL
PLENVU ORAL SOLUTION RECONSTITUTED	3	QL
SUTAB ORAL TABLET	2	QL

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

Drug Name	Tier	Notes
LAXATIVES - MISCELLANEOUS**		
clearlax oral powder	1 or 1b*	$0
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*	$0
cvs purelax oral powder	1 or 1b*	$0
eq clearlax oral powder	1 or 1b*	$0
eql clearlax oral powder	1 or 1b*	$0
gavilax oral powder	1 or 1b*	$0
gentlelax oral powder	1 or 1b*	$0
glycolax oral powder	1 or 1b*	$0
gnp clearlax oral packet	1 or 1b*	$0
gnp clearlax oral powder	1 or 1b*	$0
goodsense clearlax oral powder	1 or 1b*	$0
healthylax oral packet	1 or 1b*	$0
hm clearlax oral powder	1 or 1b*	$0
kls laxaclear oral powder	1 or 1b*	$0
KRISTALOSE ORAL PACKET	3	
LACTULOSE ORAL PACKET	3	
lactulose oral solution	1 or 1b*	
mm clearlax oral powder	1 or 1b*	$0
peg 3350 oral packet	1 or 1b*	$0
peg 3350 oral powder	1 or 1b*	$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	$0
polyethylene glycol 3350 oral powder	1 or 1b*	$0
qc natura-lax oral powder	1 or 1b*	$0
ra laxative oral powder	1 or 1b*	$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	$0
sm clearlax oral powder	1 or 1b*	$0
smooth lax oral packet	1 or 1b*	$0
smooth lax oral powder	1 or 1b*	$0
LUBRICANT LAXATIVES**		
mineral oil heavy oral oil	1 or 1b*	
SALINE LAXATIVE MIXTURES**		
OSMOPREP ORAL TABLET	3	QL

Drug Name	Tier	Notes
SALINE LAXATIVES**		
citrate of magnesia oral solution	1 or 1a*	$0
citroma oral solution	1 or 1a*	$0
cvs magnesium citrate oral solution	1 or 1a*	$0
cvs milk of magnesia oral suspension	1 or 1b*	$0
dulcolax milk of magnesia oral suspension	1 or 1b*	$0
dulcolax oral suspension	1 or 1b*	$0
eq magnesium citrate oral solution	1 or 1a*	$0
eql milk of magnesia oral suspension	1 or 1b*	$0
gnp milk of magnesia oral suspension	1 or 1b*	$0
goodsense magnesium citrate oral solution	1 or 1a*	$0
goodsense milk of magnesia oral suspension	1 or 1b*	$0
hm magnesium citrate oral solution	1 or 1a*	$0
hm milk of magnesia oral suspension	1 or 1b*	$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	$0
milk of magnesia oral suspension	1 or 1b*	$0
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	$0
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	$0
px milk of magnesia oral suspension	1 or 1b*	$0
qc magnesium citrate oral solution	1 or 1a*	$0
qc milk of magnesia oral suspension	1 or 1b*	$0
ra magnesium citrate oral solution	1 or 1a*	$0
ra milk of magnesia oral suspension	1 or 1b*	$0
sb magnesium citrate oral solution	1 or 1a*	$0
sb milk of magnesia oral suspension	1 or 1b*	$0

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

Drug Name	Tier	Notes
sm magnesium citrate oral solution	1 or 1a*	$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	$0
STIMULANT LAXATIVES**		
alophen oral tablet delayed release	1 or 1a*	$0
bisacodyl ec oral tablet delayed release	1 or 1a*	$0
correctol oral tablet delayed release	1 or 1a*	$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	$0
eq gentle laxative oral tablet delayed release	1 or 1a*	$0
eql gentle laxative oral tablet delayed release	1 or 1a*	$0
eql laxative oral tablet delayed release	1 or 1a*	$0
ex-lax ultra oral tablet delayed release	1 or 1a*	$0
feenamint oral tablet delayed release	1 or 1a*	$0
gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	$0
goodsense womens laxative oral tablet delayed release	1 or 1a*	$0
hm laxative oral tablet delayed release	1 or 1a*	$0
kp bisacodyl oral tablet delayed release	1 or 1a*	$0
laxative oral tablet delayed release	1 or 1a*	$0
px laxative oral tablet delayed release	1 or 1a*	$0

Drug Name	Tier	Notes
qc gentle laxative oral tablet delayed release	1 or 1a*	$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	$0
qc laxative oral tablet delayed release	1 or 1a*	$0
ra laxative oral tablet delayed release	1 or 1a*	$0
ra womens laxative oral tablet delayed release	1 or 1a*	$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	$0
sm gentle laxative oral tablet delayed release	1 or 1a*	$0
womans laxative oral tablet delayed release	1 or 1a*	$0
womens laxative oral tablet delayed release	1 or 1a*	$0
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
articadent dental injection solution cartridge 4 %-1:100000	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*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
sensorcaine/epinephrine injection solution	1 or 1b*	

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

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

Drug Name	Tier	Notes
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*	
POSIMIR INJECTION SOLUTION	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	3	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	3	
ZINGO INTRADERMAL JET-INJECTOR	3	
LOCAL ANESTHETICS - ESTERS**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
CLOROTEKAL INTRATHECAL SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	

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

Drug Name	Tier	Notes
MACROLIDES		
AZITHROMYCIN**		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension reconstituted	1 or 1b*	QL
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	QL
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
CLARITHROMYCIN**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	QL
clarithromycin oral suspension reconstituted	1 or 1b*	QL
clarithromycin oral tablet	1 or 1b*	QL
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 lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICIN**		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	QL
MEDICAL DEVICES AND SUPPLIES		
CERVICAL CAPS**		
FEMCAP VAGINAL DEVICE	2	$0
CONDOMS - FEMALE**		
FC2 FEMALE CONDOM	2	$0; QL
DENTAL DESENSITIZING PRODUCTS**		
REMESENSE DENTAL	3	
DENTIFRICES**		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
DIAPHRAGMS**		
CAYA VAGINAL DIAPHRAGM	2	$0
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	$0

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

Drug Name	Tier	Notes
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	$0
GLUCOSE MONITORING TEST SUPPLIES		
1ST TIER UNILET COMFORTOUCH	2	QL
ACCU-CHEK FASTCLIX LANCET KIT	2	QL
ACCU-CHEK FASTCLIX LANCETS	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
ACTI-LANCE 28G	2	QL
ACTI-LANCE LITE LANCETS 28G	2	QL
ACTI-LANCE SPECIAL LANCETS 17G	2	QL
ACTI-LANCE UNIVERSAL 23G	2	QL
adjustable lancing device	2	
ADVANCED MOBILE LANCET	2	QL
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 26G	2	QL

Drug Name	Tier	Notes
AGAMATRIX ULTRA-THIN LANCETS	2	QL
AIMSCO TWIST LANCETS 32G	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
ASSURE COMFORT LANCETS 28G	2	QL
ASSURE HAEMOLANCE PLUS HIGH	2	QL
ASSURE HAEMOLANCE PLUS LOW	2	QL
ASSURE HAEMOLANCE PLUS MICRO	2	QL
ASSURE HAEMOLANCE PLUS NORMAL	2	QL
ASSURE HAEMOLANCE PLUS PED	2	QL
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	QL
ASSURE LANCE SAFETY LANCET 28G	2	QL
AURORA LANCET SUPER THIN 30G	2	QL
AURORA LANCET THIN 23G	2	QL
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	QL
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	QL
AUTOLET LITE STARTER PACK KIT	2	QL
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	QL
AUTOLET PLUS	2	

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

Drug Name	Tier	Notes
BD LANCET ULTRAFINE 30G	2	QL
BD LANCET ULTRAFINE 33G	2	QL
BD MICROTAINER LANCETS	2	QL
CARDIOCOM LANCING DEVICE	2	
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G	2	QL
CAREONE LANCET THIN 23G	2	QL
CARESENS LANCETS	2	QL
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
COMFORT ASSURED LANCETS 28G	2	QL
COMFORT ASSURED LANCETS 33G	2	QL
COMFORT LANCETS	2	QL
COMFORT TOUCH LANCETS 31G	2	QL
COMFORT TOUCH PLUS LANCETS 30G	2	QL

Drug Name	Tier	Notes
CVS LANCETS 21G	2	QL
CVS LANCETS MICRO THIN 33G	2	QL
CVS LANCETS ORIGINAL	2	QL
CVS LANCETS THIN 26G	2	QL
CVS LANCETS ULTRA THIN 30G	2	QL
CVS LANCETS ULTRA-THIN 30G	2	QL
cvs lancing device	2	
CVS ULTRA THIN LANCETS	2	QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DIATHRIVE LANCET ULTRA THIN 30	2	QL
DIATHRIVE LANCETS	2	QL
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	QL
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	QL
DRUG MART LANCETS THIN 26G	2	QL
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	QL
DRUG MART UNILET LANCETS 28G	2	QL
DRUG MART UNILET LANCETS 30G	2	QL
DRUG MART UNILET LANCETS 33G	2	QL
EASY COMFORT LANCETS	2	QL
EASY COMFORT LANCETS TWIST TOP	2	QL

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

Drug Name	Tier	Notes
easy mini eject lancing device	2	
easy mini lancing device	2	
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL
EASY TOUCH LANCETS 32G/TWIST	2	QL
EASY TOUCH LANCETS 33G/TWIST	2	QL
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	QL
EASY TOUCH SAFETY LANCETS 23G	2	QL
EASY TOUCH SAFETY LANCETS 26G	2	QL
EASY TOUCH SAFETY LANCETS 28G	2	QL
EMBRACE LANCETS ULTRA THIN 30G	2	QL
embrace lancing device/ejector	2	
EMBRACE PRESSURE ACTIVATED 21G	2	QL
EMBRACE PRESSURE ACTIVATED 28G	2	QL
ENLITE GLUCOSE SENSOR	3	PA
EQL COLOR LANCETS 21G	2	QL
EQL COLOR LANCETS MICRO 33G	2	QL
EQL SUPER THIN LANCETS 30G	2	QL
EQL THIN LANCETS 26G	2	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL
E-Z JECT LANCET MICRO-THIN 33G	2	QL
E-Z JECT LANCET SUPER THIN 30G	2	QL
E-Z JECT LANCETS	2	QL
E-Z JECT LANCETS 21G	2	QL
E-Z JECT LANCETS THIN 26G	2	QL
EZ-LETS LANCETS 21G	2	QL
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINE 30	2	QL
FINGERSTIX LANCETS	2	QL
FORA LANCETS	2	QL
FORA LANCING DEVICE	2	
freds pharmacy autolet lancing	2	
FREDS PHARMACY UNILET LANC 28G	2	QL
FREDS PHARMACY UNILET LANC 30G	2	QL
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
freestyle libre 3 sensor	2	PA
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL

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

Drug Name	Tier	Notes
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
GENTEEL CONTACT TIPS (BLUE)	2	QL
GENTEEL CONTACT TIPS (CLEAR)	2	QL
GENTEEL CONTACT TIPS (GREEN)	2	QL
GENTEEL CONTACT TIPS (ORANGE)	2	QL
GENTEEL CONTACT TIPS (RAINBOW)	2	QL
GENTEEL CONTACT TIPS (VIOLET)	2	QL
GENTEEL CONTACT TIPS (YELLOW)	2	QL
GENTEEL LANCING KIT (BLUE) KIT	2	QL
GENTEEL NOZZLES	2	QL
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	QL
GENTLE-LET LANCETS	2	QL
GENTLE-LET PLATFORMS	2	QL
GLOBAL INJECT EASE LANCETS 28G	2	QL
GLOBAL INJECT EASE LANCETS 30G	2	QL
global lancing device	2	
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
GNP LANCETS 21G	2	QL
GNP LANCETS THIN 26G	2	QL
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	QL
GNP STERILE LANCETS 30G	2	QL
GNP STERILE LANCETS 33G	2	QL
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	QL
GOODSENSE COLOR LANCETS 33G	2	QL
GOODSENSE LANCETS 26G UNIV	2	QL
GOODSENSE LANCETS 30G	2	QL
GOODSENSE LANCETS 30G UNIV	2	QL
GOODSENSE LANCETS 33G	2	QL
GOODSENSE LANCETS 33G UNIV	2	QL
goodsense lancing device	2	
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN SENSOR (3)	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
HEALTH CARE LANCING DEVICE	2	

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

Drug Name	Tier	Notes
healthy accents lancing device	2	
HEALTHY ACCENTS UNILET LANCETS	2	QL
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL
H-E-B INCONTROL LANCETS 30G	2	QL
H-E-B INCONTROL LANCETS 33G	2	QL
HYPOLANCE AST LANCING KIT	2	QL
HY-VEE LANCETS	2	QL
HY-VEE THIN LANCETS	2	QL
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	QL
KINNEY LANCETS	2	QL
KINNEY THIN LANCETS	2	QL
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	QL
KROGER LANCETS	2	QL
KROGER LANCETS 21G	2	QL
KROGER LANCETS MICRO THIN 33G	2	QL
KROGER LANCETS SUPER THIN	2	QL
KROGER LANCETS THIN	2	QL
KROGER LANCETS THIN 26G	2	QL
KROGER LANCETS ULTRATHIN 30G	2	QL
kroger lancing device	2	
lancet device	2	
lancet device with ejector	2	
lancet transporter case	2	QL
LANCETS	2	QL
LANCETS 30G	2	QL
LANCETS 33G	2	QL
LANCETS MICRO THIN 33G	2	QL

Drug Name	Tier	Notes
LANCETS SUPER THIN 28G	2	QL
LANCETS THIN	2	QL
LANCETS ULTRA THIN	2	QL
LANCETS ULTRA THIN 30G	2	QL
lancing device	2	
LANZO	2	
leader advanced lancing device	2	
LIBERTY MEDICAL LANCETS	2	QL
LIBERTY MINI LANCING DEVICE	2	
LIFESCAN UNISTIK 2	2	QL
LIFESCAN UNISTIK II LANCETS	2	QL
LITE TOUCH LANCETS	2	QL
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	QL
live better adv lancing device	2	
LIVE BETTER LANCET SUPER THIN	2	QL
LIVE BETTER LANCET ULTRA THIN	2	QL
LONGS LANCETS STANDARD	2	QL
LONGS LANCETS THIN	2	QL
LONGS LANCETS ULTRA THIN	2	QL
MEDICHOICE SAFETY LANCET	2	QL
MEDICHOICE SAFETY LANCET EXTRA	2	QL
MEDICHOICE SAFETY LANCET NORM	2	QL
MEDLANCE EXTRA 21G	2	QL
MEDLANCE LITE 25G	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LANCETS	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL

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

Drug Name	Tier	Notes
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEDLANCE UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS THIN	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL
MEIJER LANCETS UNIVERSAL 33G	2	QL
MEIJER SUPER THIN LANCETS	2	QL
MICROLET LANCETS	2	QL
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL
MPD SAFETY LANCET 21G	2	QL
MPD SAFETY LANCET 23G	2	QL
MPD SAFETY LANCET 28G	2	QL
MPD SAFETY LANCET 30G	2	QL
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	QL
MYGLUCOHEALTH LANCETS 30G	2	QL
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL

Drug Name	Tier	Notes
NOVA SUREFLEX LANCETS	2	QL
NOVA SUREFLEX LANCING DEVICE	2	
ONETOUCH CLUB LANCETS FINE PT	2	QL
ONETOUCH DELICA LANCETS 30G	2	QL
ONETOUCH DELICA LANCETS 33G	2	QL
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH FINEPOINT LANCETS	2	QL
ONETOUCH SURESOFT LANCING DEV	2	QL
ONETOUCH ULTRASOFT LANCETS	2	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PC LANCETS SUPER THIN 30G	2	QL
PENLET II BLOOD SAMPLER KIT	2	QL
PENLET II REPLACEMENT CAP	2	QL
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	QL
PHARMACIST CHOICE LANCETS	2	QL
PHARMACY COUNTER LANCETS	2	QL
PIP LANCETS 28G	2	QL
PIP LANCETS 30G	2	QL
PRECISION THINS GP LANCETS	2	QL
PREFERRED PLUS LANCETS COLORED	2	QL
PREFERRED PLUS LANCETS THIN	2	QL

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

Drug Name	Tier	Notes
PRO COMFORT LANCETS 30G	2	QL
PRO COMFORT LANCETS 31G	2	QL
PRODIGY LANCETS 28G	2	QL
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
PSS SELECT GP LANCETS	2	QL
PSS SELECT PLATFORMS	2	QL
PSS SELECT SAFETY LANCETS	2	QL
PURE COMFORT LANCETS 30G	2	QL
px advanced lancing device	2	
px lancet auto injector	2	
PX LANCETS MICROTHIN 33G	2	QL
PX LANCETS ULTRA THIN	2	QL
PX LANCETS ULTRA THIN 28G	2	QL
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL
QC LANCETS ULTRA THIN	2	QL
QC UNILET LANCETS 28G	2	QL
QC UNILET LANCETS MICRO THIN	2	QL
RA E-ZJECT LANCETS 28G	2	QL
RA E-ZJECT LANCETS THIN 26G	2	QL
RA E-ZJECT LANCETS THIN 28G	2	QL
RA E-ZJECT LANCETS ULTRA THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
REALITY LANCETS	2	QL

Drug Name	Tier	Notes
REALITY TRIGGER LANCETS	2	QL
RELION LANCET DEVICES 30G	2	
RELION LANCETS MICRO-THIN 33G	2	QL
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL
RELION LANCING DEVICE	2	
RELION LANCING DEVICE KIT	2	QL
RELION ULTRA THIN LANCETS 30G	2	QL
RELION ULTRA THIN PLUS LANCETS	2	QL
REXALL LANCETS ULTRA THIN 30G	2	QL
RIGHTEST ALTERNATE SITE ADAPT	2	QL
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	QL
SAFE-T-LANCE	2	QL
SAFE-T-LANCE PLUS	2	QL
SAFETY LANCET 30G/PRESSURE ACT	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 28G	2	QL
saps health plus lancets	2	QL
SAPS HEALTH TWIST TOP LANCETS	2	QL
SAPS TWIST TOP LANCETS	2	QL
SAPSCARE TWIST TOP LANCETS	2	QL
SB LANCETS THIN	2	QL
SB LANCETS ULTRA THIN	2	QL
select-lite device/lancets kit	2	QL
select-lite lancing device	2	
SHOPKO AUTOLET LANCING DEVICE	2	

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

Drug Name	Tier	Notes
SHOPKO ON-THE-GO LANCETS 30G	2	QL
SHOPKO UNILET LANCETS 28G	2	QL
SHOPKO UNILET LANCETS 30G	2	QL
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	QL
SM LANCETS 33G	2	QL
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	QL
SMART SENSE STANDARD LANCETS	2	QL
SMART SENSE SUPER THIN LANCETS	2	QL
SMART SENSE THIN LANCETS 26G	2	QL
SMARTEST LANCETS 28G	2	QL
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE PA	2	QL
STERILANCE TL	2	QL
SUPER THIN LANCETS	2	QL
SURE COMFORT LANCETS 18G	2	QL
SURE COMFORT LANCETS 21G	2	QL
SURE COMFORT LANCETS 23G	2	QL
SURE COMFORT LANCETS 28G	2	QL
SURE COMFORT LANCETS 30G	2	QL
sure comfort lancing pen	2	
SURELITE LANCETS	2	QL
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 30G	2	QL
TGT LANCET MICRO THIN 33G	2	QL
TGT LANCET THIN 26G	2	QL
TGT LANCET ULTRA THIN 30G	2	QL
tgt lancing device	2	
THINLETS GP LANCETS	2	QL
todays health lancing device	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL
TODAYS HEALTH THIN LANCETS 30G	2	QL
TOPCARE LANCETS MICRO-THIN 33G	2	QL
TRAVEL LANCETS	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
TRUE COMFORT TWIST TOP LANCETS	2	QL
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS SAFETY LANCETS 28G	2	QL
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	QL
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL
ULTRA THIN LANCETS 31G	2	QL
ULTRA-CARE LANCETS 30G	2	QL
ULTRA-THIN II AUTO LANCET	2	QL

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

Drug Name	Tier	Notes
ULTRA-THIN II LANCETS	2	QL
UNILET COMFORTOUCH LANCET	2	QL
UNILET EXCELITE	2	QL
UNILET EXCELITE II	2	QL
UNILET G.P. LANCET	2	QL
UNILET G.P. SUPERLITE LANCET	2	QL
UNILET GP 28 ULTRA THIN	2	QL
UNILET LANCET	2	QL
UNILET MICRO-THIN 33G	2	QL
UNILET SUPERLITE LANCET	2	QL
UNILET SUPER-THIN 30G	2	QL
UNILET ULTRA-THIN 28G	2	QL
UNISTIK 1	2	QL
UNISTIK 2	2	QL
UNISTIK 2 COMFORT	2	QL
UNISTIK 2 EXTRA	2	QL
UNISTIK 2 NEONATAL	2	QL
UNISTIK 2 NORMAL	2	QL
UNISTIK 2 SUPER	2	QL
UNISTIK 3	2	QL
UNISTIK 3 COMFORT	2	QL
UNISTIK 3 EXTRA	2	QL
UNISTIK 3 GENTLE	2	QL
UNISTIK 3 NEONATAL	2	QL
UNISTIK 3 NORMAL	2	QL
UNISTIK CZT COMFORT	2	QL
UNISTIK CZT NORMAL	2	QL
UNISTIK NORMAL	2	QL
UNISTIK PRO SAFETY LANCET	2	QL
UNISTIK SAFETY LANCETS 28G	2	QL
UNISTIK SAFETY LANCETS 30G	2	QL
UNISTIK TOUCH SAFETY LANC 21G	2	QL
UNISTIK TOUCH SAFETY LANC 23G	2	QL
UNISTIK TOUCH SAFETY LANC 28G	2	QL
UNISTIK TOUCH SAFETY LANC 30G	2	QL
UNIVERSAL 1 LANCETS THIN 26G	2	QL
UNIVERSAL 1 LANCETS THIN 33G	2	QL
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL
VALUE PLUS LANCET STANDARD 21G	2	QL
VALUE PLUS LANCETS SUPER THIN	2	QL
VALUE PLUS LANCETS THIN 26G	2	QL
value plus lancing device	2	
VALUMARK LANCET SUPER THIN 30G	2	QL
VALUMARK LANCET ULTRA THIN 28G	2	QL
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	QL
VIDA MIA UNILET LANCETS 30G	2	QL
VIVAGUARD LANCETS	2	QL
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	QL
WALGREENS LANCETS	2	QL
WALGREENS LANCETS MICRO THIN	2	QL
WALGREENS LANCETS SUPER THIN	2	QL
WALGREENS THIN LANCETS	2	QL
WALGREENS ULTRA THIN LANCETS	2	QL
ZEVRX TWIST TOP LANCETS 30G	2	QL

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

Drug Name	Tier	Notes
INSULIN ADMINISTRATION SUPPLIES**		
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	PA; QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA; QL
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	PA; QL
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PODS (GEN 4)	2	PA; QL
NEEDLES & SYRINGES**		
1ST TIER UNIFINE PENTIPS	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL
ABOUTTIME PEN NEEDLE	3	ST; QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	ST; QL
AUM MINI INSULIN PEN NEEDLE	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
AURORA PEN NEEDLES	3	ST; QL
AURORA UNIFINE PENTIPS	3	ST; QL
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	QL
BD AUTOSHIELD DUO	2	QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL

Drug Name	Tier	Notes
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE U-500	2	QL
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	QL
BD PEN NEEDLE MICRO U/F	2	QL
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	QL
BD PEN NEEDLE SHORT U/F	2	QL
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETY-LOK INSULIN SYRINGE	2	QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL

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

Drug Name	Tier	Notes
CAREONE UNIFINE PENTIPS	3	ST; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL
CARETOUCH INSULIN SYRINGE	3	ST; QL
CARETOUCH PEN NEEDLES	3	ST; QL
CLEVER CHOICE COMFORT EZ	3	ST; QL
CLICKFINE PEN NEEDLES	3	ST; QL
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
COMFORT EZ INSULIN SYRINGE	3	ST; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
COMFORT EZ PEN NEEDLES	3	ST; QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; QL
DIATHRIVE PEN NEEDLE	3	ST; QL
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" 0.5 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
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	QL
DROPLET MICRON	3	QL
DROPLET PEN NEEDLES	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL

Drug Name	Tier	Notes
DRUG MART UNIFINE PENTIPS	3	ST; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL
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
EASY COMFORT PEN NEEDLES	3	ST; QL
EASY GLIDE PEN NEEDLES	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL
EASY TOUCH 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" 0.5 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 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
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
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
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

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

Drug Name	Tier	Notes
EXEL COMFORT POINT INSULIN SYR	3	ST; QL
EXEL COMFORT POINT PEN NEEDLE	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL
GLOBAL EASY GLIDE INSULIN SYR	3	ST; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL
GLOBAL INSULIN SYRINGES	3	ST; QL
GLUCOPRO INSULIN SYRINGE	3	ST; QL
GNP CLICKFINE PEN NEEDLES	3	ST; QL
GNP INSULIN SYRINGE 28G X 1/2" 0.5 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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GNP INSULIN SYRINGES	3	ST; QL
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL
GNP ULTICARE PEN NEEDLES	3	ST; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL
HEALTHWISE MINI PEN NEEDLES	3	ST; QL
HEALTHWISE PEN NEEDLES	3	ST; QL
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL
HEALTHWISE UNIFINE PENTIPS	3	ST; QL
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INCONTROL ULTICARE PEN NEEDLES	3	ST; QL
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
INSULIN SYRINGE/NEEDLE	3	ST; QL
insulin syringe-needle u-100 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, 30g x 1/2" 1 ml	3	ST; QL

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

Drug Name	Tier	Notes
INSULIN SYRINGE-NEEDLE U-100 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 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 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
insulin syringes	3	ST; QL
INSUPEN PEN NEEDLES	3	ST; QL
INSUPEN SENSITIVE	3	ST; QL
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
KINRAY INSULIN SYRINGE	3	ST; QL
KMART VALU INSULIN SYRINGE 29G	3	ST; QL
KMART VALU INSULIN SYRINGE 30G	3	ST; QL
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
KROGER PEN NEEDLES	3	ST; QL
LEADER INSULIN SYRINGE	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL

Drug Name	Tier	Notes
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
MEDIC INSULIN SYRINGE	3	ST; QL
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL
MEIJER PEN NEEDLES	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; QL
MM PEN NEEDLES	3	ST; QL
MONOJECT INSULIN SYRINGE	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 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, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
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
NOVOFINE AUTOCOVER PEN NEEDLE	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
PC UNIFINE PENTIPS	3	ST; QL
PEN NEEDLES	3	ST; QL
PEN NEEDLES 5/16" 31G X 8 MM	3	ST; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL

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

Drug Name	Tier	Notes
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
PURE COMFORT PEN NEEDLE	3	ST; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
PX MINI PEN NEEDLES	3	ST; QL
PX PEN NEEDLE	3	ST; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; QL
QC PEN NEEDLES	3	ST; QL
QC UNIFINE PENTIPS	3	ST; QL
RA INSULIN SYRINGE	3	ST; QL
RA PEN NEEDLES	3	ST; QL
raya sure pen needle	3	ST; QL
REALITY INSULIN SYRINGE	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
safety pen needles	3	ST; QL
SB INSULIN SYRINGE	3	ST; QL
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
SHOPKO UNIFINE PENTIPS	3	ST; QL
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL
SURE COMFORT INSULIN SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
sure comfort pen needles 31g x 6 mm	3	ST; QL
TECHLITE 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" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
TECHLITE PEN NEEDLES	3	ST; QL
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL
TODAYS HEALTH PEN NEEDLES	3	ST; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL
TRUE COMFORT INSULIN SYRINGE	3	ST; QL
TRUE COMFORT PEN NEEDLES	3	ST; QL
TRUE COMFORT PRO INSULIN SYR	3	ST; QL
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL

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

Drug Name	Tier	Notes
TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES	3	ST; QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; QL
ULTILET PEN NEEDLE	3	ST; QL
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ULTRACARE INSULIN SYRINGE	3	ST; QL
ULTRACARE PEN NEEDLES	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
VALUE HEALTH INSULIN SYRINGE	3	ST; QL
VALUMARK PEN NEEDLES	3	ST; QL
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
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VIDA MIA UNIFINE PENTIPS	3	ST; QL
VP INSULIN SYRINGE	3	ST; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
ZEVRX INSULIN SYRINGE	3	ST; QL
ZEVRX PEN NEEDLES	3	ST; QL
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)**		
NURTEC ORAL TABLET DISPERSIBLE	2	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

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

Drug Name	Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
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 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
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
zolmitriptan nasal solution	1 or 1b*	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 intravenous solution 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	
CALCIUM COMBINATIONS**		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.675 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM**		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
ELECTROLYTES & DEXTROSE**		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	1 or 1b*	

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

Drug Name	Tier	Notes
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %	3	
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 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
potassium chloride in dextrose intravenous solution 10-5 meq/l-%, 20-5 meq/l-%	1 or 1b*	
ELECTROLYTES PARENTERAL**		
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML	3	
lactated ringers intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
FLUORIDE COMBINATIONS**		
FLORIVA ORAL LIQUID	3	
FLUORIDE**		
fluoritab oral solution	1 or 1a*	$0
nafrinse drops oral solution	1 or 1a*	$0
nafrinse oral tablet chewable	1 or 1a*	$0
sodium fluoride oral solution 0.5 mg/ml	1 or 1b*	$0
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	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 %	3	

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

Drug Name	Tier	Notes
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML	3	
MANGANESE		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE		
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 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*	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
sodium phosphates intravenous solution 150 mmole/50ml, 45 mmole/15ml	1 or 1b*	
POTASSIUM		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	

Drug Name	Tier	Notes
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	3	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
SODIUM		
aquastat intravenous solution	1 or 1b*	
bd posiflush intravenous solution	1 or 1b*	
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*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1 or 1b*	

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

Drug Name	Tier	Notes
TRACE MINERAL COMBINATIONS**		
MULTRYS INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	
TRACE MINERALS**		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
ZINC**		
GALZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC THYMUS TISSUE**		
RETHYMIC INTRAMUSCULAR IMPLANT	3	
ANTILEPROTICS**		
THALOMID ORAL CAPSULE	2	PA; LD; SP; QL
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
CHELATING AGENTS**		
DEPEN TITRATABS ORAL TABLET	3	PA; SP; QL
EDETATE DISODIUM INTRAVENOUS SOLUTION	3	
penicillamine oral tablet	1 or 1b*	PA; SP; QL
trientine hcl oral capsule	1 or 1b*	PA; SP; QL
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS**		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	
CYCLOSPORINE ANALOGS**		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified 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
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE	4	PA; QL
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	3	
ENZYMES**		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	4	PA
FARNESYLTRANSFERASE INHIBITORS**		
ZOKINVY ORAL CAPSULE	4	PA; QL
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS**		
SOLESTA INJECTION GEL	4	
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS**		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP

Drug Name	Tier	Notes
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES**		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1 or 1b*	PA; SP; QL
lenalidomide oral capsule 2.5 mg, 20 mg	1 or 1b*	PA; QL
REVLIMID ORAL CAPSULE	2	PA; SP; QL
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 intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	3	
INTERLEUKIN-6 (IL-6) ANTAGONISTS**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP

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

Drug Name	Tier	Notes
IRRIGATION SOLUTIONS**		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 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*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
MONOCLONAL ANTIBODIES**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
GAMIFANT INTRAVENOUS SOLUTION	3	PA; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	4	PA; QL
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS**		
VYVGART INTRAVENOUS SOLUTION	4	PA; SP
PERITONEAL DIALYSIS SOLUTIONS**		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	

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

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	
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB**		
VIJOICE ORAL TABLET THERAPY PACK	4	PA; SP; QL
POTASSIUM REMOVING AGENTS**		
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps oral suspension	1 or 1b*	

Drug Name	Tier	Notes
VELTASSA ORAL PACKET	3	
PROSTAGLANDINS**		
alprostadil injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
PURINE ANALOGS**		
azasan oral tablet	1 or 1b*	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
ROCK INHIBITORS**		
REZUROCK ORAL TABLET	3	PA; QL
SCLEROSING AGENTS**		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
SELECTIVE T-CELL COSTIMULATION BLOCKERS**		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS**		
SAPHNELO INTRAVENOUS SOLUTION	4	PA; QL

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

Drug Name	Tier	Notes
UREMIC PRURITUS AGENTS**		
KORSUVA INTRAVENOUS SOLUTION	4	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL**		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
ANTI-INFECTIVES - THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	1 or 1b*	QL
ORAVIG BUCCAL TABLET	3	
ANTISEPTICS - MOUTH/THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
periogard mouth/throat solution	1 or 1a*	QL
DENTAL PRODUCTS - COMBINATIONS**		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	

Drug Name	Tier	Notes
FLUORIDE DENTAL PRODUCTS**		
cavarest dental gel	1 or 1b*	QL
clinpro 5000 dental paste	1 or 1b*	QL
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	QL
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL
fluoridex enhanced whitening dental paste	1 or 1b*	QL
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	QL
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	QL
PREVIDENT 5000 PLUS DENTAL CREAM	3	QL
PREVIDENT DENTAL GEL	3	QL
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental gel	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
sodium fluoride mouth/throat solution	1 or 1a*	

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

Drug Name	Tier	Notes
SALIVA STIMULANTS**		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
STEROIDS - MOUTH/THROAT/DENTAL**		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
MULTIVITAMINS		
B-COMPLEX VITAMINS**		
b-complex plus b-12 oral tablet	1 or 1b*	$0
b-complex/b-12 oral tablet	1 or 1b*	$0
ra b-complex oral tablet	1 or 1b*	$0
ra b-complex with b-12 oral tablet	1 or 1b*	$0
vitamin b complex oral tablet	1 or 1b*	$0
vitamin b-complex oral tablet	1 or 1b*	$0
vitamin-b complex oral tablet	1 or 1b*	$0
B-COMPLEX W/ C & CALCIUM**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	$0
qc b-complex/vitamin c oral tablet	1 or 1b*	$0
B-COMPLEX W/ C & FOLIC ACID**		
b complex-c-folic acid oral tablet	1 or 1b*	$0
b-complex balanced oral tablet	1 or 1b*	$0
b-complex/vitamin c oral tablet	1 or 1b*	$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	$0
dialyvite 800 oral tablet	1 or 1b*	$0
eql super b complex/vitamin c oral tablet	1 or 1b*	$0
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2	$0
kp b complex-c oral tablet	1 or 1b*	$0
nephro vitamins oral tablet	1 or 1b*	$0
NEPHRO-VITE ORAL TABLET	2	$0
px b complex/vitamin c oral tablet	1 or 1b*	$0
renal vitamin oral tablet	1 or 1b*	$0
renal-vite oral tablet	1 or 1b*	$0
rena-vite oral tablet	1 or 1b*	$0
sm b super vitamin complex oral tablet	1 or 1b*	$0
SM B-COMPLEX/VITAMIN C ORAL TABLET	2	$0
stress formula (folic acid) oral tablet	1 or 1b*	$0
super b complex/fa/vit c oral tablet	1 or 1b*	$0
super b-complex/vit c/fa oral tablet	1 or 1b*	$0
B-COMPLEX W/ C**		
allbee/c oral tablet	1 or 1b*	$0
b complex-c oral tablet	1 or 1b*	$0
b-complex-c oral tablet	1 or 1b*	$0
better b complex oral tablet	1 or 1b*	$0
cvs b complex plus c oral tablet	1 or 1b*	$0
cvs super b complex/c oral tablet	1 or 1b*	$0
hm b complex/c oral tablet	1 or 1b*	$0
sm super b complex/c oral tablet	1 or 1b*	$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	$0
super b complex/vitamin c oral tablet	1 or 1b*	$0
super b-complex + vitamin c oral tablet	1 or 1b*	$0
vitamin b + c complex oral tablet	1 or 1b*	$0
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID**		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2	$0

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

Drug Name	Tier	Notes
B-COMPLEX W/ FOLIC ACID**		
b complex (folic acid) oral tablet	1 or 1b*	$0
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	$0
b-complex (folic acid) oral tablet	1 or 1b*	$0
b-complex/electrolytes oral tablet	1 or 1b*	$0
big 100 oral tablet	1 or 1b*	$0
kobee oral tablet	1 or 1b*	$0
sm balanced b-100 oral tablet	1 or 1b*	$0
sm balanced b-50 oral tablet	1 or 1b*	$0
B-COMPLEX W/BIOTIN & FOLIC ACID**		
b complex 100 tr oral tablet extended release	1 or 1b*	$0
b-100 b-complex oral tablet	1 or 1b*	$0
b-100 complex cr oral tablet extended release	1 or 1b*	$0
b-100 tr oral tablet extended release	1 or 1b*	$0
b-50 complex oral tablet	1 or 1b*	$0
balance b-50 oral tablet	1 or 1b*	$0
balanced b complex oral tablet	1 or 1b*	$0
balanced b-100 oral tablet	1 or 1b*	$0
balanced b-100 oral tablet extended release	1 or 1b*	$0
balanced b-50/fa oral tablet	1 or 1b*	$0
b-compleet-100 oral tablet	1 or 1b*	$0
b-compleet-50 oral tablet	1 or 1b*	$0
b-complex oral tablet	1 or 1b*	$0
big 100 (biotin) oral tablet	1 or 1b*	$0
complex b-100 oral tablet extended release	1 or 1b*	$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	$0
endur-b oral tablet extended release	1 or 1b*	$0
eql b complex 50 oral tablet	1 or 1b*	$0
eql b-100 complex oral tablet extended release	1 or 1b*	$0
gnp b-100 complex oral tablet extended release	1 or 1b*	$0
gnp b-50 complex oral tablet extended release	1 or 1b*	$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	$0
quin b strong b-25 oral tablet	1 or 1b*	$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	$0
ra balanced b-100 oral tablet	1 or 1b*	$0
ra balanced b-50 oral tablet	1 or 1b*	$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	$0
sm b100 complex oral tablet	1 or 1b*	$0
sm b-complex oral tablet	1 or 1b*	$0
super b-100 oral tablet	1 or 1b*	$0
super b-50 oral tablet	1 or 1b*	$0
super b-complex oral tablet	1 or 1b*	$0
super dec b-100 oral tablet	1 or 1b*	$0
super quints b-50 oral tablet	1 or 1b*	$0
yl balanced b-100 oral tablet	1 or 1b*	$0
MULTIPLE VITAMINS W/ IRON**		
daily vitamin formula+iron oral tablet	1 or 1b*	$0
daily vite multivitamin/iron oral tablet	1 or 1b*	$0
daily-vitamin/iron oral tablet	1 or 1b*	$0
multiple vitamins/iron oral tablet	1 or 1b*	$0
multivitamin plus iron adult oral tablet	1 or 1b*	$0
multi-vitamin/iron oral tablet	1 or 1b*	$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	$0
one daily multivitamin/iron oral tablet	1 or 1b*	$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	$0
one-daily/iron oral tablet	1 or 1b*	$0
qc daily multivitamins/iron oral tablet	1 or 1b*	$0
sm multiple vitamins/iron oral tablet	1 or 1b*	$0
stress b complex/iron oral tablet	1 or 1b*	$0
stress formula/iron oral tablet	1 or 1b*	$0
tab-a-vite/iron oral tablet	1 or 1b*	$0

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

Effective 01012023

Drug Name	Tier	Notes
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	2	$0
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID**		
FOLGARD OS ORAL TABLET	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID**		
QUFLORA FE ORAL TABLET CHEWABLE	3	
MULTIVITAMINS**		
AMLADEX ORAL TABLET	3	$0
anti-oxidant oral tablet	1 or 1b*	$0
daily multiple vitamins oral tablet	2	$0
daily value multivitamin oral tablet	1 or 1b*	$0
daily vitamin oral tablet	1 or 1b*	$0
daily vitamins oral tablet	1 or 1b*	$0
daily vite oral tablet	1 or 1b*	$0
daily vites oral tablet	1 or 1b*	$0
daily-vitamin oral tablet	1 or 1b*	$0
daily-vite multivitamin oral tablet	1 or 1b*	$0
daily-vite oral tablet	1 or 1b*	$0
ESTROFACTORS ORAL TABLET	2	$0
gnp essential one daily oral tablet	1 or 1b*	$0
healthy hair/skin/nails oral tablet	1 or 1b*	$0
HIGH POTENCY MULTIVITAMIN ORAL TABLET	2	$0
INFUVITE ADULT INTRAVENOUS INJECTABLE	3	
multi vitamin daily oral tablet	1 or 1b*	$0
multi vitamin oral tablet	2	$0
MULTI VITAMIN W/D-3 ORAL TABLET	2	$0

Drug Name	Tier	Notes
multiple vitamin-folic acid oral tablet	1 or 1b*	$0
multiple vitamins essential oral tablet	1 or 1b*	$0
multiple vitamins oral tablet	1 or 1b*	$0
multivitamin adult oral tablet	2	$0
multi-vitamin daily oral tablet	1 or 1b*	$0
multivitamin iron-free oral tablet	1 or 1b*	$0
MULTIVITAMIN ORAL TABLET	2	$0
multi-vitamin oral tablet	1 or 1b*	$0
NEOMULTIVITE ORAL TABLET	2	$0
OMNICAP ORAL TABLET	2	$0
once daily oral tablet	1 or 1b*	$0
one daily essential oral tablet	2	$0
one daily multivitamin adult oral tablet	1 or 1b*	$0
one daily oral tablet	1 or 1b*	$0
ONE-A-DAY ESSENTIAL ORAL TABLET	2	$0
ONE-A-DAY MENS ORAL TABLET	2	$0
one-daily multi vitamins oral tablet	1 or 1b*	$0
one-daily multi-vitamin oral tablet	1 or 1b*	$0
qc essentials oral tablet	1 or 1b*	$0
QUINTABS ORAL TABLET	2	$0
sm multiple vitamins essential oral tablet	1 or 1b*	$0
stress formula oral tablet	1 or 1b*	$0
stresstabs energy oral tablet	1 or 1b*	$0
tab-a-vite oral tablet	1 or 1b*	$0
tab-a-vite/beta carotene oral tablet	1 or 1b*	$0
THERA ORAL TABLET	2	$0
thera-mill oral tablet	1 or 1b*	$0
thera-tabs oral tablet	1 or 1b*	$0
THEREMS ORAL TABLET	2	$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	$0

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

Drug Name	Tier	Notes
vitalee oral tablet	1 or 1b*	$0
PED MULTI VITAMINS W/FL & FE**		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL SUSPENSION	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	3	
QUFLORA FE PEDIATRIC ORAL LIQUID	3	
PED MV W/ FLUORIDE**		
FLORIVA PLUS ORAL SOLUTION	3	
multivitamin/fluoride oral solution	1 or 1b*	$0
multi-vitamin/fluoride oral solution	1 or 1b*	$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1 or 1b*	$0
MULTI-VIT-FLOR ORAL TABLET CHEWABLE	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-FLORO ORAL SUSPENSION	3	
PED VITAMINS ACD W/ FLUORIDE**		
adc/f (0.5mg/ml) oral solution	1 or 1b*	$0
multivitamin select/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 & MINERALS W/ FLUORIDE**		
FLORIVA ORAL TABLET CHEWABLE	3	
PEDIATRIC MULTIPLE VITAMINS**		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
PRENATAL MV & MIN W/FE-FA**		
ATABEX EC ORAL TABLET DELAYED RELEASE	2	QL
ATABEX OB ORAL TABLET	2	QL
AZESCO ORAL TABLET	3	ST; QL
CITRANATAL B-CALM ORAL	2	QL
CITRANATAL BLOOM ORAL TABLET	3	ST; QL
CLASSIC PRENATAL ORAL TABLET	2	$0; QL
C-NATE DHA ORAL CAPSULE	2	QL
COMPLETENATE ORAL TABLET CHEWABLE	2	QL
CO-NATAL FA ORAL TABLET	2	QL
CONCEPT DHA ORAL CAPSULE	2	QL
CONCEPT OB ORAL CAPSULE	2	QL
CVS PRENATAL ORAL TABLET 27-0.8 MG	2	ST; $0; QL
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*	QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	$0; QL

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

Drug Name	Tier	Notes
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
GNP PRENATAL ORAL TABLET	2	$0; QL
inatal gt oral tablet	1 or 1b*	QL
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	2	ST; QL
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	$0; QL
KPN PRENATAL ORAL TABLET	2	$0; QL
MASONATAL ORAL TABLET	2	$0; QL
M-NATAL PLUS ORAL TABLET	2	QL
MULTI PRENATAL ORAL TABLET	2	ST; $0; QL
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; QL
NATALVIT ORAL TABLET	2	QL
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
NEONATAL COMPLETE ORAL TABLET	3	ST; QL
NEONATAL FE ORAL TABLET	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	QL
neonatal prenatal oral tablet	2	$0; QL
NEONATAL VITAMIN ORAL TABLET	2	ST; $0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	2	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
OBSTETRIX DHA ORAL	2	QL
OBSTETRIX EC ORAL TABLET	2	QL
ONE VITE WOMENS ORAL TABLET	2	ST; $0; QL
ONE VITE WOMENS PLUS ORAL TABLET	2	QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	$0; QL
PNV TABS 20-1 ORAL TABLET	3	ST; QL
PNV-OMEGA ORAL CAPSULE	3	ST; QL
pnv-select oral tablet	1 or 1b*	ST; QL
PREGENNA ORAL TABLET	3	ST; QL
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
prenatabs rx oral tablet	1 or 1a*	ST; QL
PRENATAL (W/IRON & FA) ORAL TABLET	2	ST; $0; QL
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL
PRENATAL COMPLETE ORAL TABLET	2	ST; $0; QL
PRENATAL FORTE ORAL TABLET	2	ST; $0; QL
PRENATAL ONE DAILY ORAL TABLET	2	ST; $0; QL
PRENATAL ORAL TABLET 27-0.8 MG	2	ST; $0; QL
PRENATAL ORAL TABLET 27-1 MG	2	QL
PRENATAL ORAL TABLET 28-0.8 MG	2	$0; QL
PRENATAL PLUS ORAL TABLET	2	ST; QL

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

Drug Name	Tier	Notes
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	$0; QL
PRENATAL VITAMIN ORAL TABLET	2	ST; $0; QL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	QL
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2	$0; QL
PRENATAL/IRON ORAL TABLET	2	ST; $0; QL
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2	$0; QL
PRENATAL-U ORAL CAPSULE	2	QL
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRENATVITE COMPLETE ORAL TABLET	3	ST; QL
PRENATVITE PLUS ORAL TABLET	3	ST; QL
PRENATVITE RX ORAL TABLET	3	ST; QL
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	2	QL
PX PRENATAL MULTIVITAMINS ORAL TABLET	2	$0; QL
QC PRENATAL ORAL TABLET	2	$0; QL
RA PRENATAL FORMULA ORAL TABLET	2	$0; QL
RA PRENATAL ORAL TABLET	2	$0; QL
RELNATE DHA ORAL CAPSULE	3	ST; QL

Drug Name	Tier	Notes
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	QL
SE-NATAL 19 ORAL TABLET	2	QL
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL
SM ONE DAILY PRENATAL ORAL	2	$0; QL
SM PRENATAL VITAMINS ORAL TABLET	2	$0; QL
TARON-C DHA ORAL CAPSULE 35-1 MG	2	QL
THRIVITE RX ORAL TABLET	2	ST; QL
TRICARE ORAL TABLET	2	QL
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VINATE II ORAL TABLET	2	QL
VINATE ONE ORAL TABLET	2	QL
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
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
WESTAB PLUS ORAL TABLET	2	QL
ZALVIT ORAL TABLET	3	ST; QL

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

Drug Name	Tier	Notes
ZIPHEX ORAL TABLET	3	ST; QL
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL**		
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG	2	QL
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 DHA ORAL	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
ENFAMIL EXPECTA ORAL	2	$0; QL
NEONATAL + DHA ORAL	3	ST; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL
OBSTETRIX ONE ORAL CAPSULE	2	QL
pnv-dha oral capsule	1 or 1b*	QL
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL
PREGEN DHA ORAL CAPSULE	3	ST; QL
PRENA 1 TRUE ORAL	2	QL
PRENAISSANCE ORAL CAPSULE	3	ST; QL
PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL
PRENATAL MULTIVITAMIN + DHA ORAL	2	$0; QL
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
PRENATE PIXIE ORAL CAPSULE	3	ST; QL
PRENATE RESTORE ORAL CAPSULE	3	ST; QL
SELECT-OB+DHA ORAL	3	ST; QL
TRISTART DHA ORAL CAPSULE	3	ST; QL
TRISTART FREE ORAL CAPSULE	3	ST; QL
TRISTART ONE ORAL CAPSULE	3	ST; QL
VIRT-PN DHA ORAL CAPSULE	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
ZATEAN-PN DHA ORAL CAPSULE	3	ST; QL
PRENATAL MV & MINERALS W/FA WITHOUT IRON**		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
PRENATAL VITAMINS**		
NEONATAL 19 ORAL TABLET	3	ST; QL
PREMESISRX ORAL TABLET	2	ST; QL
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAFOL STRIPS ORAL FILM	2	ST; QL
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	ST; QL

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

Drug Name	Tier	Notes
VITAMINS A & D**		
COD LIVER OIL ORAL OIL	3	
VITAMINS W/ LIPOTROPICS**		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	$0
b complex (lipotropics) oral tablet	1 or 1b*	$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	$0
balance b-100 oral tablet	1 or 1b*	$0
balanced b-50 complex oral tablet	1 or 1b*	$0
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2	$0
cvs balanced b50 oral tablet	1 or 1b*	$0
cvs inner ear plus oral tablet	1 or 1b*	$0
ear health formula oral tablet	1 or 1b*	$0
ear health plus oral tablet	1 or 1b*	$0
lipo flavonoid plus oral tablet	1 or 1b*	$0
lipoflavovit oral tablet	1 or 1b*	$0
LIPOTRIAD ORAL TABLET	2	$0
mega multiple/chelated mineral oral tablet	1 or 1b*	$0
nat-rul b-50 oral tablet	1 or 1b*	$0
px b-50 oral tablet	1 or 1b*	$0
risanoid plus oral tablet	1 or 1b*	$0
ultra b-100 complex oral tablet	1 or 1b*	$0
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS**		
baclofen intrathecal solution	4	
BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	4	
baclofen oral tablet	1 or 1b*	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	4	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	4	
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 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
vanadom oral tablet	1 or 1b*	QL
ZANAFLEX ORAL CAPSULE 6 MG	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
DIRECT MUSCLE RELAXANTS**		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	3	
MUSCLE RELAXANT COMBINATIONS**		
norgesic oral tablet	1 or 1b*	ST; QL
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
VISCOSUPPLEMENTS**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	4	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	4	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
HYALGAN INTRA-ARTICULAR SOLUTION	4	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID**		
azelastine-fluticasone nasal suspension	3	QL
DYMISTA NASAL SUSPENSION	3	QL
NASAL ANESTHETICS**		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	
NASAL ANTICHOLINERGICS**		
ipratropium bromide nasal solution	1 or 1b*	QL
NASAL ANTIHISTAMINES**		
azelastine hcl nasal solution	1 or 1b*	QL
olopatadine hcl nasal solution	1 or 1b*	QL
PATANASE NASAL SOLUTION	3	QL
NASAL STEROIDS**		
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension	1 or 1a*	QL
mometasone furoate nasal suspension	3	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL MINI SDS NASAL IMPLANT	3	

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

Drug Name	Tier	Notes
PROPEL NASAL IMPLANT	3	
NEUROMUSCULAR AGENTS		
ALS AGENT COMBINATIONS**		
RELYVRIO ORAL PACKET	4	PA; QL
BENZATHIAZOLES**		
RILUTEK ORAL TABLET	4	SP; QL
riluzole oral tablet	4	SP; QL
TIGLUTIK ORAL SUSPENSION	4	QL
DEPOLARIZING MUSCLE RELAXANTS**		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
MUSCULAR DYSTROPHY AGENTS**		
AMONDYS 45 INTRAVENOUS SOLUTION	4	PA
EXONDYS 51 INTRAVENOUS SOLUTION	4	PA
VILTEPSO INTRAVENOUS SOLUTION	4	PA
VYONDYS 53 INTRAVENOUS SOLUTION	4	PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS**		
BOTOX INJECTION SOLUTION RECONSTITUTED	4	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
NONDEPOLARIZING MUSCLE RELAXANTS**		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	3	
rocuronium bromide intravenous solution	1 or 1b*	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS**		
EVRYSDI ORAL SOLUTION RECONSTITUTED	4	PA; QL
NUTRIENTS		
AMINO ACID MIXTURES**		
amino acid-calcium-hep in d10w intravenous solution	3	
amino acid-calcium-hep in d5w intravenous solution	3	
AMINOPROTECT INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROSOL INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	
AMINO ACIDS-SINGLE**		
ELCYS INTRAVENOUS SOLUTION	3	
GLUTATHIONE INTRAVENOUS SOLUTION	3	
CARBOHYDRATES**		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 250 MG/ML, 30 %, 40 %	3	
LIPIDS**		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	4	PA; SP; QL
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	

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

Drug Name	Tier	Notes
PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS**		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB**		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS**		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
COMBIGAN OPHTHALMIC SOLUTION	2	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL
BETA-BLOCKERS - OPHTHALMIC**		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
BETIMOL OPHTHALMIC SOLUTION	3	QL
BETOPTIC-S OPHTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	QL
TIMOPTIC OPHTHALMIC SOLUTION	3	QL
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	QL
CYCLOPLEGIC MYDRIATIC COMBINATIONS**		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
CYCLOPLEGIC MYDRIATICS**		
atropine sulfate ophthalmic ointment	1 or 1b*	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 0.5 %, 2 %	1 or 1b*	
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
ISOPTO ATROPINE OPHTHALMIC SOLUTION	3	QL
MYDRIACYL OPHTHALMIC SOLUTION	3	
PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	

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

Drug Name	Tier	Notes
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG**		
XIIDRA OPHTHALMIC SOLUTION	2	PA; QL
MIOTICS - CHOLINESTERASE INHIBITORS**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
MIOTICS - DIRECT ACTING**		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS**		
VABYSMO INTRAVITREAL SOLUTION	4	PA; SP
OPHTHALMIC ADRENERGIC AGENTS**		
EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC ANTIALLERGIC**		
azelastine hcl ophthalmic solution	1 or 1b*	QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL

Drug Name	Tier	Notes
OPHTHALMIC ANTIBIOTICS**		
AZASITE OPHTHALMIC SOLUTION	3	QL
bacitracin ophthalmic ointment	1 or 1b*	QL
BESIVANCE OPHTHALMIC SUSPENSION	3	QL
CILOXAN OPHTHALMIC OINTMENT	3	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL
erythromycin ophthalmic ointment	1 or 1a*	QL
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentak ophthalmic ointment	1 or 1a*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution	1 or 1b*	QL
MITOMYCIN INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
MITOSOL OPHTHALMIC KIT	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
OCUFLOX OPHTHALMIC SOLUTION	3	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
TOBREX OPHTHALMIC OINTMENT	3	QL

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

Drug Name	Tier	Notes
VIGAMOX OPHTHALMIC SOLUTION	3	QL
ZYMAXID OPHTHALMIC SOLUTION	3	QL
OPHTHALMIC ANTIFUNGAL**		
NATACYN OPHTHALMIC SUSPENSION	3	QL
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS**		
ak-poly-bac ophthalmic ointment	1 or 1a*	QL
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	QL
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL
polycin ophthalmic ointment	1 or 1a*	QL
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
POLYTRIM OPHTHALMIC SOLUTION	3	QL
OPHTHALMIC ANTISEPTICS**		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
OPHTHALMIC ANTIVIRALS**		
trifluridine ophthalmic solution	1 or 1b*	QL
ZIRGAN OPHTHALMIC GEL	3	QL
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS**		
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
TRUSOPT OPHTHALMIC SOLUTION	3	QL
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 SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
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	
PAREMYD OPHTHALMIC SOLUTION	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
OPHTHALMIC IMMUNOMODULATORS **		
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC EMULSION	2	PA; QL
VERKAZIA OPHTHALMIC EMULSION	3	PA; QL

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

Drug Name	Tier	Notes
OPHTHALMIC IRRIGATION SOLUTIONS**		
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS**		
ROCKLATAN OPHTHALMIC SOLUTION	3	QL
OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS**		
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION	3	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION	3	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC LOCAL ANESTHETICS**		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NERVE GROWTH FACTORS**		
OXERVATE OPHTHALMIC SOLUTION	4	PA; QL

Drug Name	Tier	Notes
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**		
ACULAR LS OPHTHALMIC SOLUTION	3	QL
ACULAR OPHTHALMIC SOLUTION	3	QL
ACUVAIL OPHTHALMIC SOLUTION	3	QL
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL
BROMSITE OPHTHALMIC SOLUTION	3	QL
diclofenac sodium ophthalmic solution	1 or 1b*	QL
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
ILEVRO OPHTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
NEVANAC OPHTHALMIC SUSPENSION	3	QL
PROLENSA OPHTHALMIC SOLUTION	3	QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	4	SP; QL
OPHTHALMIC PHOTOENHANCER COMBINATIONS**		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC RHO KINASE INHIBITORS**		
RHOPRESSA OPHTHALMIC SOLUTION	3	QL

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

Drug Name	Tier	Notes
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS**		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
OPHTHALMIC STEROID COMBINATIONS**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	QL
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION	3	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC OINTMENT	3	QL
MAXITROL OPHTHALMIC SUSPENSION	3	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL

Drug Name	Tier	Notes
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	QL
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	QL
TOBRADEX ST OPHTHALMIC SUSPENSION	3	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION	3	
ZYLET OPHTHALMIC SUSPENSION	2	QL
OPHTHALMIC STEROIDS**		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
DUREZOL OPHTHALMIC EMULSION	3	QL
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	

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

Drug Name	Tier	Notes
ILUVIEN INTRAVITREAL IMPLANT	4	PA; SP
INVELTYS OPHTHALMIC SUSPENSION	3	QL
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM OPHTHALMIC GEL	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; SP
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL
RETISERT INTRAVITREAL IMPLANT	3	PA; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	4	PA
YUTIQ INTRAVITREAL IMPLANT	3	PA
OPHTHALMIC SULFONAMIDES		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL

Drug Name	Tier	Notes
OPHTHALMIC SURGICAL AIDS - COMBINATIONS		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML	3	
OMIDRIA INTRAOCULAR SOLUTION	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC SURGICAL AIDS		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
ocucoat viscoadherent intraocular solution	1 or 1b*	

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

Drug Name	Tier	Notes
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
OPHTHALMICS - BLEPHAROPTOSIS AGENTS*		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
OPHTHALMICS - CYSTINOSIS AGENTS*		
CYSTADROPS OPHTHALMIC SOLUTION	4	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL
PROSTAGLANDINS - OPHTHALMIC**		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	4	PA; SP; QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	3	QL
XELPROS OPHTHALMIC EMULSION	3	QL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	QL

Drug Name	Tier	Notes
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS**		
BEOVU INTRAVITREAL SOLUTION	4	PA; SP
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	PA
EYLEA INTRAVITREAL SOLUTION	4	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; SP
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML	4	PA; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	4	SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	4	SP
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS**		
acetic acid otic solution	1 or 1b*	
OTIC ANALGESIC COMBINATIONS**		
PRAMOTIC OTIC LIQUID	3	
OTIC ANTI-INFECTIVES**		
CETRAXAL OTIC SOLUTION	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
OTIPRIO INTRATYMPANIC SUSPENSION	3	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS**		
CIPRODEX OTIC SUSPENSION	3	QL
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
CORTISPORIN-TC OTIC SUSPENSION	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL
OTOVEL OTIC SOLUTION	3	QL
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*	QL
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS**		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	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-%, 20-0.9 UNIT/L-%	3	
PITOCIN INJECTION SOLUTION	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVIRAL MONOCLONAL ANTIBODIES**		
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; SP
BACTERIAL MONOCLONAL ANTIBODIES**		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
IMMUNE SERUMS**		
ASCENIV INTRAVENOUS SOLUTION	4	PA; SP

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

Drug Name	Tier	Notes
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION	3	
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; SP
CYTOGAM INTRAVENOUS INJECTABLE	4	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	4	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	4	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	4	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; LD; SP
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	4	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	4	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML	4	PA; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	4	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	SP
HYPERRAB INJECTION SOLUTION	4	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; SP; QL
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	4	SP
KEDRAB INJECTION SOLUTION	4	SP

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

Drug Name	Tier	Notes
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; SP; QL
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	4	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	4	PA; LD; SP
PANZYGA INTRAVENOUS SOLUTION	4	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	4	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML, 40 GM/400ML	4	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; SP; QL
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	4	SP; QL
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	4	SP; QL
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS**		
HYQVIA SUBCUTANEOUS KIT	4	PA; SP

Drug Name	Tier	Notes
PENICILLINS		
AMINOPENICILLINS**		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	QL
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 2400000 UNIT/4ML	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	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.

Drug Name	Tier	Notes
PENICILLIN COMBINATIONS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	QL
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 TABLET 500-125 MG	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION	3	
PENICILLINASE-RESISTANT PENICILLINS**		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium 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*	
PROGESTINS		
PROGESTINS**		
AYGESTIN ORAL TABLET	3	
hydroxyprogesterone caproate intramuscular oil	4	PA; SP; QL
MAKENA INTRAMUSCULAR OIL	4	PA; SP; QL
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule	1 or 1b*	QL
PROVERA ORAL TABLET	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR OPIOID WITHDRAWAL**		
LUCEMYRA ORAL TABLET	3	QL
ALCOHOL DETERRENTS**		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
ANTI-CATAPLECTIC AGENTS**		
XYREM ORAL SOLUTION	3	PA; QL
ANTIDEMENTIA AGENT COMBINATIONS**		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
BENZODIAZEPINES & TRICYCLIC AGENTS**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
CHOLINOMIMETICS - ACHE INHIBITORS**		
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG	3	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG	3	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
FIBROMYALGIA AGENT - SNRIS**		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL
MELANOCORTIN RECEPTOR AGONISTS**		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
MOVEMENT DISORDER DRUG THERAPY**		
AUSTEDO ORAL TABLET	4	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG	4	PA; DO; LD; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; LD; SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; LD; SP; QL
tetrabenazine oral tablet	1 or 1b*	PA; SP; QL
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**		
AUBAGIO ORAL TABLET	4	PA; SP; QL

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

Drug Name	Tier	Notes
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MULTIPLE SCLEROSIS AGENTS - INTERFERONS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES**		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION	4	PA; SP; QL
TYSABRI INTRAVENOUS CONCENTRATE	4	PA; SP; QL
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS**		
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; SP; QL
dimethyl fumarate starter pack oral	1 or 1b*	PA; SP; QL
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	PA; SP; QL
dalfampridine er oral tablet extended release 12 hour	4	PA; SP; QL

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

Drug Name	Tier	Notes
MULTIPLE SCLEROSIS AGENTS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; LD; SP; QL
glatopa subcutaneous solution prefilled syringe	4	PA; LD; SP; QL
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*	QL
memantine hcl oral solution 2 mg/ml	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA ORAL TABLET 10 MG	3	QL
NAMENDA ORAL TABLET 5 MG	3	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
PHENOTHIAZINES & TRICYCLIC AGENTS**		
perphenazine-amitriptyline oral tablet	1 or 1b*	
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**		
GRALISE ORAL TABLET 300 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG	2	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	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*	QL
PSEUDOBULBAR AFFECT AGENT COMBINATIONS**		
NUEDEXTA ORAL CAPSULE	3	PA; QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**		
ergoloid mesylates oral tablet	1 or 1b*	QL
pimozide oral tablet	1 or 1b*	QL
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG**		
ADDYI ORAL TABLET	3	PA; QL
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
ONPATTRO INTRAVENOUS SOLUTION	4	PA; QL
SMOKING DETERRENTS**		
APO-VARENICLINE ORAL TABLET	3	PA; $0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; $0; QL

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

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

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

Drug Name	Tier	Notes
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	$0
ra nicotine mouth/throat gum	1 or 1b*	$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	$0
sm nicotine mouth/throat gum	1 or 1b*	$0
sm nicotine mouth/throat lozenge	1 or 1b*	$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
sm nicotine transdermal patch 24 hour	1 or 1b*	$0
thrive mouth/throat gum 2 mg	1 or 1b*	$0
varenicline tartrate oral tablet	1 or 1b*	PA; $0; QL
varenicline tartrate oral tablet therapy pack	1 or 1b*	$0; QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS**		
fingolimod hcl oral capsule	4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL
MAYZENT ORAL TABLET	4	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; SP; QL
PONVORY ORAL TABLET	4	PA; SP; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	4	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; SP; QL
ZEPOSIA ORAL CAPSULE	4	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	4	PA; SP; QL

Drug Name	Tier	Notes
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS**		
LYBALVI ORAL TABLET	3	ST; QL
THIENBENZODIAZEPINES & SSRIS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO
VASOMOTOR SYMPTOM AGENTS - SSRIS**		
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA; SP
GLASSIA INTRAVENOUS SOLUTION	4	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
CFTR POTENTIATORS**		
KALYDECO ORAL PACKET	4	PA; LD; QL
KALYDECO ORAL TABLET	4	PA; LD; QL

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

Drug Name	Tier	Notes
CYSTIC FIBROSIS AGENT - COMBINATIONS**		
ORKAMBI ORAL PACKET	4	PA; QL
ORKAMBI ORAL TABLET	4	PA; QL
SYMDEKO ORAL TABLET THERAPY PACK	4	PA; QL
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS**		
BRONCHITOL INHALATION CAPSULE	4	PA; SP; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	4	PA; SP; QL
HYDROLYTIC ENZYMES**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP; QL
PLEURAL SCLEROSING AGENTS**		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS**		
OFEV ORAL CAPSULE	4	PA; SP; QL
PULMONARY FIBROSIS AGENTS**		
ESBRIET ORAL CAPSULE	4	PA; LD; SP; QL
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LD; SP; QL
pirfenidone oral tablet 534 mg	4	PA; QL

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	
SULFONAMIDES		
SULFONAMIDES**		
sulfadiazine oral tablet	1 or 1b*	
TETRACYCLINES		
AMINOMETHYLCYCLINES**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
FLUOROCYCLINES**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCYLCYCLINES**		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
TETRACYCLINES**		
demeclocycline hcl oral tablet	1 or 1b*	
doxy 100 intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	

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

Drug Name	Tier	Notes
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
lymepak oral tablet	1 or 1b*	QL
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
mondoxyne nl oral capsule 100 mg	1 or 1b*	QL
targadox oral tablet	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	
THYROID AGENTS		
ANTITHYROID AGENTS - RADIOPHARMACEUTICALS**		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
ANTITHYROID AGENTS**		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
THYROID HORMONES**		
ARMOUR THYROID ORAL TABLET	3	
CYTOMEL ORAL TABLET	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	

Drug Name	Tier	Notes
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
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
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	$0

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

Drug Name	Tier	Notes
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
TDVAX INTRAMUSCULAR SUSPENSION	3	$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	$0
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTICHOLINERGIC COMBINATIONS**		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE	3	

Drug Name	Tier	Notes
ANTISPASMODICS**		
BENTYL INTRAMUSCULAR SOLUTION	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
BELLADONNA ALKALOIDS**		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
H-2 ANTAGONISTS**		
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	QL
cimetidine oral tablet	1 or 1b*	QL
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL
PEPCID ORAL TABLET	3	QL
MISC. ANTI-ULCER**		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
PROTON PUMP INHIBITORS**		
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*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
QUATERNARY ANTICHOLINERGICS**		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA
glycopyrrolate (pf) injection solution prefilled syringe	3	
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	3	
methscopolamine bromide oral tablet	1 or 1b*	
ROBINUL ORAL TABLET	3	
ROBINUL-FORTE ORAL TABLET	3	

Drug Name	Tier	Notes
ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS**		
HELIDAC THERAPY ORAL	3	ST; QL
PYLERA ORAL CAPSULE	3	ST; QL
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS**		
amoxicill-clarithro-lansopraz oral	1 or 1b*	ST; QL
OMECLAMOX-PAK ORAL	3	ST; QL
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
ULCER DRUGS - PROSTAGLANDINS**		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1 or 1a*	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral syrup	1 or 1b*	QL
oxybutynin chloride oral tablet	1 or 1b*	QL
solifenacin succinate oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
trospium chloride oral tablet	1 or 1b*	QL
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**		
bethanechol chloride oral tablet	1 or 1b*	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**		
flavoxate hcl oral tablet	1 or 1b*	
VACCINES		
BACTERIAL VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3	$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	$0
MENACTRA INTRAMUSCULAR SOLUTION	3	$0
MENQUADFI INTRAMUSCULAR SOLUTION	3	$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
VIRAL VACCINE COMBINATIONS**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0

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

Drug Name	Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
VIRAL VACCINES		
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	$0
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	$0; QL
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	$0; QL
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL

Drug Name	Tier	Notes
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUMIST QUADRIVALENT NASAL SUSPENSION	2	$0; QL
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	$0; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	$0
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	$0
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3	$0

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

Drug Name	Tier	Notes
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	$0
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	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	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	$0
VARIVAX SUBCUTANEOUS INJECTABLE	3	$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS**		
GYNAZOLE-1 VAGINAL CREAM	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL

Drug Name	Tier	Notes
MISCELLANEOUS VAGINAL PRODUCTS**		
INTRAROSA VAGINAL INSERT	3	ST; QL
SPERMICIDES**		
ENCARE VAGINAL SUPPOSITORY	2	$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	$0
TODAY SPONGE VAGINAL	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	$0
VAGINAL ANTI-INFECTIVES**		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
VANDAZOLE VAGINAL GEL	1 or 1b*	
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS**		
PHEXXI VAGINAL GEL	3	
VAGINAL ESTROGENS**		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
ESTRING VAGINAL RING	3	QL
FEMRING VAGINAL RING	3	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT	3	QL
PREMARIN VAGINAL CREAM	2	QL
yuvafem vaginal tablet	1 or 1b*	QL
VAGINAL PROGESTINS**		
CRINONE VAGINAL GEL 4 %	4	SP
CRINONE VAGINAL GEL 8 %	4	PA; SP; QL
ENDOMETRIN VAGINAL INSERT	3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS**		
ADRENALIN INJECTION SOLUTION	3	
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**		
droxidopa oral capsule	1 or 1b*	PA; SP; QL
VASOPRESSORS**		
AKOVAZ INTRAVENOUS SOLUTION	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
BIORPHEN INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
EPINEPHRINE INJECTION SOLUTION 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
epinephrine-dextrose intravenous solution 5-5 mg/250ml-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%, 5-0.9 MG/250ML-%	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/500ML-%	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
REZIPRES INTRAVENOUS SOLUTION	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
VITAMINS		
VITAMIN A**		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	
VITAMIN B-1**		
thiamine hcl injection solution	1 or 1b*	
VITAMIN C**		
ASCOR INTRAVENOUS SOLUTION	3	
VITAMIN D**		
DRISDOL ORAL CAPSULE	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
VITAMIN K**		
MEPHYTON ORAL TABLET	3	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

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

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

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

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

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

Rev. 8/19