



2023 National Drug List

Drug list — Five Tier Drug Plan CT Fully Insured

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 and Drug Administration (FDA).

Here are things to remember about the drug list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that are not on this list may not be covered by your plan and may cost you more out of pocket.
- There are rules that affect which drugs are covered by your plan. These limitations and exclusions are included in your *Evidence of Coverage (EOC)* and *Summary Plan Description (SPD)*. To access them, log in to [anthem.com](https://www.anthem.com) and go to **My Plans > Medical > Plan Documents**.
- We update this booklet quarterly if a drug will be added or removed per FDA guidance. To access the most up-to-date drug list for your plan, log in to [anthem.com](https://www.anthem.com) and choose **My Plans > Pharmacy**.

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.

Frequently asked questions

What is a drug list?

The drug list, also called a formulary, is a list of prescription medicines your plan covers. It includes brand-name and generic drugs approved by the FDA.

What is the difference between brand-name and generic drugs?

A **brand-name drug** is FDA approved and usually available from only one company. It may be protected by a patent, which means it can only be made or sold by the company that has the patent.

Brand-name drugs are in **UPPER CASE, bold type** on the drug list.

A **generic drug** is also FDA approved. It has the same active ingredients and works the same as the brand-name drug. A generic drug is usually available only after the patent on the brand-name drug ends.

Generic drugs are in lower case, plain type on the drug list.

Is this a complete list of all covered drugs?

Yes, this list includes all the drugs currently covered by your plan.



Why are certain drugs not included?

There are rules that affect which drugs your plan covers and which ones it does not. These limitations and exclusions are listed in your *Evidence of Coverage (EOC)* and *Summary Plan Description (SPD)*. To access them, log in to anthem.com and go to **My Plans > Medical > Plan Documents**.

How can I find a drug on the list?

Drugs are organized by their drug class, also called therapeutic class.

I see a tier next to each drug. What do the tiers mean?

The drug list is set up in three tiers or levels. We place drugs in different tiers based on:

- How well they work to improve health.
- If there are over-the-counter (OTC) options available.
- Their costs compared to other drugs used for the same type of treatment.

How do the tiers affect how much a drug costs?

The lower the tier, the lower your share of the cost. Here is a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.
- 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.
- Tier 5 drugs have the highest cost share. Drugs in this tier are non-preferred specialty brand and generic drugs. Tier 5 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 can I tell what my cost share may be?

You can log in to [anthem.com](https://www.anthem.com) and enter the drug name in our Price a Medication tool. Search results will show how much the drug costs at pharmacies near you.

If a drug I take isn't on the list, what are my options?

Here are 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.
- Your plan may cover another brand-name or generic drug that works just as well. You can search for recent updates about generic drugs at [anthem.com](https://www.anthem.com).
- Talk to a doctor or pharmacist to see if over-the-counter (OTC) drugs are an option. OTC drugs are not included on the drug list.
- If a drug you take isn't covered, your doctor can ask us to review your coverage. This process is called **preapproval** or **prior authorization**. The doctor can start the process by calling the Pharmacy Member Services number on your member ID card or by downloading a prior authorization form from our website. If we approve the request, the amount you pay for the drug will depend on your plan's benefit.
- Only you and your doctor can decide which medications are best for you.

What do I need to look for in the Notes column?

If a drug needs preapproval or prior authorization, you will see "PA" next to it. If you need to try another drug first, which is called step therapy, you will see "ST" next to it.

Who decides which drugs to include 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 healthcare professionals decides which drugs we include. The group meets regularly to review new and existing drugs. They recommend drugs based on their safety, how well they work to improve health, and the value they offer our members.

Does the drug list change? How will I know if it does?

Drugs on our list are reviewed regularly. They are sometimes added, removed, or moved to a different tier. However, changes to your formulary will occur upon your health plan renewal or per FDA guidance received during the plan year. We will send you a letter if a drug you take is removed from 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. To access the most up-to-date drug list, log in to [anthem.com](https://www.anthem.com).

Does my plan cover preventive drugs?

We cover preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) when specific criteria are met.

How can I find a pharmacy in my plan?

Go to [anthem.com](https://www.anthem.com) to find a pharmacy near you.



Key terms

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.

Online pharmacy resources

Log in to anthem.com to find your closest network pharmacy and the most up-to-date drug list information, including pricing, brands and generics, and dosage options. 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.

We're here to help

If you have questions about the drug list or your pharmacy benefits, call the Pharmacy Member Services number on your ID card.

A note about opioid analgesics: In response to the opioid epidemic, the U.S. Food and Drug Administration (FDA) encouraged the development of painkillers that prevent misuse. You may pay less for these types of opioids in certain states.

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

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National Formulary

Five Tier

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Five Tier

CURRENT AS OF 1/1/2023

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT S* | | |
| *ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA; QL |
| guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg | 1 or 1b* | PA; DO |
| 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-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg | 1 or 1b* | PA; QL |
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; DO |
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | 1 or 1b* | PA; QL |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 |
| zenedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| zenedi 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 |
| WEGOZY 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 | 5 | PA; SP; QL |
| WAKIX ORAL TABLET 4.45 MG | 5 | PA; DO; SP |
| *LIPASE INHIBITORS*** | | |
| orlistat oral capsule | 1 or 1b* | PA; QL |
| *MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | 5 | 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 (1a) oral capsule extended release 24 hour 10 mg, 20 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (1a) 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.

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| 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 | |

| Drug Name | Tier | Notes |
|--|------|-------|
| 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 CLADOSPORIODES INJECTION SOLUTION | 3 | |
| CLADOSPORIUM CLADOSPORIODES 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 | |
| EPICOCUM 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 | |

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| 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 | 5 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|---|------|------------|
| PALFORZIA (120 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (160 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (20 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (200 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (240 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (3 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | 5 | PA; SP; QL |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | 5 | PA; SP; QL |
| PALFORZIA (40 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (6 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA (80 MG DAILY DOSE) ORAL | 5 | PA; SP; QL |
| PALFORZIA INITIAL ESCALATION ORAL | 5 | 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 | |

| Drug Name | Tier | Notes |
|---|------|-------|
| 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 | 5 | PA; QL |
| BETHKIS INHALATION NEBULIZATION SOLUTION | 5 | 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.

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| Drug Name | Tier | Notes |
|---|----------|------------|
| TOBI PODHALER INHALATION CAPSULE | 5 | LD; SP; QL |
| tobramycin inhalation nebulization solution | 1 or 1b* | 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 | 5 | PA; SP; QL |
| XELJANZ ORAL TABLET | 5 | PA; SP; QL |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 5 | 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 | 5 | PA; SP; QL |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.35ML, 17.5 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 | 5 | 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/UEVIT 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.

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *INTERLEUKIN-1 BLOCKERS*** | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP; QL |
| *INTERLEUKIN-1BETA BLOCKERS*** | | |
| ILARIS SUBCUTANEOUS SOLUTION | 5 | 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 | |
| cataflam oral tablet | 1 or 1b* | QL |
| 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* | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 |
| relafen oral tablet | 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| ARAVA ORAL TABLET | 3 | QL |
| 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 |
| *SALICYLATES*** | | |
| diflunisal oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** | | |
| PRIALT INTRATHECAL SOLUTION | 5 | 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 |
| *FENTANYL COMBINATIONS*** | | |
| FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-% | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 | |
| 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 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 PREFILLED SYRINGE 100-0.9 MCG/10ML-% | 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 |
| 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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 | 3 | |
| tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 1 or 1b* | PA; QL |
| tramadol hcl er oral 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | QL |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | QL |
| *TRAMADOL COMBINATIONS*** | | |
| tramadol-acetaminophen oral tablet | 1 or 1b* | QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *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/act (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 or 1b* | PA; QL |
| testosterone transdermal solution | 1 or 1b* | PA; QL |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *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* | |
| *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* | |
| STROMEKTOL ORAL TABLET | 3 | PA; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | |
| 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 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION | 3 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| *ANTIANXIETY AGENTS* | | |
| *ANTIANXIETY AGENTS - MISC.*** | | |
| bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg | 1 or 1b* | DO |
| bupirone 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 |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| *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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *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 | |
| *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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| PERFORMIST 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* | |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| *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 REDHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| *THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| *XANTHINES*** | | |
| aminophylline intravenous solution | 1 or 1b* | |
| ELIXOPHYLLIN ORAL ELIXIR | 2 | 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 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| *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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-% | 3 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 3 | |
| 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 | |
| *LOW MOLECULAR WEIGHT HEPARINS*** | | |
| enoxaparin sodium injection solution | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 4 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | QL |
| *SYNTHETIC HEPARINOID-LIKE AGENTS*** | | |
| ARIXTRA SUBCUTANEOUS SOLUTION | 5 | QL |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| 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 | 5 | PA; QL |
| DIACOMIT ORAL PACKET | 5 | PA; QL |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| EPIDIOLEX ORAL SOLUTION | 5 | PA; SP |
| epitol oral tablet | 1 or 1b* | QL |
| FINTEPLA ORAL SOLUTION | 5 | PA; QL |
| gabapentin oral capsule | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 |
| ZTALMY ORAL SUSPENSION | 5 | 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 | 4 | LD; SP; QL |
| vigabatrin oral tablet | 4 | LD; SP; QL |
| vigadrone oral packet | 4 | LD; SP; QL |
| *HYDANTOINS*** | | |
| CEREBYX INJECTION SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| DILANTIN INFATABS ORAL TABLET CHEWABLE | 3 | |
| DILANTIN ORAL CAPSULE 100 MG | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN ORAL SUSPENSION | 3 | |
| fosphenytoin sodium injection solution | 1 or 1b* | |
| PHENYTEK ORAL CAPSULE | 3 | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| *SUCCINIMIDES*** | | |
| CELONTIN ORAL CAPSULE | 3 | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 |
| *N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | 5 | PA; QL |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | 5 | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 |
| 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 | 3 | QL |
| GLUCAGON EMERGENCY INJECTION KIT | 3 | QL |
| GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED | 3 | QL |
| GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE KIT SUBCUTANEOUS SOLUTION | 3 | QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| *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 |

| Drug Name | Tier | Notes |
|---|------|--------|
| 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 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.

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| 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 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *THIAZOLIDINEDIONES*** | | |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** | | |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| *ANTIDIARRHEAL/PROBIOTIC 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 | 1 or 1b* | PA; SP |
| deferasirox oral packet | 1 or 1b* | PA; SP |
| deferasirox oral tablet | 1 or 1b* | PA; SP |
| deferasirox oral tablet soluble | 1 or 1b* | 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 | 1 or 1b* | PA |
| FERRIPROX ORAL SOLUTION | 5 | PA |
| FERRIPROX TWICE-A-DAY ORAL TABLET | 5 | 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 | 1 or 1b* | SP |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG | 5 | 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 | 5 | 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.

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| 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 | 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 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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.

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| 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 | 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 |
| VFEND ORAL TABLET | 3 | PA; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| QUZYTIR INTRAVENOUS SOLUTION | 3 | |
| *ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| PHENERGAN INJECTION SOLUTION | 3 | |
| promethazine hcl injection solution | 1 or 1a* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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* | |
| *ANTHYPERLIPIDEMI CS* | | |
| *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 | 5 | PA |
| *ANTHYPERLIPIDEMI CS - 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 |
| cholestyramine oral packet | 1 or 1b* | QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 | 5 | PA; DO; LD |
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 5 | PA; LD; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 | 5 | 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 10-12.5 mg | 1 or 1b* | DO |
| 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 |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| captopril oral tablet 100 mg | 1 or 1b* | QL |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *AGENTS FOR PHEOCHROMOCYTOM A*** | | |
| DEMSEER ORAL CAPSULE | 3 | PA; QL |
| DIBENZYLINE ORAL CAPSULE | 3 | PA; QL |
| metirosine oral capsule | 1 or 1b* | PA; QL |
| phenoxybenzamine hcl oral capsule | 1 or 1b* | PA; QL |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | |
| *ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *ANTIHYPERTENSIVES - MISC.*** | | |
| VECAMYL ORAL TABLET | 3 | |
| *BETA BLOCKER & DIURETIC COMBINATIONS*** | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | QL |
| 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*** | | |
| TEKTURN HCT ORAL TABLET 150-12.5 MG | 3 | DO |
| TEKTURN 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 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *VASODILATORS*** | | |
| hydralazine hcl injection solution | 1 or 1b* | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% | 3 | |
| 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 | 5 | |
| pentamidine isethionate inhalation solution reconstituted | 1 or 1b* | |
| pentamidine isethionate injection solution reconstituted | 1 or 1b* | |
| tinidazole oral tablet | 1 or 1b* | QL |
| TRIMETHOPRIM ORAL TABLET | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| XIFAXAN ORAL TABLET | 3 | PA; QL |
| *ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| BACTRIM DS ORAL TABLET | 3 | |
| BACTRIM ORAL TABLET | 3 | |
| sulfamethoxazole-trimethoprim intravenous solution | 1 or 1b* | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 or 1a* | |
| sulfamethoxazole-trimethoprim oral tablet | 1 or 1a* | |
| sulfatrim pediatric oral suspension | 1 or 1a* | |
| *ANTIPROTOZOAL AGENTS*** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | 3 | 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| INVANZ INJECTION SOLUTION RECONSTITUTED | 3 | |
| meropenem intravenous solution reconstituted | 1 or 1b* | |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML | 3 | |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 1.5-0.9 GM/250ML-%, 1.75-0.9 GM/250ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-% | 3 | QL |
| 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 | 5 | 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *POLYMYXINS*** | | |
| colistimethate sodium (cba) injection solution reconstituted | 1 or 1b* | |
| COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED | 3 | |
| polymyxin b sulfate injection solution reconstituted | 1 or 1b* | |
| *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 |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | 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 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 1 or 1b* | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | |
| MYCOBUTIN ORAL CAPSULE | 3 | |
| PASER ORAL PACKET | 3 | |
| PRETOMANID ORAL TABLET | 3 | |
| PRIFTIN ORAL TABLET | 2 | |
| pyrazinamide oral tablet | 1 or 1b* | |
| rifabutin oral capsule | 1 or 1b* | |
| RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| rifampin intravenous solution reconstituted | 1 or 1b* | |
| rifampin oral capsule | 1 or 1b* | |
| SIRTURO ORAL TABLET | 3 | |
| TRECTOR 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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 | 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 |
| *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* | |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANTIESTROGENS*** | | |
| FARESTON ORAL TABLET | 3 | QL |
| 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 | 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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 |
| PURIXAN ORAL SUSPENSION | 3 | PA |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | ST |
| VIDAZA INJECTION SUSPENSION RECONSTITUTED | 3 | PA; SP |
| XATMEP ORAL SOLUTION | 3 | PA; SP |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 2 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| 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 |
| *ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** | | |
| ARZERRA INTRAVENOUS CONCENTRATE | 3 | PA; SP |

| Drug Name | Tier | Notes |
|---|------|--------|
| 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 |
| *ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** | | |
| DARZALEX INTRAVENOUS SOLUTION | 3 | PA; SP |
| SARCLISA INTRAVENOUS SOLUTION | 3 | PA; SP |

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

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| Drug Name | Tier | Notes |
|--|------|--------|
| *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 |

| Drug Name | Tier | Notes |
|---|------|--------|
| 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 |
| *ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** | | |
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *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 |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL |
| IMBRUVICA ORAL TABLET | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *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 |
| TAGRISSEO 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 |
| *ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | | |
| DAURISMO ORAL TABLET | 3 | PA; SP; QL |

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| 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 |
| *ANTINEOPLASTIC - MEK INHIBITORS*** | | |
| COTELLIC ORAL TABLET | 3 | PA; SP; QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| KOSELUGO ORAL CAPSULE | 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 |
| BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |

| Drug Name | Tier | Notes |
|--|------|----------------|
| 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 |
| ELLECE 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 |
| valrubicin intravesical solution | 1 or 1b* | SP |
| VALSTAR INTRAVESICAL SOLUTION | 3 | SP |

| Drug Name | Tier | Notes |
|--|------|------------|
| *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 |
| VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG | 3 | SP |

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

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| Drug Name | Tier | Notes |
|--|------|--------|
| *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 | 5 | PA |
| AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION | 5 | 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 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ANTINEOPLASTICS MISC.*** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | 5 | PA; LD; SP |
| ALFERON N INJECTION SOLUTION | 5 | 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* | |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT | 5 | LD; SP |
| MATULANE ORAL CAPSULE | 2 | LD |
| NIPENT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED | 5 | 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.

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| Drug Name | Tier | Notes |
|--|----------|------------|
| *CARBOXYPEPTIDASE ENZYME AGENTS*** | | |
| VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CARDIAC PROTECTIVE AGENTS*** | | |
| dexrazoxane hcl intravenous solution reconstituted | 1 or 1b* | SP |
| TOTECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| *CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** | | |
| ELITEK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| *CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** | | |
| KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *ESTROGEN RECEPTOR ANTAGONIST*** | | |
| FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; SP |
| fulvestrant intramuscular solution prefilled syringe | 1 or 1b* | PA; SP |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| temozolomide oral capsule | 1 or 1b* | PA; SP; QL |
| *ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** | | |
| TIBSOVO ORAL TABLET | 3 | PA; QL |
| *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 |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | 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 | 5 | 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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| ZOLADEX SUBCUTANEOUS IMPLANT | 3 | PA; SP; QL |
| *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, 80 MG/8ML | 3 | PA; 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 |
| *PHOSPHATIDYLINOSI TOL 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 |
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** | | |
| LYNPARZA ORAL TABLET | 3 | PA; LD; SP; QL |
| RUBRACA ORAL TABLET | 3 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| 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 | |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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*** | | |
| ALYMSYS INTRAVENOUS SOLUTION | 3 | |
| 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 | 5 | 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* | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 3 | PA; DO |
| INBRIJA INHALATION CAPSULE | 5 | 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 | |
| *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* | |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| 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 | 5 | 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 | 5 | PA; SP; QL |
| apomorphine hcl subcutaneous solution cartridge | 1 or 1b* | PA; SP; QL |
| KYMOBI 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 |

| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 | 5 | PA; SP; QL |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; SP; QL |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| *DIBENZOTHIAZEPINE S*** | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | 1 or 1b* | DO |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| aripiprazole oral tablet 20 mg, 30 mg | 1 or 1b* | QL |
| aripiprazole oral tablet dispersible | 1 or 1b* | QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *THIENBENZODIAZEPI NES*** | | |
| 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 | |
| *CHLORINE ANTISEPTICS*** | | |
| BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 % | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------------|
| *IODINE ANTISEPTICS*** | | |
| IODOFLEX EXTERNAL PAD | 3 | |
| *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-tenofovir 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *ANTIRETROVIRALS - INTEGRASE INHIBITORS*** | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | QL |
| ISENTRESS HD ORAL TABLET | 3 | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|---------|
| 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 |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 | 5 | SP |
| GANCICLOVIR SODIUM INTRAVENOUS SOLUTION | 5 | SP |
| ganciclovir sodium intravenous solution reconstituted | 1 or 1b* | SP |
| LIVTENCITY ORAL TABLET | 5 | PA; QL |
| PREVYMIS INTRAVENOUS SOLUTION | 5 | PA; SP; QL |
| PREVYMIS ORAL TABLET | 5 | 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 | 1 or 1b* | SP; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| BARACLUDE ORAL SOLUTION | 2 | QL |
| entecavir oral tablet | 1 or 1b* | QL |
| EPIVIR HBV ORAL SOLUTION | 5 | QL |
| EPIVIR HBV ORAL TABLET | 5 | QL |
| HEPSERA ORAL TABLET | 5 | SP; QL |
| lamivudine oral tablet 100 mg | 1 or 1b* | QL |
| VEMLIDY ORAL TABLET | 5 | 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 | 1 or 1b* | SP; QL |
| ribavirin oral tablet 200 mg | 1 or 1b* | SP; QL |
| *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 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 |
| 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 | |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| *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 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG | 3 | DO |
| KASPARGO 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| diltiazem hcl er oral capsule extended release 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 |
| 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 NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-% | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| NICARDIPINE HCL IN NAACL 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| 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 |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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* | |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG | 3 | DO |
| *CARDIAC MYOSIN INHIBITORS*** | | |
| CAMZYOS ORAL CAPSULE | 5 | 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 | 1 or 1b* | PA; LD; SP |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 5 | PA; SP |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| treprostinil injection solution | 1 or 1b* | PA; SP |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER | 5 | PA; QL |
| TYVASO DPI TITRATION KIT INHALATION POWDER | 5 | PA; QL |
| TYVASO INHALATION SOLUTION | 5 | PA; SP; QL |
| TYVASO REFILL INHALATION SOLUTION | 5 | PA; SP; QL |
| TYVASO STARTER INHALATION SOLUTION | 5 | PA; SP; QL |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED | 4 | PA; LD; SP |
| VENTAVIS INHALATION SOLUTION | 5 | PA; SP; QL |
| *PULM HYPERTEN- SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| ADEMPAS ORAL TABLET | 4 | PA; LD; SP; QL |
| *PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| ambrisentan oral tablet | 1 or 1b* | PA; SP; QL |
| bosentan oral tablet | 1 or 1b* | 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 | 1 or 1b* | PA; SP; QL |
| sildenafil citrate intravenous solution | 1 or 1b* | PA; SP; QL |
| sildenafil citrate oral suspension reconstituted | 1 or 1b* | PA; SP; QL |
| sildenafil citrate oral tablet 20 mg | 1 or 1b* | PA; SP; QL |
| tadalafil (pah) oral tablet | 1 or 1b* | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| *PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; QL |
| UPTRAVI ORAL TABLET | 5 | PA; SP; QL |
| UPTRAVI ORAL TABLET THERAPY PACK | 5 | 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 |
| *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 | 5 | PA; SP; QL |
| VYNDAQEL ORAL CAPSULE | 5 | PA; SP; QL |
| *VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 | |
| 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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| cephalexin oral tablet | 1 or 1a* | |
| *CEPHALOSPORINS - 2ND GENERATION*** | | |
| CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| cefaclor oral capsule | 1 or 1b* | |
| cefaclor oral suspension reconstituted | 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 | 1 or 1b* | |
| cefpodoxime proxetil oral suspension reconstituted | 1 or 1b* | |
| cefpodoxime proxetil oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM | 3 | QL |
| ceftriaxone sodium intravenous solution reconstituted | 1 or 1b* | QL |
| CEFTRIAZONE SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML) | 3 | QL |
| SUPRAX ORAL CAPSULE | 3 | QL |
| 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 | |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 | |
| pimtrex 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| cryselles-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 |
| delyla oral tablet | 1 or 1a* | \$0 |
| desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg | 1 or 1a* | \$0 |
| drosipren-eth estrad- levomefol oral tablet | 1 or 1b* | \$0 |
| drosiprenone-ethinyl estradiol oral tablet | 1 or 1b* | \$0 |
| 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 |
| gimmily oral capsule | 1 or 1b* | \$0 |
| GENERESS FE ORAL TABLET CHEWABLE | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| 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 | |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| *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 |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *COPPER CONTRACEPTIVES - IUD*** | | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | 3 | |
| *EMERGENCY CONTRACEPTIVES*** | | |
| ELLA ORAL TABLET | 3 | \$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 |
| 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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *PROGESTIN CONTRACEPTIVES - IMPLANTS*** | | |
| NEXPLANON SUBCUTANEOUS IMPLANT | 5 | 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 | 5 | 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 | |
| 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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| 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* | |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | PA; QL |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| ZCORT 7-DAY ORAL TABLET THERAPY PACK | 3 | |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | 5 | PA; QL |
| *MINERALOCORTICOIDSD*** | | |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| *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 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 or 1b* | |
| *MUCOLYTICS*** | | |
| acetylcysteine inhalation solution | 1 or 1b* | |
| *NON-NARC ANTITUSSIVE-ANTIANTHISTAMINE*** | | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIANTHISTAMINE*** | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |
| *OPIOID ANTITUSSIVE-ANTIANTHISTAMINE*** | | |
| 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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | 3 | |
| *OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** | | |
| promethazine vc/codeine oral syrup | 1 or 1b* | QL |
| promethazine-phenyleph-codeine oral syrup | 1 or 1b* | QL |
| *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 |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| *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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 |
| *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 |

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

| Drug Name | Tier | Notes |
|---|----------|------------|
| *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 |
| 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 |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 4 | PA; SP; QL |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; SP; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; LD; SP; QL |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | 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* | ST; QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | ST; 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 |
| DENA VIR EXTERNAL CREAM | 3 | PA; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 |
| 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 cream | 3 | ST; 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| 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 |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 absorbbase 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 |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | PA |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** | | |
| SCENESSE SUBCUTANEOUS IMPLANT | 3 | PA; QL |
| *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 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ROSACEA AGENTS*** | | |
| azelaic acid external gel | 1 or 1b* | QL |
| FINACEA EXTERNAL FOAM | 2 | QL |
| ivermectin external cream | 1 or 1b* | QL |
| 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 | 3 | QL |
| *SCABICIDES & PEDICULICIDES*** | | |
| crotan external lotion | 1 or 1b* | QL |
| ivermectin 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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *TAR PRODUCTS*** | | |
| coal tar external solution | 1 or 1b* | |
| *TISSUE REPLACEMENTS*** | | |
| AMNIOFIX INJECTION SUSPENSION RECONSTITUTED | 3 | |
| 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 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| STRAVIX EXTERNAL SHEET | 3 | |
| TRUSKIN EXTERNAL SHEET 4 CM X 8 CM | 3 | |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| l.e.t. external solution | 3 | |
| 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*** | | |
| REGSPAN EXTERNAL GEL | 3 | QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *WOUND CARE COMBINATIONS*** | | |
| XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD | 3 | |
| *WOUND DRESSINGS*** | | |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | 3 | |
| TEGADERM AG MESH EXTERNAL PAD 2"X2" | 2 | |
| WOUNDGELHA MATRIX EXTERNAL GEL | 3 | |
| *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 | 5 | 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* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| KEVEYIS ORAL TABLET | 5 | 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 | |
| EDECIN ORAL TABLET | 3 | |
| ethacrynate sodium intravenous solution reconstituted | 1 or 1b* | |
| ethacrynic acid oral tablet | 1 or 1b* | |
| FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION | 3 | |
| furosemide injection solution 10 mg/ml | 1 or 1a* | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| LASIX ORAL TABLET | 3 | |
| SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| torseamide oral tablet | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| *ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS*** | | |
| XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA |
| *ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** | | |
| REVCovi INTRAMUSCULAR SOLUTION | 5 | 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 |
| FOSAMAX ORAL TABLET 70 MG | 3 | QL |
| FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| ibandronate sodium intravenous solution 3 mg/3ml | 1 or 1b* | |
| ibandronate sodium oral tablet | 1 or 1b* | QL |
| pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml | 1 or 1b* | SP |
| PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML | 4 | SP |
| RECLAST INTRAVENOUS SOLUTION | 5 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 | 1 or 1b* | PA; SP; QL |
| *CALCIMIMETIC AGENTS*** | | |
| cinacalcet hcl oral tablet | 1 or 1b* | PA; QL |
| PARSABIV INTRAVENOUS SOLUTION | 5 | PA |
| *CALCITONINS*** | | |
| calcitonin (salmon) injection solution | 1 or 1b* | |
| calcitonin (salmon) nasal solution | 1 or 1b* | QL |
| MIA CALCIN INJECTION SOLUTION | 5 | |
| *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 | 5 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| cabergoline oral tablet | 1 or 1b* | QL |
| *FABRY DISEASE - AGENTS*** | | |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| GALAFOLD ORAL CAPSULE | 5 | PA; QL |
| *GAA DEFICIENCY TREATMENT - AGENTS*** | | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| *GNRH/LHRH ANTAGONISTS*** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | 5 | PA; SP |
| fyremadel subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP |
| GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 or 1b* | PA; SP |
| ORLISSA ORAL TABLET | 2 | PA; QL |
| *GROWTH HORMONE RECEPTOR ANTAGONISTS*** | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| *GROWTH HORMONE RELEASING HORMONES (GHRH)*** | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; LD; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| *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 | 5 | PA; LD; QL |
| ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| *HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** | | |
| XURIDEN ORAL PACKET | 5 | PA; QL |
| *HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** | | |
| nitisinone oral capsule | 1 or 1b* | PA; SP |
| NITYR ORAL TABLET | 5 | PA |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | 5 | PA; SP |
| ORFADIN ORAL CAPSULE 20 MG | 5 | PA |
| ORFADIN ORAL SUSPENSION | 5 | PA |
| *HOMOCYSTINURIA TREATMENT - AGENTS*** | | |
| betaine oral powder | 4 | LD |
| CYSTADANE ORAL POWDER | 5 | LD |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *HYPERAMMONEMIA TREATMENT - AGENTS*** | | |
| carglumic acid oral tablet soluble | 1 or 1b* | 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 |
| *HYPOPHOSPHATASIA (HPP) AGENTS*** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 5 | PA |
| *INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** | | |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; QL |
| *INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** | | |
| INCRELEX SUBCUTANEOUS SOLUTION | 5 | PA; SP |

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

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| Drug Name | Tier | Notes |
|--|------|------------|
| *LEPTIN ANALOGUES*** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA |
| *LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT | 5 | PA; SP; QL |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT | 5 | PA; SP; QL |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT | 5 | PA; SP; QL |
| SUPPRELIN LA SUBCUTANEOUS KIT | 5 | PA; SP; QL |
| SYNAREL NASAL SOLUTION | 5 | PA; SP; QL |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 5 | PA; QL |
| *LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** | | |
| KANUMA INTRAVENOUS SOLUTION | 5 | PA; SP |
| *MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** | | |
| NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA |
| *MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS*** | | |
| ALDURAZYME INTRAVENOUS SOLUTION | 5 | PA; SP |
| *MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS*** | | |
| ELAPRASE INTRAVENOUS SOLUTION | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|------|------------|
| *MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS*** | | |
| VIMIZIM INTRAVENOUS SOLUTION | 5 | PA; SP |
| *MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS*** | | |
| NAGLAZYME INTRAVENOUS SOLUTION | 5 | PA; SP |
| *MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS*** | | |
| MEPSEVII INTRAVENOUS SOLUTION | 5 | PA |
| *NATRIURETIC PEPTIDES*** | | |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| *NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** | | |
| KERENDIA ORAL TABLET | 3 | PA; QL |
| *OVULATION STIMULANTS-GONADOTROPINS*** | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 5 | PA; SP |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | 4 | PA; SP |
| GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 4 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | 4 | PA; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | PA; SP |
| OVIDREL SUBCUTANEOUS INJECTABLE | 5 | PA; SP |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED | 5 | 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 100 MG | 1 or 1b* | PA |
| JAVYGTOR ORAL TABLET | 4 | PA |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 5 | PA; SP; QL |
| sapropterin dihydrochloride oral packet | 1 or 1b* | PA; SP |
| sapropterin dihydrochloride oral tablet | 1 or 1b* | PA; SP |
| *RANK LIGAND (RANKL) INHIBITORS*** | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| XGEVA SUBCUTANEOUS SOLUTION | 3 | PA; SP; QL |
| *SCLEROSTIN INHIBITORS*** | | |
| EVENTY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| EVISTA ORAL TABLET | 3 | \$0; QL |
| OSPHENA ORAL TABLET | 3 | PA; QL |
| raloxifene hcl oral tablet | 1 or 1b* | \$0; QL |
| *SELECTIVE VASOPRESSIN V2- RECEPTOR ANTAGONISTS*** | | |
| JYNARQUE ORAL TABLET | 5 | PA; SP; QL |
| JYNARQUE ORAL TABLET THERAPY PACK | 5 | PA; QL |
| SAMSCA ORAL TABLET | 5 | PA; SP; QL |
| tolvaptan oral tablet | 4 | PA; SP; QL |
| *SOMATOSTATIC AGENTS*** | | |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION | 5 | PA; LD; SP; QL |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 5 | PA; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 or 1b* | PA; SP |
| octreotide acetate subcutaneous solution prefilled syringe | 1 or 1b* | PA; SP |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 5 | PA; SP |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | 5 | PA; SP; QL |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 5 | PA; LD; QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 5 | PA; LD; QL |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML | 5 | PA; LD; SP; QL |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML | 5 | PA; SP; QL |
| *UREA CYCLE DISORDER - AGENTS*** | | |
| AMMONUL INTRAVENOUS SOLUTION | 3 | |
| CITRULLINE EASY ORAL TABLET EXTENDED RELEASE | 3 | |
| RAVICTI ORAL LIQUID | 5 | PA; SP; QL |
| sod benz-sod phenylacet intravenous solution | 1 or 1b* | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 4 | PA; SP; QL |
| sodium phenylbutyrate oral tablet | 4 | PA; SP; QL |
| *V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** | | |
| VAPRISOL INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *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 | 5 | PA; QL |
| vasopressin intravenous solution | 1 or 1b* | |
| 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 | 5 | PA; SP; QL |

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 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 |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 | 5 | PA; QL |
| *FARNESOID X RECEPTOR (FXR) AGONISTS*** | | |
| OCALIVA ORAL TABLET | 5 | PA; SP; QL |
| *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 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** | | |
| lubiprostone oral capsule | 1 or 1b* | QL |
| *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 | 5 | 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 |
| *ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 5 | PA; QL |
| BYLVAY ORAL CAPSULE | 5 | PA; QL |
| LIVMARLI ORAL SOLUTION | 5 | PA; QL |

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| Drug Name | Tier | Notes |
|---|----------|------------|
| *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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *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 |
| 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 |

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | PA; QL |
| *TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** | | |
| AVSOLA 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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| sevoflurane inhalation solution | 1 or 1b* | |
| SUPRANE INHALATION SOLUTION | 3 | |
| terrell inhalation solution | 1 or 1b* | |
| ULTANE INHALATION SOLUTION | 3 | |
| *GENTOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-ALPHA REDUCTASE INHIBITORS*** | | |
| dutasteride 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 |
|--|----------|------------|
| 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 | 5 | PA; LD; SP |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 5 | PA; LD |
| PROCYSBI ORAL PACKET | 5 | PA; 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 | 5 | PA |
| *URINARY STONE AGENTS*** | | |
| LITHOSTAT ORAL TABLET | 3 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| THIOLA ORAL TABLET | 5 | PA; QL |
| tiopronin oral tablet | 4 | PA; QL |
| *VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** | | |
| DEFLUX INJECTION PREFILLED SYRINGE | 3 | |
| *GOUT AGENTS* | | |
| *GOUT AGENT COMBINATIONS*** | | |
| colchicine-probenecid 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 |
|--|----------|----------------|
| *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 | 5 | 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 | 5 | PA |
| *ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION | 5 | PA; SP |
| *ANTIHEMOPHILIC PRODUCTS*** | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| AFSTYLA INTRAVENOUS KIT | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|------|------------|
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 5 | PA; LD; SP |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| BENEFIX INTRAVENOUS KIT | 5 | PA; SP |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| CORIFACT INTRAVENOUS KIT | 5 | PA; SP |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT | 5 | PA; LD; SP |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT | 5 | PA; LD; SP |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT | 5 | PA; SP |

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

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| Drug Name | Tier | Notes |
|---|------|------------|
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | 5 | PA; SP |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| KCENTRA INTRAVENOUS KIT | 3 | |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT | 5 | PA; LD; SP |
| KOGENATE FS INTRAVENOUS KIT | 5 | PA; LD; SP |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| NUWIQ INTRAVENOUS KIT | 5 | PA; SP |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |

| Drug Name | Tier | Notes |
|---|----------|------------|
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; LD; SP |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| WILATE INTRAVENOUS KIT | 5 | PA; SP |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 5 | PA; SP |
| XYNTHA SOLOFUSE INTRAVENOUS KIT | 5 | PA; SP |
| *ANTI-VON WILLEBRAND FACTOR AGENTS*** | | |
| CABLIVI INJECTION KIT | 5 | PA |
| *BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| icatibant acetate subcutaneous solution | 1 or 1b* | PA; SP; QL |
| sajazir subcutaneous solution | 1 or 1b* | PA; SP; QL |
| *C1 ESTERASE INHIBITORS*** | | |
| BERINERT INTRAVENOUS KIT | 5 | PA; SP; QL |

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| Drug Name | Tier | Notes |
|--|------|------------|
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP; QL |
| *COMPLEMENT C1 INHIBITORS*** | | |
| ENJAYMO INTRAVENOUS SOLUTION | 5 | |
| *COMPLEMENT C3 INHIBITORS*** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | 5 | PA; QL |
| *COMPLEMENT C5 INHIBITORS*** | | |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 5 | PA; QL |
| ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML | 5 | PA; QL |
| *COMPLEMENT C5A RECEPTOR INHIBITORS*** | | |
| TAVNEOS ORAL CAPSULE | 5 | |
| *DIRECT-ACTING P2Y12 INHIBITORS*** | | |
| BRILINTA ORAL TABLET | 2 | QL |
| KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** | | |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 | 5 | SP |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| cilostazol oral tablet | 1 or 1b* | |
| *PLASMA EXPANDERS*** | | |
| HESPAN INTRAVENOUS SOLUTION | 3 | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| HEXTEND INTRAVENOUS SOLUTION | 3 | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| *PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 5 | PA; SP; QL |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|--|------|------------|
| *PLASMA KALLIKREIN INHIBITORS*** | | |
| KALBITOR SUBCUTANEOUS SOLUTION | 5 | PA; SP; QL |
| ORLADEYO ORAL CAPSULE | 5 | 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 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | 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 |
| *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 | 5 | PA; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | 5 | 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 | 5 | 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 | 5 | |
| *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 | 5 | PA; SP |

| Drug Name | Tier | Notes |
|---|----------|------------|
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| miglustat oral capsule | 2 | PA; SP; QL |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| *AMINO ACIDS*** | | |
| ENDARI ORAL PACKET | 5 | 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 | 5 | PA; SP |
| *CYTOTOXIC AGENTS*** | | |
| DROXIA ORAL CAPSULE | 2 | |
| SIKLOS ORAL TABLET | 3 | PA; SP |
| *ERYTHROID MATURATION AGENTS*** | | |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 5 | PA; SP; QL |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | 5 | 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 | |
| *FOLIC ACID/FOLATES*** | | |
| folic acid injection solution | 1 or 1a* | |
| folic acid oral tablet 1 mg | 1 or 1a* | |
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| GRANIX SUBCUTANEOUS SOLUTION | 5 | PA; SP |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | 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 |

| Drug Name | Tier | Notes |
|---|----------|------------|
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA; SP |
| NIVESTYM INJECTION SOLUTION | 5 | PA; SP |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 5 | PA; SP |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| RELEUKO INJECTION SOLUTION | 5 | PA; SP |
| RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; SP; QL |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 4 | PA; SP |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| *GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 5 | PA; SP |
| *HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** | | |
| OXBRYTA ORAL TABLET | 5 | PA; SP; QL |
| OXBRYTA ORAL TABLET SOLUBLE | 5 | PA; SP; QL |
| *IRON COMBINATIONS*** | | |
| foltrin oral capsule | 1 or 1b* | |
| *IRON*** | | |
| ACCRUFER ORAL CAPSULE | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| FERAHEME INTRAVENOUS SOLUTION | 5 | PA; SP; QL |
| FERRLECIT INTRAVENOUS SOLUTION | 5 | PA; SP; QL |
| ferumoxytol intravenous solution | 4 | PA; SP; QL |
| INFED INJECTION SOLUTION | 5 | PA; SP |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML | 5 | PA; QL |
| INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML | 5 | PA; SP; QL |
| MONOFERRIC INTRAVENOUS SOLUTION | 3 | PA; SP; QL |
| na ferric gluc cplx in sucrose intravenous solution | 1 or 1b* | PA; SP; QL |
| TRIFERIC AVNU INTRAVENOUS SOLUTION | 3 | PA |
| TRIFERIC HEMODIALYSIS PACKET | 3 | PA |
| TRIFERIC HEMODIALYSIS SOLUTION | 3 | PA |
| VENOFER INTRAVENOUS SOLUTION | 5 | PA; SP; QL |
| *SELECTIN BLOCKERS*** | | |
| ADAKVEO INTRAVENOUS SOLUTION | 5 | PA; SP |
| *THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** | | |
| DOPTELET ORAL TABLET 20 MG | 5 | PA; SP; QL |
| MULPLETA ORAL TABLET | 5 | PA; SP; QL |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| PROMACTA ORAL PACKET 12.5 MG | 5 | PA; DO; SP |

| Drug Name | Tier | Notes |
|---|----------|------------|
| PROMACTA ORAL PACKET 25 MG | 5 | PA; SP; QL |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 5 | PA; DO; SP |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; SP; QL |
| *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 |

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

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| Drug Name | Tier | Notes |
|---|------|-------|
| TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION | 3 | |
| *HEMOSTATICS - TOPICAL*** | | |
| ACTIFOAM COLLAGEN SPONGE EXTERNAL | 3 | |
| AVITENE EXTERNAL PAD | 3 | |
| AVITENE FLOUR EXTERNAL POWDER | 3 | |
| ENDO AVITENE EXTERNAL | 3 | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | 3 | |
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | 3 | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | 3 | |
| GELFOAM MOUTH/THROAT POWDER | 3 | |
| GELFOAM SPONGE EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 100 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 200 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 50 EXTERNAL | 3 | |
| INSTAT EXTERNAL PAD | 3 | |
| INTERCEED (TC7) EXTERNAL PAD | 3 | |
| 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 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| SURGICEL SNOW 1"X2" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 2"X4" EXTERNAL PAD | 3 | |
| 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/SEDATIVE S/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* | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *BENZODIAZEPINE HYPNOTICS*** | | |
| BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED | 5 | |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|---------|
| 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 | 5 | PA; QL |
| HETLIOZ ORAL CAPSULE | 5 | 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 |

| Drug Name | Tier | Notes |
|--|----------|-------|
| PEG-PREP ORAL KIT | 3 | QL |
| PLENVU ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUTAB ORAL TABLET | 2 | QL |
| *LAXATIVES - MISCELLANEOUS*** | | |
| constulose oral solution | 1 or 1b* | |
| KRISTALOSE ORAL PACKET | 3 | |
| LACTULOSE ORAL PACKET | 3 | |
| lactulose oral solution | 1 or 1b* | |
| polyethylene glycol 3350 oral packet 17 gm | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral powder | 1 or 1b* | \$0 |
| *LUBRICANT LAXATIVES*** | | |
| mineral oil heavy oral oil | 1 or 1b* | |
| *STIMULANT LAXATIVES*** | | |
| bisacodyl ec 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/EPINEPHRI NE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| MARCAINE/EPINEPHRINE PF INJECTION SOLUTION | 3 | |
| ORABLOC INJECTION SOLUTION CARTRIDGE | 3 | |
| sensorcaine/epinephrine injection solution | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000 | 1 or 1b* | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % | 3 | |
| XYLOCAINE/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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| MARCAINE INJECTION SOLUTION | 3 | |
| MARCAINE PRESERVATIVE FREE INJECTION SOLUTION | 3 | |
| MARCAINE SPINAL INTRATHECAL SOLUTION | 3 | |
| MONOJECT BONE MARROW BIOPSY INJECTION KIT | 3 | |
| NAROPIN INJECTION SOLUTION | 3 | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |
| 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 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| NESACAINE-MPF INJECTION SOLUTION | 3 | |
| *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* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| 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 |
| *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.

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| 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*** | | |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| ENLITE GLUCOSE SENSOR | 3 | PA |
| EVERSENSE SENSOR/HOLDER | 3 | PA |
| EVERSENSE SMART TRANSMITTER | 3 | PA; 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 |
| 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 |
| MINILINK REAL-TIME TRANSMITTER | 3 | PA |
| MINIMED 630G GUARDIAN PRESS | 3 | PA |

| Drug Name | Tier | Notes |
|---|------|--------|
| PARADIGM REAL-TIME TRANSMITTER | 3 | PA |
| *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*** | | |
| BD INSULIN SYRINGE U-500 | 2 | QL |
| BD PEN NEEDLE NANO U/F | 2 | QL |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | QL |
| MAGELLAN INSULIN SAFETY SYR | 3 | ST; QL |
| MARATHON MEDICAL PENTIPS | 3 | ST; QL |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML | 3 | ST; QL |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML | 3 | ST; QL |
| PENTIPS 29G X 12MM, 31G X 5 MM, 31G X 8 MM, 32G X 4 MM | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 4 MM, 32G X 5 MM | 3 | ST; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| sure comfort pen needles 31g x 6 mm | 3 | ST; QL |
| SURE COMFORT PEN NEEDLES 32G X 4 MM | 3 | ST; QL |
| ULTICARE INSULIN SAFETY SYR | 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 - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| *ERGOT COMBINATIONS*** | | |
| ergotamine-caffeine oral tablet | 1 or 1b* | |
| migergot rectal suppository | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *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* | |
| 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 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |
| KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-% | 3 | |
| KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | 3 | |
| potassium chloride in dextrose intravenous solution 20-5 meq/l-% | 1 or 1b* | |
| *ELECTROLYTES PARENTERAL*** | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML | 3 | |
| lactated ringers intravenous solution | 1 or 1b* | |
| NORMOSOL-R INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| POTASSIUM CHLORIDE 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 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 | |
| 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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 | 3 | |
| sodium phosphates intravenous solution 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* | |
| 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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML | 3 | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride 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* | |
| *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* | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| SELENIOS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML | 3 | |
| *ZINC*** | | |
| GALZIN ORAL CAPSULE | 3 | |
| WILZIN ORAL CAPSULE | 3 | |
| zinc chloride intravenous solution | 1 or 1b* | |
| zinc sulfate intravenous solution 1 mg/ml | 1 or 1b* | |
| zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml | 3 | |
| *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 | 5 | PA; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; SP; QL |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; SP; QL |
| *CHELATING AGENTS*** | | |
| DEPEN TITRATABS ORAL TABLET | 5 | PA; SP; QL |
| EDETATE DISODIUM INTRAVENOUS SOLUTION | 3 | |
| penicillamine oral tablet | 4 | PA; SP; QL |
| trientine hcl oral capsule | 4 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *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* | |
| 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 | 5 | PA; QL |
| NEORAL ORAL CAPSULE | 3 | |
| NEORAL ORAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 | 5 | PA |
| *FARNESYLTRANSFERASE INHIBITORS*** | | |
| ZOKINVY ORAL CAPSULE | 5 | PA; QL |
| *FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** | | |
| SOLESTA INJECTION GEL | 5 | |
| *IMMUNE GLOBULIN IMMUNOSUPPRESSANT S*** | | |
| ATGAM INTRAVENOUS INJECTABLE | 3 | SP |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | 5 | PA; SP |
| *IRRIGATION SOLUTIONS*** | | |
| argyle sterile water irrigation solution | 1 or 1b* | |
| lactated ringers irrigation solution | 1 or 1b* | |
| physiolyte irrigation solution | 1 or 1b* | |
| physiosol irrigation irrigation solution | 1 or 1b* | |
| ringers irrigation irrigation solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| sterile water for irrigation irrigation solution | 1 or 1b* | |
| tis-u-sol irrigation solution | 1 or 1b* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | |
| *MACROLIDE IMMUNOSUPPRESSANT S*** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 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 | 5 | PA; SP; QL |
| GAMIFANT INTRAVENOUS SOLUTION | 3 | PA; SP |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UPLIZNA INTRAVENOUS SOLUTION | 5 | PA; QL |

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

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| Drug Name | Tier | Notes |
|--|------|--------|
| *NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** | | |
| VYVGART INTRAVENOUS SOLUTION | 5 | 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 | |
| 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 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| 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 | 5 | PA; SP; QL |
| *POTASSIUM REMOVING AGENTS*** | | |
| LOKELMA ORAL PACKET | 3 | |
| sodium polystyrene sulfonate oral powder | 1 or 1b* | |
| sps oral suspension | 1 or 1b* | |
| VELTASSA ORAL PACKET | 5 | |
| *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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | 5 | PA; QL |
| *UREMIC PRURITUS AGENTS*** | | |
| KORSUVA INTRAVENOUS SOLUTION | 5 | 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *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 |
| perigard 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* | |
| *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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| NAFRINSE 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* | |
| *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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| triamcinolone acetonide mouth/throat paste | 1 or 1b* | |
| *MULTIVITAMINS* | | |
| *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 |
| INFUVITE ADULT INTRAVENOUS INJECTABLE | 3 | |
| *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 | |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| QUFLORA GUMMIES ORAL TABLET CHEWABLE | 2 | |
| QUFLORA PEDIATRIC ORAL SOLUTION | 3 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| *PED VITAMINS ACD & FA W/ FLUORIDE*** | | |
| TRI-VI-FLOR ORAL SUSPENSION | 3 | |
| TRI-VI-FLORO ORAL SUSPENSION | 3 | |
| *PED VITAMINS ACD W/ FLUORIDE*** | | |
| adc/f (0.5mg/ml) oral solution | 1 or 1b* | \$0 |
| tri-vite/fluoride oral solution | 1 or 1b* | \$0 |
| vitamins acd-fluoride oral solution | 1 or 1b* | \$0 |
| *PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** | | |
| FLORIVA ORAL TABLET CHEWABLE | 3 | |
| *PEDIATRIC MULTIPLE VITAMINS*** | | |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| *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 |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |
| CO-NATAL FA ORAL TABLET | 2 | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | 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 |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| inatal gt oral tablet | 1 or 1b* | QL |
| JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE | 3 | ST; QL |
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 3 | ST; QL |
| M-NATAL PLUS ORAL TABLET | 2 | 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------------|
| OB COMPLETE/DHA ORAL CAPSULE | 3 | ST; QL |
| OBSTETRIX DHA ORAL | 2 | QL |
| OBSTETRIX EC ORAL TABLET | 2 | QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | 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 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 ORAL TABLET 27-0.8 MG | 2 | ST; \$0; QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL PLUS ORAL TABLET | 2 | ST; QL |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET | 2 | 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| RELNATE DHA ORAL CAPSULE | 3 | ST; QL |
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| VIVA DHA ORAL CAPSULE | 3 | ST; QL |
| WESTAB PLUS ORAL TABLET | 2 | QL |
| ZALVIT ORAL TABLET | 3 | ST; QL |
| 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 | |
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|---|------|--------|
| 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 | 3 | ST; QL |
| PRENA1 ORAL TABLET CHEWABLE | 3 | ST; QL |
| PRENATE AM ORAL TABLET | 3 | ST; QL |
| VITAFOL STRIPS ORAL FILM | 2 | ST; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG | 3 | ST; QL |
| *VITAMINS A & D*** | | |
| COD LIVER OIL ORAL OIL | 3 | |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *CENTRAL MUSCLE RELAXANTS*** | | |
| baclofen intrathecal solution | 1 or 1b* | |
| BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE | 5 | |
| 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 | 5 | |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML | 5 | |
| 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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* | |
| 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 | 5 | PA |
| EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| GEL-ONE INTRA- ARTICULAR PREFILLED SYRINGE | 5 | PA |

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

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| Drug Name | Tier | Notes |
|--|------|-------|
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION | 5 | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 4 | PA |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 5 | PA |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| *ANTI-HISTAMINE-STERIOD*** | | |
| 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 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *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 | |
| PROPEL NASAL IMPLANT | 3 | |
| *NEUROMUSCULAR AGENTS* | | |
| *BENZATHIAZOLES*** | | |
| RILUTEK ORAL TABLET | 5 | SP; QL |
| riluzole oral tablet | 1 or 1b* | SP; QL |
| TIGLUTIK ORAL SUSPENSION | 5 | QL |
| *DEPOLARIZING MUSCLE RELAXANTS*** | | |
| ANECTINE INJECTION SOLUTION | 3 | |
| QUELICIN INJECTION SOLUTION | 3 | |
| *MUSCULAR DYSTROPHY AGENTS*** | | |
| AMONDYS 45 INTRAVENOUS SOLUTION | 5 | PA |
| EXONDYS 51 INTRAVENOUS SOLUTION | 5 | PA |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| VILTEPSO INTRAVENOUS SOLUTION | 5 | PA |
| VYONDYS 53 INTRAVENOUS SOLUTION | 5 | PA |
| *NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED | 5 | PA |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED | 5 | PA; SP |
| MYOBLOC INTRAMUSCULAR SOLUTION | 5 | PA; SP |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 5 | 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* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 5 | 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 | |
| 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 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| clinisol sf intravenous solution | 1 or 1b* | |
| 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 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *LIPIDS*** | | |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | |
| DOJOLVI ORAL LIQUID | 5 | PA; SP; QL |
| INTRALIPID INTRAVENOUS EMULSION | 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | |
| OMEGAVEN INTRAVENOUS EMULSION | 3 | |
| SMOFLIPID INTRAVENOUS EMULSION | 3 | |
| *PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** | | |
| KABIVEN INTRAVENOUS EMULSION | 3 | |
| PERIKABIVEN INTRAVENOUS EMULSION | 3 | |
| *OPHTHALMIC AGENTS* | | |
| *ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** | | |
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | QL |
| *BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** | | |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| BETIMOL OPTHALMIC SOLUTION | 3 | QL |
| BETOPTIC-S OPTHALMIC 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 oculosol 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 OPTHALMIC SOLUTION | 3 | QL |
| TIMOPTIC OPTHALMIC SOLUTION | 3 | QL |
| TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION | 3 | QL |
| *CYCLOPLEGIC MYDRIATIC COMBINATIONS*** | | |
| CYCLOMYDRIL OPTHALMIC SOLUTION | 3 | |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| atropine sulfate ophthalmic ointment | 1 or 1b* | |
| ATROPINE SULFATE OPTHALMIC SOLUTION 1 % | 3 | QL |
| CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 % | 3 | |
| CYCLOGYL OPTHALMIC SOLUTION 1 % | 3 | QL |
| cyclopentolate hcl ophthalmic solution 0.5 %, 2 % | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL |
| ISOPTO ATROPINE OPTHALMIC SOLUTION | 3 | QL |
| MYDRIACYL OPTHALMIC SOLUTION | 3 | |
| PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| tropicamide ophthalmic solution | 1 or 1b* | |
| *LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** | | |
| XIIDRA OPTHALMIC SOLUTION | 2 | PA; QL |
| *MIOTICS - CHOLINESTERASE INHIBITORS*** | | |
| PHOSPHOLINE IODIDE OPTHALMIC 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 | 5 | PA; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| *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 |
| *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 0.5 % | 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 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *OPHTHALMIC 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 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| ALCAINE OPHTHALMIC SOLUTION | 3 | |
| proparacaine hcl ophthalmic solution | 1 or 1b* | |
| tetracaine hcl ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC NERVE GROWTH FACTORS*** | | |
| OXERVATE OPHTHALMIC SOLUTION | 5 | PA; QL |
| *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 | 5 | SP; QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *OPHTHALMIC PHOTOENHANCER COMBINATIONS*** | | |
| PHOTREXA-PHOTREXA VISCIOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC RHO KINASE INHIBITORS*** | | |
| RHOPRESSA OPHTHALMIC SOLUTION | 3 | QL |
| *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 |

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

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| DUREZOL OPTHALMIC EMULSION | 3 | QL |
| FLAREX OPTHALMIC SUSPENSION | 3 | |
| fluorometholone ophthalmic suspension | 1 or 1b* | |
| FML FORTE OPTHALMIC SUSPENSION | 3 | |
| FML LIQUIFILM OPTHALMIC SUSPENSION | 3 | |
| FML OPTHALMIC OINTMENT | 3 | |
| ILUVIEN INTRAVITREAL IMPLANT | 5 | PA; SP |
| INVELTYS OPTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX OPTHALMIC GEL | 3 | QL |
| LOTEMAX OPTHALMIC OINTMENT | 3 | QL |
| LOTEMAX OPTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX SM OPTHALMIC GEL | 3 | QL |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL |
| loteprednol etabonate ophthalmic suspension | 1 or 1b* | QL |
| MAXIDEX OPTHALMIC SUSPENSION | 3 | |
| OZURDEX INTRAVITREAL IMPLANT | 3 | PA; SP |
| PRED MILD OPTHALMIC SUSPENSION | 3 | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL |
| PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION | 3 | QL |

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| RETISERT INTRAVITREAL IMPLANT | 3 | PA; SP |
| TRIESENCE INTRAOCULAR SUSPENSION | 3 | |
| XIPERE INTRAOCULAR SUSPENSION | 5 | PA |
| YUTIQ INTRAVITREAL IMPLANT | 3 | PA |
| *OPHTHALMIC SULFONAMIDES*** | | |
| sulfacetamide sodium ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide sodium ophthalmic solution | 1 or 1b* | QL |
| *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 | 5 | |
| AMVISC PLUS INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |
| CELLUGEL INTRAOCULAR SOLUTION | 3 | |
| HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |
| HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |
| HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |
| MEMBRANEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| ocucoat viscoadherent intraocular solution | 1 or 1b* | |
| PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 5 | |
| 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 | 5 | PA; QL |
| CYSTARAN OPHTHALMIC SOLUTION | 4 | PA; QL |
| *PROSTAGLANDINS - OPHTHALMIC*** | | |
| bimatoprost ophthalmic solution | 1 or 1b* | |
| DURYSTA INTRAOCULAR IMPLANT | 5 | PA; SP; QL |
| latanoprost ophthalmic solution | 1 or 1b* | QL |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |
| VYZULTA OPTHALMIC SOLUTION | 3 | QL |
| XELPROS OPTHALMIC EMULSION | 3 | QL |
| ZIOPTAN OPTHALMIC SOLUTION | 3 | QL |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** | | |
| BEOVU INTRAVITREAL SOLUTION | 5 | PA; SP |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 5 | PA |
| BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| EYLEA INTRAVITREAL SOLUTION | 5 | PA; SP |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 5 | PA; SP |
| LUCENTIS INTRAVITREAL SOLUTION | 5 | PA; SP |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 5 | PA; SP |
| SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION | 5 | SP |
| SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION | 5 | SP |
| *OTIC AGENTS* | | |
| *OTIC AGENTS - MISCELLANEOUS*** | | |
| acetic acid otic solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 |
| 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 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| 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* | |
| 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*** | | |
| BEBTELOVIMAB INTRAVENOUS SOLUTION | 5 | |

| Drug Name | Tier | Notes |
|---|------|------------|
| SYNAGIS INTRAMUSCULAR SOLUTION | 5 | PA; SP |
| *BACTERIAL MONOCLONAL ANTIBODIES*** | | |
| ZINPLAVA INTRAVENOUS SOLUTION | 3 | PA |
| *IMMUNE SERUMS*** | | |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 4 | PA; SP |
| CYTOGAM INTRAVENOUS INJECTABLE | 5 | SP |
| GAMASTAN INTRAMUSCULAR INJECTABLE | 5 | 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 | 5 | 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 | 5 | SP |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 5 | SP |
| HYPERRAB INJECTION SOLUTION | 5 | SP |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 5 | LD; SP; QL |

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

| Drug Name | Tier | Notes |
|--|----------|------------|
| HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML | 5 | SP |
| KEDRAB INJECTION SOLUTION | 5 | SP |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 5 | LD; SP; QL |
| NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML | 5 | 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 |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 5 | LD; SP; QL |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | 5 | SP; QL |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| WINRHO SDF INJECTION SOLUTION | 5 | SP; QL |
| XEMBIFY SUBCUTANEOUS SOLUTION | 4 | PA; SP |
| *PENICILLINS* | | |
| *AMINOPENICILLINS** | | |
| * | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted | 1 or 1a* | QL |
| amoxicillin oral tablet | 1 or 1a* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| *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* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| oxacillin sodium intravenous solution reconstituted | 1 or 1b* | |
| *PROGESTINS* | | |
| *PROGESTINS*** | | |
| AYGESTIN ORAL TABLET | 3 | |
| hydroxyprogesterone caproate intramuscular oil | 1 or 1b* | 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* | |
| *ANTI-CATAPLECTIC AGENTS*** | | |
| XYREM ORAL SOLUTION | 5 | PA; QL |
| *ANTIDEMENTIA AGENT COMBINATIONS*** | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 2 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| *ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; QL |
| *BENZODIAZEPINES & TRICYCLIC AGENTS*** | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |
| *CALD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS*** | | |
| SKYSONA INTRAVENOUS SUSPENSION | 5 | |
| *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 |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| 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 | 4 | PA; SP; QL |
| *MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| AUBAGIO ORAL TABLET | 4 | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 4 | PA; LD; SP; QL |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| 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 |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| 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 | 5 | PA; SP; QL |
| LEMTRADA INTRAVENOUS SOLUTION | 5 | PA; SP; QL |
| TYSABRI INTRAVENOUS CONCENTRATE | 5 | 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 | 5 | PA; SP; QL |
| dalfampridine er oral tablet extended release 12 hour | 1 or 1b* | PA; SP; QL |
| *MULTIPLE SCLEROSIS AGENTS*** | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 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 |
|---|----------|----------------|
| 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 | 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 |

| Drug Name | Tier | Notes |
|---|----------|-------------|
| 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 | 5 | PA; QL |
| ONPATTRO INTRAVENOUS SOLUTION | 5 | 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 |
| NICOTROL INHALATION INHALER | 3 | PA; \$0; QL |
| NICOTROL NS NASAL SOLUTION | 3 | PA; \$0; QL |
| varenicline tartrate oral tablet | 1 or 1b* | PA; \$0; QL |
| varenicline tartrate oral tablet therapy pack | 1 or 1b* | \$0; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| *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 | 5 | PA; SP; QL |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK | 5 | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 5 | PA; SP; QL |
| ZEPOSIA ORAL CAPSULE | 5 | PA; SP; QL |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK | 5 | PA; SP; QL |
| *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* | |

| Drug Name | Tier | Notes |
|---|------|------------|
| *RESPIRATORY AGENTS - MISC.* | | |
| *ALPHA-PROTEINASE INHIBITOR (HUMAN)*** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 5 | PA; SP |
| GLASSIA INTRAVENOUS SOLUTION | 5 | PA; SP |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 5 | PA; SP |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | 5 | PA; SP |
| *CFTR POTENTIATORS*** | | |
| KALYDECO ORAL PACKET | 5 | PA; LD; QL |
| KALYDECO ORAL TABLET | 5 | PA; LD; QL |
| *CYSTIC FIBROSIS AGENT - COMBINATIONS*** | | |
| ORKAMBI ORAL PACKET | 5 | PA; QL |
| ORKAMBI ORAL TABLET | 5 | PA; QL |
| SYMDEKO ORAL TABLET THERAPY PACK | 5 | PA; QL |
| TRIKAFTA ORAL TABLET THERAPY PACK | 5 | PA; QL |
| *CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** | | |
| BRONCHITOL INHALATION CAPSULE | 5 | PA; SP; QL |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE | 5 | PA; SP; QL |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *HYDROLYTIC ENZYMES*** | | |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | 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 | 5 | PA; SP; QL |
| *PULMONARY FIBROSIS AGENTS*** | | |
| ESBRIET ORAL CAPSULE | 5 | PA; LD; SP; QL |
| pirfenidone oral tablet 267 mg, 801 mg | 1 or 1b* | PA; LD; SP; QL |
| pirfenidone oral tablet 534 mg | 4 | PA; QL |
| *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 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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* | |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| 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 - RADIOPHARMACEUTIC ALS*** | | |
| 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* | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION | 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 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 | |
| *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 | 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 |

| Drug Name | Tier | Notes |
|--|----------|-------|
| 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* | |
| *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 | |
| GLYCATO ORAL TABLET | 3 | PA |
| glycopyrrolate (pf) injection solution prefilled syringe | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 | |
| *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* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 |
| 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* | |

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

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| Drug Name | Tier | Notes |
|---|------|-------|
| *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 | |

| Drug Name | Tier | Notes |
|--|------|---------|
| 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|------|---------|
| 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 |
| 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 |

| Drug Name | Tier | Notes |
|--|------|-------|
| 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 |
| 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 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| 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 |
| *MISCELLANEOUS VAGINAL PRODUCTS*** | | |
| INTRAROSA VAGINAL INSERT | 3 | ST; QL |
| *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 | |
| VANAZOLE VAGINAL GEL | 3 | |
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | 3 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *VAGINAL ESTROGENS*** | | |
| estradiol vaginal cream | 1 or 1b* | |
| estradiol vaginal tablet | 1 or 1b* | QL |
| 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 % | 5 | SP |
| CRINONE VAGINAL GEL 8 % | 5 | 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 | 4 | PA; SP; QL |
| *VASOPRESSORS*** | | |
| AKOVAZ INTRAVENOUS SOLUTION | 3 | |
| AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| BIORPHEN INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |

| 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-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-% | 3 | |
| PHENYLEPHRINE HCL- NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 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 | |

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| Drug Name | Tier | Notes |
|--|-------------|--------------|
| *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* | |

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