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National Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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.

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National Drug List

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

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

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

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

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

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
  - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have 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.

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

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

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

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

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

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

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

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

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

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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.
AL = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.
BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to Price a Medication and refer to your plan documents.
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

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

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 Drug List

Four Tier

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Four Tier

CURRENT AS OF 1/1/2025

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour	1 or 1b*	PA
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR**		
atomoxetine hcl oral capsule	1 or 1b*	PA
AMPHETAMINE MIXTURES**		
amphetamine-dextroamphetamer oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamer oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
amphet-dextroamphet 3-beader oral capsule extended release 24 hour	1 or 1b*	PA; QL
AMPHETAMINES**		
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1 or 1b*	PA; QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
PROCENTRA ORAL SOLUTION	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	PA; QL
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	1 or 1b*	PA; QL
ZENZEDI ORAL TABLET 2.5 MG, 5 MG	1 or 1b*	PA; DO
ANALEPTICS**		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
ANOREXIANTS NON-AMPHETAMINE**		
ADIPEX-P ORAL TABLET	3	PA; BE; QL
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; BE; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; BE; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; BE; QL
LOMAIRA ORAL TABLET	3	PA; BE; QL
phendimetrazine tartrate er oral capsule extended release 24 hour	3	PA; BE; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; BE; QL
phentermine hcl oral capsule	1 or 1b*	PA; BE; QL
phentermine hcl oral tablet	1 or 1b*	PA; BE; QL
ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS**		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL
ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS**		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; BE; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**		
WAKIX ORAL TABLET 17.8 MG	4	PA; LD; QL; SP
WAKIX ORAL TABLET 4.45 MG	4	PA; LD; DO; SP
LIPASE INHIBITORS**		
orlistat oral capsule	1 or 1b*	PA; BE; QL
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS**		
IMCIVREE SUBCUTANEOUS SOLUTION	4	PA; LD; BE; QL
STIMULANTS - MISC.**		
armodafinil oral tablet	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	1 or 1b*	ST; 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
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**		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
PALFORZIA (12 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (120 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (160 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	4	PA; LD; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	4	PA; LD; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA (80 MG DAILY DOSE) ORAL	4	PA; LD; QL
PALFORZIA INITIAL ESCALATION ORAL	4	PA; LD; QL
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
MIXED ALLERGENIC EXTRACTS**		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - AL'S**		
aloe vera leaf juice oral liquid	1 or 1b*	
ALTERNATIVE MEDICINE - BO'S**		
boswellia oral tablet	2	
ALTERNATIVE MEDICINE - CH'S**		
vitex fruit oral capsule	2	
ALTERNATIVE MEDICINE - GO'S**		
goldenseal root oral capsule 333 mg	2	

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

Drug Name	Tier	Notes
ALTERNATIVE MEDICINE - GR'S**		
grape seed oral capsule 100 mg	2	
ALTERNATIVE MEDICINE - LA'S*		
CALMAID ORAL CAPSULE	1 or 1b*	
ALTERNATIVE MEDICINE - MA'S**		
maca root oral capsule	2	
ALTERNATIVE MEDICINE - ME'S**		
ft melatonin extra strength oral tablet dispersible	1 or 1b*	
MAX SLEEP JUNIOR ORAL LIQUID	1 or 1b*	
ALTERNATIVE MEDICINE - SA'S**		
saw palmetto berries oral capsule 585 mg	2	
ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS**		
gnp cranberry plus prob w/vitc oral tablet	2	
AMEBICIDES		
AMEBICIDES**		
SOLOSEC ORAL PACKET	3	PA; QL
AMINOGLYCOSIDES		
AMINOGLYCOSIDES**		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	4	PA; LD; QL
BETHKIS INHALATION NEBULIZATION SOLUTION	4	LD; QL; SP
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE	3	PA
neomycin sulfate oral tablet	1 or 1a*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE	4	LD; QL; SP
tobramycin inhalation nebulization solution	4	LD; QL; SP
tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml, 80 mg/2ml	1 or 1b*	QL
tobramycin sulfate injection solution 10 mg/ml	3	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**		
RINVOQ LQ ORAL SOLUTION	4	PA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL; SP
XELJANZ ORAL SOLUTION	4	PA; QL; SP
XELJANZ ORAL TABLET	4	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL; SP
ANTIRHEUMATIC ANTIMETABOLITES**		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; QL; SP

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

Effective 01/01/2025

Drug Name	Tier	Notes
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; QL; SP
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**		
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	4	SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	4	PA; QL; SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	4	PA; QL; SP
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	4	PA; QL; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	PA; QL; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
CYCLOOXYGENASE 2 (COX-2) INHIBITORS**		
celecoxib oral capsule	1 or 1b*	QL
GOLD COMPOUNDS**		
RIDAURA ORAL CAPSULE	2	QL
INTERLEUKIN-1 BLOCKERS**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
INTERLEUKIN-1BETA BLOCKERS**		
ILARIS SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS**		
COMBOGESIC INTRAVENOUS SOLUTION	3	
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	QL
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**		
ANAPROX DS ORAL TABLET	3	QL
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL

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

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Drug Name	Tier	Notes
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
FLANAX ORAL TABLET	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	QL
IBU ORAL TABLET	1 or 1a*	QL
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine 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 dr oral tablet delayed release 500 mg	1 or 1b*	
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
sulindac oral tablet	1 or 1b*	QL
tolmetin sodium oral capsule	1 or 1b*	QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
OTEZLA ORAL TABLET 30 MG	4	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; QL; SP
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; QL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER**		
acetaminophen intravenous solution	1 or 1b*	
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

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

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Drug Name	Tier	Notes
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
TENCON ORAL TABLET 50-325 MG	1 or 1b*	QL
SALICYLATES**		
aspirin 81 oral tablet chewable	1 or 1a*	$0
aspirin 81 oral tablet delayed release	1 or 1a*	$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	$0
aspirin childrens oral tablet chewable	1 or 1a*	$0
aspirin ec adult low dose oral tablet delayed release	1 or 1a*	$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	$0
aspirin low dose oral tablet chewable	1 or 1a*	$0
aspirin low dose oral tablet delayed release	1 or 1a*	$0
aspirin oral tablet chewable	1 or 1a*	$0
aspirin oral tablet delayed release 81 mg	1 or 1a*	$0
aspirin regimen oral tablet delayed release	1 or 1a*	$0
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
BAYER LOW DOSE ORAL TABLET CHEWABLE	1 or 1a*	$0
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
childrens aspirin oral tablet chewable	1 or 1a*	$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	$0
cvs aspirin ec oral tablet delayed release 81 mg	1 or 1a*	$0

Drug Name	Tier	Notes
cvs aspirin low dose oral tablet delayed release	1 or 1a*	$0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	$0
diflunisal oral tablet	1 or 1b*	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	$0
eq aspirin low dose oral tablet chewable	1 or 1a*	$0
eql aspirin low dose oral tablet chewable	1 or 1a*	$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	$0
ft aspirin low dose oral tablet delayed release	1 or 1a*	$0
ft aspirin oral tablet chewable	1 or 1a*	$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	$0
gnp aspirin oral tablet delayed release 81 mg	1 or 1a*	$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	$0
goodsense aspirin oral tablet chewable	1 or 1a*	$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	$0
kls aspirin low dose oral tablet delayed release	1 or 1a*	$0
kp aspirin oral tablet delayed release	1 or 1a*	$0
mm aspirin oral tablet delayed release	1 or 1a*	$0
qc aspirin low dose oral tablet chewable	1 or 1a*	$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	$0
qc childrens aspirin oral tablet chewable	1 or 1a*	$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	$0

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

Drug Name	Tier	Notes
ra aspirin childrens oral tablet chewable	1 or 1a*	$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	$0
ra aspirin ec oral tablet delayed release 81 mg	1 or 1a*	$0
sb childrens aspirin oral tablet chewable	1 or 1a*	$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	$0
sm aspirin low dose oral tablet chewable	1 or 1a*	$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	$0
sm childrens aspirin oral tablet chewable	1 or 1a*	$0
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	1 or 1a*	$0
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
ANALGESICS - OPIOID		
CODEINE COMBINATIONS**		
acetaminophen-codeine oral solution 120-12 mg/5ml	1 or 1a*	AL; QL
acetaminophen-codeine oral tablet	1 or 1a*	AL; QL
ASCOMP-CODEINE ORAL CAPSULE	1 or 1b*	AL; QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	AL; QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	AL; QL
DIHYDROCODEINE COMBINATIONS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	1 or 1b*	QL

Drug Name	Tier	Notes
HYDROCODONE COMBINATIONS**		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
OPIOID AGONISTS**		
codeine sulfate oral tablet 15 mg, 60 mg	3	AL; QL
codeine sulfate oral tablet 30 mg	1 or 1b*	AL; QL
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	
duramorph injection solution	1 or 1b*	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution 50 mcg/ml	3	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	1 or 1b*	PA; QL
fentanyl citrate pf injection solution prefilled syringe	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	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
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	
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	
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
levorphanol tartrate oral tablet 3 mg	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
methadone hcl injection solution	3	PA; QL
METHADONE HCL INTENSOL ORAL CONCENTRATE	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	PA; QL
METHADOSE ORAL TABLET SOLUBLE	1 or 1b*	PA; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL
MITIGO INJECTION SOLUTION	1 or 1b*	

Drug Name	Tier	Notes
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	
morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	3	
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	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate intravenous solution 50 mg/ml	3	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
NUCYNTA ORAL TABLET	3	QL
OLINVYK INTRAVENOUS SOLUTION	3	
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
oxycodone hcl oral tablet abuse-deterrent 15 mg	3	QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
QDOLO ORAL SOLUTION	3	AL; 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	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	PA; QL
sufentanil citrate intravenous solution	1 or 1b*	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl oral solution	3	AL; QL
tramadol hcl oral tablet 100 mg, 50 mg	1 or 1b*	AL; QL
tramadol hcl oral tablet 25 mg	1 or 1b*	PA; AL; QL
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
OPIOID COMBINATIONS**		
APADAZ ORAL TABLET	3	QL
benzhydrocodone-acetaminophen oral tablet	3	QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1 or 1b*	QL
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
OPIOID PARTIAL AGONISTS**		
BELBUCA BUCCAL FILM	3	PA; QL

Drug Name	Tier	Notes
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	LD; QL
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	LD; QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	
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*	
butorphanol tartrate nasal solution	1 or 1b*	QL
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL
TRAMADOL COMBINATIONS**		
tramadol-acetaminophen oral tablet	1 or 1b*	AL; QL
ANDROGENS-ANABOLIC		
ANDROGENS**		
danazol oral capsule	1 or 1b*	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1 or 1b*	PA
JATENZO ORAL CAPSULE	3	PA; QL
NATESTO NASAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLET	3	PA; LD

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

Drug Name	Tier	Notes
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS**		
budesonide rectal foam	1 or 1b*	QL
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
NITRATE VASODILATING AGENTS**		
nitroglycerin rectal ointment	1 or 1b*	QL
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 LOCAL ANESTHETICS**		
eq hemorrhoid relief external cream	1 or 1b*	

Drug Name	Tier	Notes
RECTAL STEROIDS**		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	1 or 1b*	
PROCTO-MED HC EXTERNAL CREAM	1 or 1b*	
PROCTOSOL HC EXTERNAL CREAM	1 or 1b*	
PROCTOZONE-HC EXTERNAL CREAM	1 or 1b*	
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*	QL
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	QL
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER**		
ASPRUZYO SPRINKLE ORAL PACKET	3	PA; QL
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
NITRATES**		
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	

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

Drug Name	Tier	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 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	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.**		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	
BENZODIAZEPINES**		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam injection solution 10 mg/2ml	1 or 1a*	
DIAZEPAM INTENSOL ORAL CONCENTRATE	1 or 1a*	QL
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*	

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

Drug Name	Tier	Notes
ANTIARRHYTHMICS TYPE I-B**		
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*	
ANTIARRHYTHMICS TYPE III**		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	QL
NEXTERONE INTRAVENOUS SOLUTION	3	
PACERONE ORAL TABLET 100 MG, 400 MG	1 or 1b*	
PACERONE ORAL TABLET 200 MG	1 or 1b*	QL

Drug Name	Tier	Notes
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS**		
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, 50-25 MCG/INH	2	QL
BREYNA INHALATION AEROSOL	1 or 1b*	QL
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol	1 or 1b*	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
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL

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

Drug Name	Tier	Notes
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1 or 1b*	QL
ANTI-IGE MONOCLONAL ANTIBODIES**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; 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	1 or 1b*	QL
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
BROVANA INHALATION NEBULIZATION SOLUTION	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
BRONCHODILATORS - ANTICHOLINERGICS**		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	QL
ipratropium bromide inhalation solution	1 or 1b*	QL
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
tiotropium bromide monohydrate inhalation capsule	1 or 1b*	QL
YUPELRI INHALATION SOLUTION	3	ST; QL
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)**		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP

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

Drug Name	Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)**		
CINQAIR INTRAVENOUS SOLUTION	4	PA; LD; 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
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS**		
OHTUVAYRE INHALATION SUSPENSION	4	PA; QL; SP
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**		
DALIRESP ORAL TABLET	3	PA; QL
roflumilast oral tablet	1 or 1b*	PA; QL
STEROID INHALANTS**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
budesonide inhalation suspension	1 or 1b*	QL
fluticasone propionate diskus inhalation aerosol powder breath activated	1 or 1b*	QL
fluticasone propionate hfa inhalation aerosol	1 or 1b*	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS**		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
XANTHINES**		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	1 or 1b*	QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
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		
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

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

Drug Name	Tier	Notes
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-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	3	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution prefilled syringe	3	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	1 or 1b*	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	

Drug Name	Tier	Notes
LOW MOLECULAR WEIGHT HEPARINS**		
enoxaparin sodium injection solution 300 mg/3ml	1 or 1b*	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
SYNTHETIC HEPARINOID-LIKE AGENTS**		
ARIXTRA SUBCUTANEOUS SOLUTION	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
THROMBIN INHIBITORS - HIRUDIN TYPE**		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
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

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

Drug Name	Tier	Notes
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
diazepam rectal gel	1 or 1b*	QL
NAYZILAM NASAL SOLUTION	3	PA; QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
ANTICONVULSANTS - MISC.**		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET 200 MG	3	DO
BANZEL ORAL TABLET 400 MG	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 100 mg/5ml	1 or 1b*	QL

Drug Name	Tier	Notes
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
DIACOMIT ORAL CAPSULE 250 MG	4	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG	4	PA; LD; QL
DIACOMIT ORAL PACKET 250 MG	4	PA; LD; DO
DIACOMIT ORAL PACKET 500 MG	4	PA; LD; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
EPIDIOLEX ORAL SOLUTION	4	PA; LD; SP
EPITOL ORAL TABLET	1 or 1b*	QL
FINTEPLA ORAL SOLUTION	4	PA; LD; QL
gabapentin oral capsule	1 or 1b*	DO
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 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	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
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 intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet 1000 mg	1 or 1b*	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	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 100 MG, 150 MG, 200 MG, 50 MG	3	ST; QL
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG	3	ST; DO
ROWEEPRA ORAL TABLET 500 MG	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	QL
SUBVENITE ORAL TABLET	1 or 1b*	DO
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 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL
zonisamide oral capsule	1 or 1b*	QL
ZTALMY ORAL SUSPENSION	4	LD; QL
CARBAMATES		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI ORAL TABLET THERAPY PACK	3	QL
GABA MODULATORS		
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; QL; SP
vigabatrin oral tablet	1 or 1b*	LD; QL; SP
VIGADRONE ORAL PACKET	1 or 1b*	LD; QL
VIGADRONE ORAL TABLET	1 or 1b*	LD; QL; SP
VIGPODER ORAL PACKET	1 or 1b*	LD; QL

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

Drug Name	Tier	Notes
HYDANTOINS**		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
DILANTIN-125 ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	1 or 1b*	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	1 or 1b*	
phenytoin oral suspension 125 mg/5ml	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
methsuximide oral capsule	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 250 mg/5ml	1 or 1b*	

Drug Name	Tier	Notes
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
ANTIDEPRESSANTS - MISC.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID**		
ZULRESSO INTRAVENOUS SOLUTION	4	PA; LD; SP
ZURZUVAE ORAL CAPSULE	4	PA; LD; QL
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

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

Drug Name	Tier	Notes
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	4	PA; LD; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	4	PA; LD; QL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**		
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
fluoxetine hcl oral tablet 60 mg	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	
PAXIL ORAL SUSPENSION	3	ST

Drug Name	Tier	Notes
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
SEROTONIN MODULATORS**		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
TRINTELLIX ORAL TABLET 10 MG, 5 MG	2	DO
TRINTELLIX ORAL TABLET 20 MG	2	QL
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	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	1 or 1b*	QL
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	1 or 1b*	QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
venlafaxine hcl oral tablet	1 or 1b*	QL
TRICYCLIC AGENTS**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
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

Drug Name	Tier	Notes
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS**		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL
ANTIDIABETIC - AMYLIN ANALOGS**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
ANTIDIABETIC-ANTI-CD3 ANTIBODIES**		
TZIELD INTRAVENOUS SOLUTION	4	PA; LD
BIGUANIDES**		
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
metformin hcl oral tablet 850 mg	1 or 1b*	$0; 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*	
glucagon emergency injection kit	1 or 1b*	QL
glucagon emergency injection solution reconstituted	3	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL

* 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 KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	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
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS**		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL
HUMAN INSULIN**		
HUMALOG INJECTION SOLUTION	2	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMULIN N SUBCUTANEOUS SUSPENSION	2	QL
HUMULIN R INJECTION SOLUTION	2	QL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
insulin lispro (1 unit dial) subcutaneous solution pen-injector	2	ST; QL

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

Drug Name	Tier	Notes
insulin lispro injection solution	2	ST; QL
insulin lispro junior kwikpen subcutaneous solution pen-injector	2	QL
insulin lispro prot & lispro subcutaneous suspension pen-injector	2	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LANTUS 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 (GIP & GLP-1 RECEPTOR AGONISTS)**		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL

Drug Name	Tier	Notes
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**		
liraglutide subcutaneous solution pen-injector	1 or 1b*	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
RYBELSUS ORAL TABLET	2	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; 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**		
mifepristone oral tablet 300 mg	4	PA; LD; QL
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL

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

Drug Name	Tier	Notes
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**		
GLYXAMBI ORAL TABLET	2	ST; QL
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 mg, 2 mg, 4 mg	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
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS**		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL

Drug Name	Tier	Notes
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS**		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
THIAZOLIDINEDIONES **		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PRO BIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
ANTIDIARRHEAL/PRO BIOTIC AGENTS - MISC.**		
eq stomach relief oral tablet	1 or 1b*	
eq stomach relief oral tablet chewable	1 or 1b*	
FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE	2	
PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE	1 or 1b*	
probioflexx oral capsule	2	
surebiotic probiotic support 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	

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

Drug Name	Tier	Notes
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTE COMBINATIONS**		
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ANTIDOTES - CHELATING AGENTS**		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	4	PA; LD; SP
deferasirox oral packet	4	PA; LD; SP
deferasirox oral tablet	4	PA; LD; SP
deferasirox oral tablet soluble	4	PA; LD; SP
deferiprone oral tablet	4	PA; LD
FERRIPROX ORAL SOLUTION	4	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET	4	PA; LD
ANTIDOTES AND SPECIFIC ANTAGONISTS**		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	4	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	4	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
edetate calcium disodium injection solution	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
methylene blue intravenous solution 50 mg/10ml	1 or 1b*	
methylene blue intravenous solution prefilled syringe	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
sodium nitrite intravenous solution	3	
sodium thiosulfate intravenous solution 250 mg/ml	1 or 1b*	
VISTOGARD ORAL PACKET	3	PA; LD; QL
BENZODIAZEPINE ANTAGONISTS**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS**		
KLOXXADO NASAL LIQUID	2	QL
nalmefene hcl injection 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
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 0.4 mg/ml	3	QL
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
OPVEE NASAL SOLUTION	2	QL
REXTOVY NASAL LIQUID	2	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
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 (READY-TO-USE) INTRAVENOUS SOLUTION	3	PA; LD; QL
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION	3	PA; LD; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
AKYNZEO ORAL CAPSULE	3	LD; QL
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
ANTIEMETICS - ANTICHOLINERGIC**		
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
dimenhydrinate injection solution	3	
meclizine hcl oral tablet 25 mg	1 or 1a*	
meclizine hcl oral tablet 50 mg	1 or 1b*	
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

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

Drug Name	Tier	Notes
MARINOL ORAL CAPSULE	3	QL
SYNDROS ORAL SOLUTION	3	QL
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**		
APONVIE INTRAVENOUS EMULSION	3	
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
focinvez intravenous solution	3	PA; QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL
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	
micafungin sodium-nacl intravenous solution	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)**		
BREXAFEMME ORAL TABLET	3	PA; QL
ANTIFUNGALS**		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL
IMIDAZOLES**		
ketoconazole oral tablet	1 or 1b*	QL
TETRAZOLES**		
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL
TRIAZOLES**		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	QL

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

Drug Name	Tier	Notes
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFIL ORAL PACKET	3	PA; QL
posaconazole intravenous solution	1 or 1b*	
posaconazole oral suspension	1 or 1b*	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 50 MG	3	PA; QL
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES**		
eq allergy relief oral tablet 4 mg	1 or 1b*	
ANTIHISTAMINES - ETHANOLAMINES**		
carbinoxamine maleate er oral suspension extended release	1 or 1b*	QL
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
clemastine fumarate oral syrup	3	ST; QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	ST; QL
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL
ANTIHISTAMINES - NON-SEDATING**		
cetirizine hcl oral solution	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
eq allergy relief childrens oral suspension	1 or 1b*	
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
mm allergy relief 24 hour oral tablet	1 or 1b*	
QUZYTTIR INTRAVENOUS SOLUTION	3	
ANTIHISTAMINES - PHENOTHIAZINES**		
PHENERGAN INJECTION SOLUTION	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	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*	

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

Drug Name	Tier	Notes
ANTIHYPERLIPIDEMICS		
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB**		
NEXLIZET ORAL TABLET	3	PA; QL
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**		
NEXLETOL ORAL TABLET	3	PA; QL
ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS**		
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LD
ANTIHYPERLIPIDEMICS - MISC.**		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
BILE ACID SEQUESTRANTS**		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID ORAL GRANULES	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
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

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

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Drug Name	Tier	Notes
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*	QL
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS**		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
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**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

Drug Name	Tier	Notes
SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS**		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
***ANTIHYPERTENSIVES ***		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	QL
amlodipine besy-benazepril hcl oral capsule 2.5-10 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
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE**		
ACCURETIC ORAL TABLET 10-12.5 MG	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG	3	QL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1 or 1b*	QL
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1 or 1b*	DO
captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
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

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

Drug Name	Tier	Notes
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 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, 5 mg	1 or 1a*	DO
benazepril hcl oral tablet 20 mg, 40 mg	1 or 1a*	QL
captopril oral tablet 100 mg, 50 mg	1 or 1b*	QL
captopril oral tablet 12.5 mg, 25 mg	1 or 1b*	DO
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
enalapril maleate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
enalaprilat intravenous solution	1 or 1b*	
EPANED ORAL SOLUTION	3	QL
fosinopril sodium oral tablet 10 mg	1 or 1b*	DO
fosinopril sodium oral tablet 20 mg, 40 mg	1 or 1b*	QL
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 20 mg, 30 mg, 40 mg	1 or 1a*	QL

Drug Name	Tier	Notes
LOTENSIN ORAL TABLET 10 MG	3	DO
LOTENSIN ORAL TABLET 20 MG, 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, 5 mg	1 or 1b*	DO
quinapril hcl oral tablet 20 mg, 40 mg	1 or 1b*	QL
ramipril oral capsule 1.25 mg, 2.5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg, 5 mg	1 or 1b*	QL
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
AGENTS FOR PHEOCHROMOCYTOMA**		
DEMSER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB**		
amlodipine besylate-valsartan oral tablet	1 or 1b*	QL
amlodipine-olmesartan oral tablet	1 or 1b*	QL
telmisartan-amlodipine oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
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	1 or 1b*	QL
olmesartan medoxomil-hctz oral tablet	1 or 1b*	QL
telmisartan-hctz oral tablet	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet	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	1 or 1b*	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	1 or 1b*	QL
olmesartan-amlodipine-hctz oral tablet	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	1 or 1a*	DO
clonidine hcl oral tablet 0.2 mg, 0.3 mg	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	QL
guanfacine hcl oral tablet 2 mg	1 or 1b*	
methyldopa oral tablet 250 mg	1 or 1b*	DO
methyldopa oral tablet 500 mg	1 or 1b*	QL
ANTIADRENERGICS - PERIPHERALLY ACTING**		
CARDURA ORAL TABLET	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
ANTIHYPERTENSIVES - MISC.**		
VECAMYL ORAL TABLET	3	

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

Drug Name	Tier	Notes
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
DIRECT RENIN INHIBITORS**		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
VASODILATORS**		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	3	
nitroprusside sodium intravenous solution	1 or 1b*	
nitroprusside sodium-nacl intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.**		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
FLAGYL ORAL CAPSULE	3	
IMPAVIDO ORAL CAPSULE	3	PA; QL
metronidazole intravenous solution 500 mg/100ml	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	4	
tinidazole oral tablet	1 or 1b*	QL
trimethoprim oral tablet	1 or 1a*	
XIFAXAN ORAL TABLET	3	PA; QL
ANTI-INFECTIVE MISC. - COMBINATIONS**		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
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*	

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

Drug Name	Tier	Notes
ANTIPROTOZOAL AGENTS**		
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET	3	
MEPRON ORAL SUSPENSION	3	
nitazoxanide oral tablet	1 or 1b*	QL
BETA-LACTAMASE INHIBITOR - COMBINATIONS*		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	3	
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*	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*	
meropenem intravenous solution reconstituted 2 gm	3	
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	3	
CHLORAMPHENICALS**		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
CYCLIC LIPOPEPTIDES**		
daptomycin intravenous solution reconstituted	3	
daptomycin-sodium chloride intravenous solution	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-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	3	QL
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	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, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg	3	QL
vancomycin hcl intravenous solution reconstituted 100 gm	1 or 1b*	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL
vancomycin hcl oral solution reconstituted	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
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
LEPROSTATICS**		
dapsone oral tablet	1 or 1b*	
LINCOSAMIDES**		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
clindamycin phosphate in nacl intravenous solution	3	
clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
MONOBACTAMS**		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	4	LD; QL; SP
OXAZOLIDINONES**		
linezolid in sodium chloride intravenous solution	3	
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

Drug Name	Tier	Notes
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
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*	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1 or 1b*	
nitrofurantoin oral suspension 50 mg/5ml	3	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM 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
MALARONE ORAL TABLET	3	
ANTIMALARIALS**		
ARAKODA ORAL TABLET	3	QL
artesunate intravenous solution reconstituted	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET	3	PA; QL
hydroxychloroquine sulfate oral tablet	1 or 1b*	QL
KRINTAFEL ORAL TABLET	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
primaquine phosphate oral tablet 26.3 (15 base) mg	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS**		
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	4	PA; LD; 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*	

Drug Name	Tier	Notes
REGONOL INTRAVENOUS SOLUTION	3	
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*	
pretomanid oral tablet	3	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS**		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; LD; SP
bendamustine hcl intravenous solution	3	PA; LD; SP
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; LD; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
carboplatin intravenous solution	1 or 1b*	SP

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

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Drug Name	Tier	Notes
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	SP
cisplatin intravenous solution reconstituted	3	SP
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
vivimusta intravenous solution	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANDROGEN BIOSYNTHESIS INHIBITORS**		
abiraterone acetate oral tablet	1 or 1b*	PA; LD; QL; SP
ANTIADRENALS**		
LYSODREN ORAL TABLET	2	LD; QL
ANTIANDROGENS**		
bicalutamide oral tablet	1 or 1b*	QL
CASODEX ORAL TABLET	3	QL
ERLEADA ORAL TABLET	2	PA; LD; QL; SP
EULEXIN ORAL CAPSULE	3	
nilutamide oral tablet	1 or 1b*	QL
NUBEQA ORAL TABLET	2	PA; LD; QL; SP
XTANDI ORAL CAPSULE	2	PA; LD; QL; SP
XTANDI ORAL TABLET	2	PA; LD; QL; SP
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; LD; SP
capecitabine oral tablet	1 or 1b*	PA; LD; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
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 50 mg/2ml	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION	3	SP
gemcitabine hcl intravenous solution	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
JYLAMVO ORAL SOLUTION	3	PA
mercaptopurine 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
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution 1000 mg/40ml, 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; LD; QL; SP
pemetrexed disodium intravenous solution	3	PA; SP
pemetrexed disodium intravenous solution reconstituted	1 or 1b*	PA; SP
pemetrexed ditromethamine intravenous solution reconstituted	3	PA; SP
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml	3	PA; SP
pemetrexed intravenous solution 500 mg/20ml	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION	3	PA; SP
PURIXAN ORAL SUSPENSION	3	PA; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	ST
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; LD; SP
XATMEP ORAL SOLUTION	3	PA
ANTINEOPLASTIC - AKT INHIBITORS**		
TRUQAP ORAL TABLET	3	PA; LD; QL

Drug Name	Tier	Notes
ANTINEOPLASTIC - ALK INHIBITORS**		
ALECENSA ORAL CAPSULE	2	PA; LD; QL; SP
ALUNBRIG ORAL TABLET	2	PA; LD; QL
ALUNBRIG ORAL TABLET THERAPY PACK	2	PA; LD; QL
LORBRENA ORAL TABLET	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE SPRINKLE	3	PA; LD; QL; SP
ZYKADIA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - ANTIBODY COMBINATIONS**		
OPDUALAG INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES**		
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES**		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX**		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES**		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; LD; SP

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

Drug Name	Tier	Notes
GAZYVA INTRAVENOUS SOLUTION	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION	3	PA; SP
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX***		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX***		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX***		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***		
DARZALEX INTRAVENOUS SOLUTION	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

Drug Name	Tier	Notes
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***		
IMJUDO INTRAVENOUS SOLUTION	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***		
DANYELZA INTRAVENOUS SOLUTION	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION	3	LD
*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	LD; SP
MARGENZA INTRAVENOUS SOLUTION	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
TUKYSA ORAL TABLET	3	PA; LD; QL

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX**		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES**		
JEMPERLI INTRAVENOUS SOLUTION	3	PA; LD; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; LD; SP
LIBTAYO INTRAVENOUS SOLUTION	3	PA; LD
LOQTORZI INTRAVENOUS SOLUTION	3	PA; LD; SP
OPDIVO INTRAVENOUS SOLUTION	3	PA; LD; SP
ZYNYZ INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES**		
BAVENCIO INTRAVENOUS SOLUTION	3	PA; LD
IMFINZI INTRAVENOUS SOLUTION	3	PA; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES**		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX**		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

Drug Name	Tier	Notes
ANTINEOPLASTIC - BCL-2 INHIBITORS**		
VENCLEXTA ORAL TABLET	3	PA; LD; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS**		
BOSULIF ORAL CAPSULE	2	PA; QL; SP
BOSULIF ORAL TABLET	2	PA; QL; SP
imatinib mesylate oral tablet	1 or 1b*	PA; QL; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS**		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
COLUMVI INTRAVENOUS SOLUTION	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA; LD

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

Drug Name	Tier	Notes
ANTINEOPLASTIC - BRAF KINASE INHIBITORS**		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; QL; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; LD; QL
OJEMDA ORAL TABLET 100 MG	3	PA; LD; QL
TAFINLAR ORAL CAPSULE	3	PA; LD; QL; SP
TAFINLAR ORAL TABLET SOLUBLE	3	PA; LD; QL; SP
ZELBORAF ORAL TABLET	2	PA; LD; QL; SP
ANTINEOPLASTIC - BTK INHIBITORS**		
BRUKINSA ORAL CAPSULE	3	PA; LD; QL
CALQUENCE ORAL TABLET	2	PA; LD; QL
IMBRUVICA ORAL CAPSULE	2	PA; LD; QL
IMBRUVICA ORAL SUSPENSION	2	PA; LD; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; LD; QL
JAYPIRCA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - EGFR INHIBITORS**		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
gefitinib oral tablet	1 or 1b*	PA; LD; QL; SP
GILOTRIF ORAL TABLET	3	PA; LD; QL
IRESSA ORAL TABLET	3	PA; LD; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
TAGRISSO ORAL TABLET	3	PA; LD; QL; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; LD; SP
VIZIMPRO ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - FGFR KINASE INHIBITORS**		
BALVERSA ORAL TABLET	3	PA; LD; QL; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
PEMAZYRE ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS**		
OGSIVEO ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**		
DAURISMO ORAL TABLET	3	PA; LD; QL; SP
ERIVEDGE ORAL CAPSULE	2	PA; LD; QL; SP
ODOMZO ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS**		
WELIREG ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS**		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD; SP

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

Drug Name	Tier	Notes
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS		
AKEEGA ORAL TABLET	3	PA; LD; QL
***ANTINEOPLASTIC - IMMUNOMODULATORS ***		
POMALYST ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLASTIC - KRAS INHIBITORS		
KRAZATI ORAL TABLET	3	PA; LD; QL
LUMAKRAS ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - MEK INHIBITORS		
COTELLIC ORAL TABLET	3	PA; LD; QL; SP
KOSELUGO ORAL CAPSULE	3	PA; LD; QL
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
MEKINIST ORAL TABLET	3	PA; LD; QL; SP
MEKTOVI ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - MET INHIBITORS		
TABRECTA ORAL TABLET	3	PA; QL; SP
TEPMETKO ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS		
TAZVERIK ORAL TABLET	3	PA; LD; 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

Drug Name	Tier	Notes
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD
temsirolimus intravenous solution	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; SP
TORPENZ ORAL TABLET	1 or 1b*	PA; SP
ANTINEOPLASTIC - MULTIKINASE INHIBITORS		
CABOMETYX ORAL TABLET	2	PA; LD; QL; SP
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; LD; QL; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; LD; QL; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; LD; QL; SP
FOTIVDA ORAL CAPSULE	3	PA; LD; QL
lapatinib ditosylate oral tablet	1 or 1b*	PA; LD; QL; SP
NERLYNX ORAL TABLET	3	PA; LD; QL; SP
NEXAVAR ORAL TABLET	3	PA; LD; QL; SP
pazopanib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
QINLOCK ORAL TABLET	3	PA; LD; QL
RYDAPT ORAL CAPSULE	3	PA; QL; SP
sorafenib tosylate oral tablet	1 or 1b*	PA; LD; QL; SP
STIVARGA ORAL TABLET	2	PA; LD; QL; SP
sunitinib malate oral capsule	1 or 1b*	PA; LD; QL; SP
SUTENT ORAL CAPSULE	3	PA; LD; QL; SP
TURALIO ORAL CAPSULE 125 MG	3	PA; LD; QL
VANFLYTA ORAL TABLET	3	PA; LD; QL

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

Drug Name	Tier	Notes
XOSPATA ORAL TABLET	3	PA; LD; QL; SP
ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES**		
RYBREVANT INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**		
AYVAKIT ORAL TABLET	3	PA; LD; QL
ANTINEOPLASTIC - PROTEASOME INHIBITORS**		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	PA; SP
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NINLARO ORAL CAPSULE	3	PA; LD; QL; SP
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
ANTINEOPLASTIC - RET INHIBITORS**		
GAVRETO ORAL CAPSULE	3	PA; LD; QL
RETEVMO ORAL CAPSULE	3	PA; LD; QL; SP
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS**		
AUGTYRO ORAL CAPSULE	3	PA; LD; QL; SP
ROZLYTREK ORAL CAPSULE	3	PA; LD; QL; SP
ROZLYTREK ORAL PACKET	3	PA; LD; QL; SP
VITRAKVI ORAL CAPSULE	3	PA; LD; QL; SP
VITRAKVI ORAL SOLUTION	3	PA; LD; QL; SP

Drug Name	Tier	Notes
ANTINEOPLASTIC - XPO1 INHIBITORS**		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; LD; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; LD; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
ANTINEOPLASTIC ANTIBIOTICS**		
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
daunorubicin hcl intravenous solution	3	SP
DOXIL INTRAVENOUS SUSPENSION	3	PA; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous suspension	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
ELLENCE INTRAVENOUS SOLUTION	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	SP
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION	3	LD; SP
ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTIC AL THERAPY**		
ZEVALIN Y-90 INTRAVENOUS KIT	3	PA; LD
ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES**		
ELAHERE INTRAVENOUS SOLUTION	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ANTINEOPLASTIC COMBINATIONS**		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	LD; SP

Drug Name	Tier	Notes
INQOVI ORAL TABLET	3	PA; LD; QL; SP
LONSURF ORAL TABLET	3	PA; LD; SP
PHESGO SUBCUTANEOUS SOLUTION	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD; SP
ANTINEOPLASTIC ENZYMES**		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; LD
ONCASPAR INJECTION SOLUTION	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION	3	PA; LD; SP
ANTINEOPLASTIC RADIOPHARMACEUTIC ALS**		
LUTATHERA INTRAVENOUS SOLUTION	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION	3	PA; LD
strontium chloride sr-89 intravenous solution	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA; LD
ANTINEOPLASTICS - INTERLEUKINS & AGONISTS**		
ANKTIVA INTRAVESICAL SOLUTION	3	PA; LD; SP
ELZONRIS INTRAVENOUS SOLUTION	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

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

Drug Name	Tier	Notes
ANTINEOPLASTICS - PHOTOACTIVATED AGENTS**		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
UVADEX EXTRACORPOREAL SOLUTION	3	
ANTINEOPLASTICS MISC.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LD; SP
arsenic trioxide intravenous solution	1 or 1b*	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	4	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	SP
AROMATASE INHIBITORS**		
anastrozole oral tablet	1 or 1b*	$0; QL
AROMASIN ORAL TABLET	3	QL
exemestane oral tablet	1 or 1b*	$0; QL
FEMARA ORAL TABLET	3	QL
letrozole oral tablet	1 or 1b*	$0; QL

Drug Name	Tier	Notes
CARBOXYPEPTIDASE ENZYME AGENTS**		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
CARDIAC PROTECTIVE AGENTS**		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	SP
CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS**		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS**		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	3	SP
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS**		
IBRANCE ORAL CAPSULE	2	PA; LD; QL; SP
IBRANCE ORAL TABLET	2	PA; LD; QL; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
VERZENIO ORAL TABLET	3	PA; LD; QL; SP

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

Drug Name	Tier	Notes
ESTROGEN RECEPTOR ANTAGONIST**		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; SP
FOLIC ACID ANTAGONISTS RESCUE AGENTS**		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	3	PA; LD; SP
leucovorin calcium injection solution	1 or 1b*	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1 or 1b*	PA
levoleucovorin calcium pf intravenous solution	1 or 1b*	PA
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; QL; SP
ORGOVYX ORAL TABLET	3	PA; LD; QL
IMIDAZOTETRAZINES **		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS**		
REZLIDHIA ORAL CAPSULE	3	PA; LD; QL
TIBSOVO ORAL TABLET	3	PA; LD; QL
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS**		
IDHIFA ORAL TABLET	3	PA; LD; QL; SP
JANUS ASSOCIATED KINASE (JAK) INHIBITORS**		
INREBIC ORAL CAPSULE	3	PA; LD; QL; SP
JAKAFI ORAL TABLET	2	PA; LD; QL; SP
OJJAARA ORAL TABLET	3	PA; LD; QL
VONJO ORAL CAPSULE	3	PA; LD; QL
LHRH ANALOGS**		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA; LD; QL
ELIGARD SUBCUTANEOUS KIT	3	PA; QL; SP
leuprolide acetate (3 month) intramuscular injectable	3	PA; QL; SP
leuprolide acetate injection kit	1 or 1b*	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	4	PA; QL; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	4	PA; QL; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	3	PA; QL; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP

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

Drug Name	Tier	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; QL; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
MITOTIC INHIBITORS**		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; 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; LD; SP
DOCIVYX INTRAVENOUS SOLUTION	3	PA; LD; SP
eribulin mesylate intravenous solution	1 or 1b*	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; LD; 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; LD; SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution	1 or 1b*	SP
MYELOPROTECTIVE AGENTS**		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
NITROGEN MUSTARDS AND RELATED ANALOGUES**		
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/10ml, 2 gm/4ml, 500 mg/ml	3	
cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml	3	SP
cyclophosphamide oral capsule	1 or 1b*	SP
cyclophosphamide oral tablet	3	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 3 gm	3	SP
LEUKERAN ORAL TABLET	2	

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

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

Drug Name	Tier	Notes
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL TABLET	3	PA; LD; QL; SP
RUBRACA ORAL TABLET	3	PA; LD; QL; SP
TALZENNA ORAL CAPSULE	3	PA; LD; QL; SP
ZEJULA ORAL TABLET	3	PA; LD; QL; SP
PROGESTINS-ANTINEOPLASTIC**		
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 ESTROGEN RECEPTOR DEGRADERS**		
ORSERDU ORAL TABLET	3	PA; LD; QL
SELECTIVE RETINOID X RECEPTOR AGONISTS**		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
TETRAHYDROISOQUINOLINES**		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX**		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
TOPOISOMERASE I INHIBITORS**		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP

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

Drug Name	Tier	Notes
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE	3	LD; SP
topotecan hcl intravenous solution	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
URINARY TRACT PROTECTIVE AGENTS**		
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS**		
AVASTIN INTRAVENOUS SOLUTION	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; LD; SP
FRUZAQLA ORAL CAPSULE	3	PA; LD; QL
INLYTA ORAL TABLET	2	PA; LD; QL; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
MVASI INTRAVENOUS SOLUTION	3	PA; LD; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ADENOSINE RECEPTOR ANTAGONIST**		
NOURIANZ ORAL TABLET	4	PA; LD; QL; SP
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
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	4	PA; LD; QL

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

Drug Name	Tier	Notes
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO
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*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1 or 1b*	
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA ENTERAL SUSPENSION	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LD; QL; SP
apomorphine hcl subcutaneous solution cartridge	4	PA; LD; QL; SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG	3	QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
PERIPHERAL COMT INHIBITORS**		
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
lithium oral solution	1 or 1b*	

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

Drug Name	Tier	Notes
ANTIPSYCHOTICS - MISC.**		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	ST; DO
CAPLYTA ORAL CAPSULE 42 MG	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	AL; QL
lurasidone hcl oral tablet 120 mg	1 or 1b*	AL
lurasidone hcl oral tablet 20 mg, 40 mg	1 or 1b*	DO; AL
lurasidone hcl oral tablet 60 mg, 80 mg	1 or 1b*	AL; QL
NUPLAZID ORAL CAPSULE	4	PA; LD; QL; SP
NUPLAZID ORAL TABLET 10 MG	4	PA; LD; QL; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO; AL
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	AL; QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	AL; 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	AL; QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	AL; QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO; AL
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	AL; QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	AL; QL
risperidone microspheres er intramuscular suspension reconstituted er	1 or 1b*	AL; QL
risperidone oral solution	1 or 1b*	AL; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	AL; QL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	AL; QL
BUTYROPHENONES**		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	3	AL; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML	3	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	AL; QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	AL
haloperidol lactate oral concentrate 2 mg/ml	1 or 1b*	AL; QL
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	AL; QL

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

Drug Name	Tier	Notes
DIBENZODIAZEPINES*		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	AL; QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO; AL
VERSACLOZ ORAL SUSPENSION	3	AL; QL
DIBENZO-OXEPINO PYRROLES**		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	AL; QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO; AL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
DIBENZOTHIAZEPINES**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO; AL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	AL; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg	1 or 1b*	AL; QL
DIBENZOXAZEPINES*		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	AL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO; AL
loxapine succinate oral capsule 50 mg	1 or 1b*	AL; QL
DIHYDROINDOLONES*		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO; AL
molindone hcl oral tablet 25 mg	1 or 1b*	AL; QL
PHENOTHIAZINES**		
chlorpromazine hcl injection solution	1 or 1b*	
chlorpromazine hcl oral concentrate	1 or 1b*	AL; QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL
COMPRO RECTAL SUPPOSITORY	1 or 1b*	AL
fluphenazine decanoate injection solution	1 or 1b*	AL
fluphenazine hcl injection solution	1 or 1b*	AL
fluphenazine hcl oral concentrate	1 or 1b*	AL; QL
fluphenazine hcl oral elixir	1 or 1b*	AL; QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO; AL
fluphenazine hcl oral tablet 10 mg	1 or 1b*	AL; QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	AL; QL
perphenazine oral tablet 2 mg	1 or 1b*	DO; AL
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	AL
prochlorperazine maleate oral tablet	1 or 1a*	AL
prochlorperazine rectal suppository	1 or 1b*	AL
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
thioridazine hcl oral tablet 100 mg	1 or 1b*	AL; QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO; AL
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	AL; QL
QUINOLINONE DERIVATIVES**		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL

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

Drug Name	Tier	Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	AL; 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*	AL; QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO; AL
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	AL; QL
aripiprazole oral tablet dispersible	1 or 1b*	AL; QL
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL
THIENBENZODIAZEPINES**		
olanzapine intramuscular solution reconstituted	1 or 1b*	AL; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO; AL
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	AL; QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO; AL
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	AL; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	AL; 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 10 %	1 or 1b*	
CHLORINE ANTISEPTICS**		
benzalkonium chloride external solution	3	
IODINE ANTISEPTICS**		
lugols strong iodine external solution	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; LD; QL
CIMDUO ORAL TABLET	3	QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	2	QL
DOVATO ORAL TABLET	2	QL
efavirenz-emtricitab-tenofo df oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL

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

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Drug Name	Tier	Notes
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	$0; 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
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
ANTIRETROVIRALS - CAPSID INHIBITORS**		
SUNLENCA ORAL TABLET THERAPY PACK	3	PA; LD; QL
SUNLENCA SUBCUTANEOUS SOLUTION	3	PA; LD; 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
ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR**		
TROGARZO INTRAVENOUS SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
ANTIRETROVIRALS - FUSION INHIBITORS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LD; 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	LD; QL
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	3	QL
ISENTRESS ORAL TABLET CHEWABLE	3	QL
TIVICAY ORAL TABLET 50 MG	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
darunavir oral tablet	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
NORVIR ORAL PACKET	3	QL
NORVIR ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL

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

Drug Name	Tier	Notes
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
INTELENCE ORAL TABLET 25 MG	2	PA; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
PIFELTRO ORAL TABLET	3	QL
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
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	PA; QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	PA; QL
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES**		
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	QL
RETROVIR ORAL SYRUP	3	QL
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES**		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	$0; QL
VIREAD ORAL POWDER	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
ANTIRETROVIRALS ADJUVANTS**		
TYBOST ORAL TABLET	3	QL
ANTIVIRAL COMBINATIONS**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL
CMV AGENTS**		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	
ganciclovir intravenous solution	4	SP
ganciclovir sodium intravenous solution	4	SP

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

Drug Name	Tier	Notes
ganciclovir sodium intravenous solution reconstituted	4	SP
LIVTENCITY ORAL TABLET	4	PA; LD; QL
PREVYMIS INTRAVENOUS SOLUTION	4	PA; QL; SP
PREVYMIS ORAL TABLET	4	PA; QL; SP
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
HEPATITIS B AGENTS**		
adefovir dipivoxil oral tablet	4	PA; QL; SP
BARACLUDE ORAL SOLUTION	4	PA; QL
entecavir oral tablet	4	PA; QL
lamivudine oral tablet 100 mg	1 or 1b*	PA; QL
VEMLIDY ORAL TABLET	4	PA; QL; SP
HEPATITIS C AGENT - COMBINATIONS**		
EPCLUSA ORAL PACKET	4	PA; QL; SP
EPCLUSA ORAL TABLET	4	PA; QL; SP
HARVONI ORAL PACKET	4	PA; QL; SP
HARVONI ORAL TABLET	4	PA; QL; SP
VOSEVI ORAL TABLET	4	PA; QL; SP
HEPATITIS C AGENTS**		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	LD; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
ribavirin oral capsule	4	QL; SP
ribavirin oral tablet 200 mg	4	QL; SP
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
HERPES AGENTS - THYMIDINE ANALOGUES**		
famciclovir oral tablet	1 or 1b*	QL
INFLUENZA AGENTS**		
rimantadine hcl oral tablet	1 or 1b*	
MISC. ANTIVIRALS**		
LAGEVRIO ORAL CAPSULE	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
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

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

Drug Name	Tier	Notes
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	
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	1 or 1b*	DO
carvedilol phosphate er oral capsule extended release 24 hour 20 mg, 40 mg, 80 mg	1 or 1b*	QL
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml	3	
labetalol hcl oral tablet 100 mg	1 or 1b*	DO
labetalol hcl oral tablet 200 mg, 300 mg	1 or 1b*	QL
BETA BLOCKERS CARDIO-SELECTIVE**		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
esmolol hcl intravenous solution 2000 mg/100ml, 2500 mg/250ml	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
nebivolol hcl oral tablet	1 or 1b*	
BETA BLOCKERS NON-SELECTIVE**		
HEMANGEOL ORAL SOLUTION	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL
pindolol oral tablet 10 mg	1 or 1b*	QL
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
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
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
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
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

Drug Name	Tier	Notes
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 oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 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
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

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

Drug Name	Tier	Notes
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*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1 or 1b*	QL
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	3	
nicardipine hcl 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
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	3	DO
verapamil hcl er oral capsule extended release 24 hour 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

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

Drug Name	Tier	Notes
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG	3	QL
CARDIOTONICS		
CARDIAC GLYCOSIDES**		
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 12.5 mg/ml, 250 mg/20ml	1 or 1b*	
dobutamine-dextrose intravenous solution	3	
dopamine hcl intravenous solution 40 mg/ml	3	
dopamine-dextrose 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

Drug Name	Tier	Notes
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
CARDIAC MYOSIN INHIBITORS**		
CAMZYOS ORAL CAPSULE	4	PA; LD; QL; SP
IMPOTENCE AGENT COMBINATIONS**		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	3	
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB**		
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL
ENTRESTO ORAL TABLET	3	QL
NITRATE & VASODILATOR COMBINATIONS**		
BIDIL ORAL TABLET	3	QL
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1 or 1b*	QL
PDE INHIBITOR-ENDOTHELIN RECPTOR ANTAGONIST COMBINATIONS**		
OPSYNVI ORAL TABLET	4	PA; LD; QL; SP
PROSTAGLANDIN - IMPOTENCE AGENTS**		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA
EDEX INTRACAVERNOSAL KIT	3	PA

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

Drug Name	Tier	Notes
PROSTAGLANDIN VASODILATORS**		
epoprostenol sodium intravenous solution reconstituted	4	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	PA; LD; QL; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	PA; LD; QL; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	4	PA; LD; QL; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LD; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LD; SP
treprostinil injection solution	4	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	4	PA; LD; QL; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LD; QL; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; LD; QL; SP
TYVASO INHALATION SOLUTION	4	PA; LD; QL; SP
TYVASO REFILL KIT INHALATION SOLUTION	4	PA; LD; QL; SP
TYVASO STARTER KIT INHALATION SOLUTION	4	PA; LD; QL; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION	4	PA; LD; QL; SP
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
ADEMPAS ORAL TABLET	4	PA; LD; QL; SP
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR**		
WINREVAIR SUBCUTANEOUS KIT	4	PA; LD; QL; SP
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**		
ambrisentan oral tablet	4	PA; LD; QL; SP
bosentan oral tablet	4	PA; LD; QL; SP
OPSUMIT ORAL TABLET	4	PA; LD; QL; SP
TRACLEER ORAL TABLET SOLUBLE	4	PA; LD; QL; SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**		
ALYQ ORAL TABLET	4	PA; QL; SP
sildenafil citrate intravenous solution	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	4	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah) oral tablet	4	PA; QL; SP
TADLIQ ORAL SUSPENSION	4	PA; QL; SP
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; QL
UPTRAVI ORAL TABLET	4	PA; LD; QL; SP

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

Drug Name	Tier	Notes
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
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
ivabradine hcl oral tablet	1 or 1b*	PA; QL
TRANSTHYRETIN STABILIZERS**		
VYNDAMAX ORAL CAPSULE	4	PA; LD; QL; SP
VYNDAQEL ORAL CAPSULE	4	PA; LD; QL; SP
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**		
VERQUVO ORAL TABLET	3	PA; QL
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS**		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - 1ST GENERATION**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1 or 1b*	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEPHALOSPORINS - 2ND GENERATION**		
cefaclor er oral tablet extended release 12 hour	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted 250 mg/5ml	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
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*	

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

Drug Name	Tier	Notes
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*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 100 gm	3	QL
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	3	QL
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	

Drug Name	Tier	Notes
CEPHALOSPORINS - 4TH GENERATION**		
cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
cefepime hcl intravenous solution	3	
cefepime hcl intravenous solution reconstituted 100 gm	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	3	
CEPHALOSPORINS - 5TH GENERATION**		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS - SIDEROPHORES**		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CONTRACEPTIVES		
BIPHASIC CONTRACEPTIVES - ORAL**		
AZURETTE ORAL TABLET	1 or 1b*	$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	$0
KARIVA ORAL TABLET	1 or 1b*	$0
LO LOESTRIN FE ORAL TABLET	2	
PIMTREA ORAL TABLET	1 or 1b*	$0
SIMLIYA ORAL TABLET	1 or 1b*	$0
viorele oral tablet	1 or 1b*	$0
VOLNEA ORAL TABLET	1 or 1b*	$0
COMBINATION CONTRACEPTIVES - ORAL**		
AFIRMELLE ORAL TABLET	1 or 1a*	$0

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

Drug Name	Tier	Notes
ALTAVERA ORAL TABLET	1 or 1a*	$0
alyacen 1/35 oral tablet	1 or 1a*	$0
APRI ORAL TABLET	1 or 1a*	$0
AUBRA EQ ORAL TABLET	1 or 1a*	$0
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
CRYSELLE-28 ORAL TABLET	1 or 1a*	$0
CYRED EQ ORAL TABLET	1 or 1a*	$0
DASETTA 1/35 ORAL TABLET	1 or 1a*	$0
DELYLA ORAL TABLET	1 or 1a*	$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	$0
ELINEST ORAL TABLET	1 or 1a*	$0

Drug Name	Tier	Notes
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1 or 1a*	$0
ESTARYLLA ORAL TABLET	1 or 1a*	$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	$0
FALMINA ORAL TABLET	1 or 1a*	$0
FINZALA ORAL TABLET CHEWABLE	1 or 1a*	$0
GEMMILY ORAL CAPSULE	1 or 1b*	$0
HAILEY 1.5/30 ORAL TABLET	1 or 1a*	$0
HAILEY 24 FE ORAL TABLET	1 or 1a*	$0
HAILEY FE 1.5/30 ORAL TABLET	1 or 1a*	$0
HAILEY FE 1/20 ORAL TABLET	1 or 1a*	$0
ISIBLOOM ORAL TABLET	1 or 1a*	$0
JASMIEL ORAL TABLET	1 or 1b*	$0
JOYEAUX ORAL TABLET	1 or 1b*	$0
JULEBER ORAL TABLET	1 or 1a*	$0
JUNEL 1.5/30 ORAL TABLET	1 or 1a*	$0
JUNEL 1/20 ORAL TABLET	1 or 1a*	$0
JUNEL FE 1.5/30 ORAL TABLET	1 or 1a*	$0
JUNEL FE 1/20 ORAL TABLET	1 or 1a*	$0
JUNEL FE 24 ORAL TABLET	1 or 1a*	$0
KAITLIB FE ORAL TABLET CHEWABLE	1 or 1b*	$0
KALLIGA ORAL TABLET	1 or 1a*	$0
KELNOR 1/35 ORAL TABLET	1 or 1a*	$0
KELNOR 1/50 ORAL TABLET	1 or 1a*	$0
KURVELO ORAL TABLET	1 or 1a*	$0

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

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Drug Name	Tier	Notes
LARIN 1.5/30 ORAL TABLET	1 or 1a*	$0
LARIN 1/20 ORAL TABLET	1 or 1a*	$0
LARIN 24 FE ORAL TABLET	1 or 1a*	$0
LARIN FE 1.5/30 ORAL TABLET	1 or 1a*	$0
LARIN FE 1/20 ORAL TABLET	1 or 1a*	$0
LAYOLIS FE ORAL TABLET CHEWABLE	1 or 1b*	$0
LESSINA ORAL TABLET	1 or 1a*	$0
levonorgest-eth estradiol-iron oral tablet	1 or 1b*	$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
MIBELAS 24 FE ORAL TABLET CHEWABLE	1 or 1a*	$0
MICROGESTIN 1.5/30 ORAL TABLET	1 or 1a*	$0
MICROGESTIN 1/20 ORAL TABLET	1 or 1a*	$0
MICROGESTIN FE 1.5/30 ORAL TABLET	1 or 1a*	$0
MICROGESTIN FE 1/20 ORAL TABLET	1 or 1a*	$0
MILI ORAL TABLET	1 or 1a*	$0

Drug Name	Tier	Notes
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
OCELLA ORAL TABLET	1 or 1b*	$0
PHILITH 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
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
TURQOZ ORAL TABLET	1 or 1a*	$0
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**		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*	$0
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
ENILLORING VAGINAL RING	1 or 1b*	$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	$0
HALOETTE VAGINAL RING	1 or 1b*	$0

Drug Name	Tier	Notes
NUVARING VAGINAL RING	3	
CONTINUOUS CONTRACEPTIVES - ORAL**		
AMETHYST ORAL TABLET	1 or 1b*	$0
DOLISHALE ORAL TABLET	1 or 1b*	$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	$0
COPPER CONTRACEPTIVES - IUD**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
EMERGENCY CONTRACEPTIVES**		
AFTERA ORAL TABLET	1 or 1b*	$0
AFTERPILL ORAL TABLET	1 or 1b*	$0
CURAE ORAL TABLET	1 or 1b*	$0
ECONTRA ONE-STEP ORAL TABLET	1 or 1b*	$0
ELLA ORAL TABLET	3	$0
HER STYLE ORAL TABLET	1 or 1b*	$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	$0
MY CHOICE ORAL TABLET	1 or 1b*	$0
MY WAY ORAL TABLET	1 or 1b*	$0
NEW DAY ORAL TABLET	1 or 1b*	$0
OPCICON ONE-STEP ORAL TABLET	1 or 1b*	$0
OPTION 2 ORAL TABLET	1 or 1b*	$0
REACT ORAL TABLET	1 or 1b*	$0
TAKE ACTION ORAL TABLET	1 or 1b*	$0

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

Drug Name	Tier	Notes
EXTENDED-CYCLE CONTRACEPTIVES - ORAL**		
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
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
RIVELSA ORAL TABLET	1 or 1b*	$0
SETLAKIN ORAL TABLET	1 or 1b*	$0
SIMPESSE ORAL TABLET	1 or 1b*	$0
FOUR PHASE CONTRACEPTIVES - ORAL**		
NATAZIA ORAL TABLET	3	
PROGESTIN CONTRACEPTIVES - IMPLANTS**		
NEXPLANON SUBCUTANEOUS IMPLANT	4	LD; SP
PROGESTIN CONTRACEPTIVES - INJECTABLE**		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	$0
PROGESTIN CONTRACEPTIVES - IUD**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
PROGESTIN CONTRACEPTIVES - ORAL**		
CAMILA ORAL TABLET	1 or 1b*	$0
DEBLITANE ORAL TABLET	1 or 1b*	$0
EMZAHH ORAL TABLET	1 or 1b*	$0
ERRIN ORAL TABLET	1 or 1b*	$0
HEATHER ORAL TABLET	1 or 1b*	$0
INCASSIA ORAL TABLET	1 or 1b*	$0
JENCYCLA ORAL TABLET	1 or 1b*	$0
LYLEQ ORAL TABLET	1 or 1b*	$0
LYZA ORAL TABLET	1 or 1b*	$0
NORA-BE ORAL TABLET	1 or 1b*	$0
norethindrone oral tablet	1 or 1b*	$0
NORLYROC ORAL TABLET	1 or 1b*	$0
OPILL ORAL TABLET	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
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
TILIA FE 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-SPRINTEC ORAL TABLET	1 or 1b*	$0
TRIVORA (28) ORAL TABLET	1 or 1a*	$0

Drug Name	Tier	Notes
TRI-VYLIBRA LO ORAL TABLET	1 or 1b*	$0
TRI-VYLIBRA ORAL TABLET	1 or 1b*	$0
VELIVET ORAL TABLET	1 or 1a*	$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
CORTEF ORAL TABLET	3	
DEPO-MEDROL INJECTION SUSPENSION	3	
dexabliss oral tablet therapy pack	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
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 +rfid injection solution prefilled syringe	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
dexamethasone sod phosphate pf injection solution prefilled syringe	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1 or 1b*	
dexamethasone sodium phosphate injection solution prefilled syringe	1 or 1b*	
HEMADY 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
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION	3	
KENALOG-40 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*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG	3	QL
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	DO
PEDIAPRED ORAL SOLUTION	3	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	1 or 1b*	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	1 or 1b*	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	4	PA; LD; QL
MINERALOCORTICOIDS**		
fludrocortisone acetate oral tablet	1 or 1b*	
STEROID COMBINATIONS**		
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	

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

Drug Name	Tier	Notes
COUGH/COLD/ALLERGY		
ANTITUSSIVE - NONNARCOTIC**		
benzonatate oral capsule	1 or 1b*	
ANTITUSSIVE - OPIOID**		
HYCODAN ORAL SOLUTION	3	AL; QL
HYCODAN ORAL TABLET	3	PA; QL
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	AL; QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA; QL
hydromet oral solution	1 or 1a*	AL; QL
ANTITUSSIVE-EXPECTORANT**		
coditussin ac oral liquid	3	AL
eq mucus relief dm max str oral tablet extended release 12 hour	1 or 1b*	
g tussin ac oral solution	1 or 1a*	AL; QL
guaifenesin-codeine oral solution	1 or 1a*	AL; QL
MAR-COF CG EXPECTORANT ORAL LIQUID	2	AL
maxi-tuss ac oral solution	1 or 1a*	AL; QL
NINJACOF-XG ORAL LIQUID	3	AL
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT**		
coditussin dac oral liquid	3	AL
TUSNEL C ORAL SYRUP	2	PA; QL
DECONGESTANT & ANTIHISTAMINE**		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
eq allergy relief d 12 hour oral tablet extended release 12 hour	1 or 1b*	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR	1 or 1b*	

Drug Name	Tier	Notes
promethazine vc oral syrup	1 or 1b*	QL
DECONGESTANT W/ EXPECTORANT**		
eq mucus relief d oral tablet extended release 12 hour	1 or 1b*	
eq mucus-d oral tablet extended release 12 hour	1 or 1b*	
DECONGESTANT-ANALGESIC**		
eq sinus & cold-d oral tablet extended release 12 hour	1 or 1b*	
MISC. RESPIRATORY INHALANTS**		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1 or 1b*	
PULMOSAL INHALATION NEBULIZATION SOLUTION	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
MUCOLYTICS**		
acetylcysteine inhalation solution	1 or 1b*	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE**		
NINJACOF ORAL LIQUID	2	
promethazine-dm oral syrup	1 or 1a*	QL
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
OPIOID ANTITUSSIVE-ANTIHISTAMINE**		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	AL; QL
promethazine-codeine oral solution	1 or 1a*	AL; QL

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

Drug Name	Tier	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL; QL
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE**		
capcof oral syrup	3	AL; QL
maxi-tuss cd oral liquid	2	AL; QL
poly-tussin ac oral liquid 10-4-10 mg/5ml	2	AL; QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA
RYDEX ORAL LIQUID	2	AL; QL
DERMATOLOGICALS		
ACNE ANTIBIOTICS**		
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
CLINDACIN ETZ EXTERNAL SWAB	1 or 1b*	QL
CLINDACIN EXTERNAL FOAM	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 %	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	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
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ACNE COMBINATIONS**		
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL
NEUAC EXTERNAL GEL	1 or 1b*	QL
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
CLARAVIS ORAL CAPSULE	2	PA
isotretinoin oral capsule	2	PA
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel 0.04 %, 0.1 %	1 or 1b*	PA; QL
tretinoin microsphere pump external gel 0.04 %, 0.1 %	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**		
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL

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

Drug Name	Tier	Notes
ANALGESICS - TOPICAL**		
hav ez penetrating pain relief external gel	2	
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL**		
NEO-SYNALAR EXTERNAL CREAM	3	
ANTIBIOTICS - TOPICAL**		
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin external ointment	1 or 1b*	QL
ANTIFUNGALS - TOPICAL COMBINATIONS**		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
fungimez external solution	3	
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
eq athletes foot ultra external cream	1 or 1b*	
KLAYESTA EXTERNAL POWDER	1 or 1b*	QL
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel 2 %	1 or 1b*	ST; QL
NAFTIN EXTERNAL GEL 2 %	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
ANTIHISTAMINES - TOPICAL**		
TECNU RASH RELIEF EXTERNAL SOLUTION	1 or 1b*	
ANTI-INFLAMMATORY AGENTS - TOPICAL**		
diclofenac sodium external gel 1 %	1 or 1b*	QL
mm arthritis pain reliever external gel	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 5 %	1 or 1b*	AL; QL
fluorouracil external solution	1 or 1b*	AL; QL
TOLAK EXTERNAL CREAM	3	ST; QL
ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S**		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
ANTINEOPLASTIC RETINOIDS - TOPICAL**		
PANRETIN EXTERNAL GEL	3	SP

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

Drug Name	Tier	Notes
ANTIPRURITICS - TOPICAL**		
doxepin hcl external cream	1 or 1b*	PA; QL
ANTIPSORIATICS - SYSTEMIC**		
acitretin oral capsule	1 or 1b*	QL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; LD; QL; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
methoxsalen rapid oral capsule	1 or 1b*	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
SPEVIGO INTRAVENOUS SOLUTION	4	PA; LD; QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; LD; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	PA; LD; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL; SP
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
tazarotene external cream 0.1 %	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
TAZORAC EXTERNAL GEL	3	QL
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; QL
ANTISEBORRHEIC PRODUCTS**		
selenium sulfide external lotion	1 or 1a*	QL
ANTIVIRAL TOPICAL COMBINATIONS**		
XERESE EXTERNAL CREAM	3	PA; QL
ANTIVIRALS - TOPICAL**		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
DENAVIR EXTERNAL CREAM	3	PA; QL
eq docosanol external cream	1 or 1b*	
penciclovir external cream	1 or 1b*	PA; QL
ZOVIRAX EXTERNAL 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
ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS**		
OPZELURA EXTERNAL CREAM	3	PA; QL
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES**		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	4	PA; 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	
CORTICOSTEROIDS - TOPICAL**		
ala-cort external cream 1 %	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external cream	3	QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL

Drug Name	Tier	Notes
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 propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
clocortolone pivalate external cream	3	ST; QL
CLODAN EXTERNAL SHAMPOO	1 or 1b*	QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL

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

Drug Name	Tier	Notes
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 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 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 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
TOVET EXTERNAL FOAM	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
TRIDERM EXTERNAL CREAM 0.5 %	1 or 1a*	QL
DEPIGMENTING COMBINATIONS**		
TRI-LUMA EXTERNAL CREAM	3	
EMOLLIENTS**		
ammonium lactate external cream	1 or 1b*	QL
ENZYMES - TOPICAL**		
NEXOBRID EXTERNAL GEL	3	PA; QL
SANTYL EXTERNAL OINTMENT	3	PA; QL
EYELID CLEANSERS & LUBRICANTS**		
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION	2	
GLABELLAR LINES (FROWN LINES) AGENTS**		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA

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

Drug Name	Tier	Notes
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL**		
clotrimazole external cream	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
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 LOTION	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL**		
imiquimod external cream	1 or 1b*	ST; QL
imiquimod pump external cream	1 or 1b*	ST; QL

Drug Name	Tier	Notes
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS**		
CONDYLOX EXTERNAL GEL	3	QL
podofilox external gel	1 or 1b*	QL
podofilox external solution	1 or 1b*	QL
YCANTH EXTERNAL SOLUTION	3	PA; QL
LINIMENTS**		
turpentine external spirit	3	
LOCAL ANESTHETICS - TOPICAL**		
burn gel external gel	1 or 1b*	
dyclopro external solution	3	
GLYDO EXTERNAL PREFILLED SYRINGE	1 or 1b*	
lidocaine external ointment 5 %	1 or 1b*	QL
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDOCAN EXTERNAL PATCH	1 or 1b*	PA; QL
TRIDACAINE II EXTERNAL PATCH	1 or 1b*	PA; QL
TRIDACAINE III EXTERNAL PATCH	1 or 1b*	PA; QL
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL**		
HYFTOR EXTERNAL GEL	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)**		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; LD; QL

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

Drug Name	Tier	Notes
MICROTUBULE INHIBITORS - TOPICAL**		
KLISYRI EXTERNAL OINTMENT	3	ST; QL
MISC. DERMATOLOGICAL PRODUCTS**		
iliderm external emulsion	3	
MISC. TOPICAL**		
boric acid external granules	3	
QBREXZA EXTERNAL PAD	3	PA; QL
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL**		
tavaborole external solution	1 or 1b*	ST; QL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
PHOTODYNAMIC THERAPY AGENTS - TOPICAL**		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
PROSTAGLANDINS - TOPICAL**		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
ROSACEA AGENTS**		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate 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

Drug Name	Tier	Notes
MIRVASO EXTERNAL GEL	3	QL
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
SCABICIDES & PEDICULICIDES**		
CROTAN EXTERNAL LOTION	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
SCAR TREATMENT PRODUCTS**		
COPASIL EXTERNAL GEL	3	
SEBORRHEIC KERATOSIS PRODUCTS*		
ESKATA EXTERNAL SOLUTION	3	
SKIN PROTECTANTS**		
SCARTRATE EXTERNAL CREAM	3	
STEROID-LOCAL ANESTHETIC COMBINATIONS**		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
TAR PRODUCTS**		
coal tar external solution	1 or 1b*	
TISSUE REPLACEMENTS**		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	

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

Drug Name	Tier	Notes
AMNIOTEXT EXTERNAL SHEET	3	
amphenol-40 injection suspension reconstituted	3	
CYGNUS DUAL EXTERNAL SHEET	3	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM	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	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM	3	

Drug Name	Tier	Notes
TOPICAL ANESTHETIC COMBINATIONS**		
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS**		
bexarotene external gel	1 or 1b*	PA; QL; SP
TARGRETIN EXTERNAL GEL	3	PA; QL; SP
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 SUSPENSION	3	ST; QL
TYPE II 5-ALPHA REDUCTASE INHIBITORS**		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
VASCULAR AGENTS**		
eq hair regrowth for women external foam	1 or 1b*	
WOUND CARE - GROWTH FACTOR AGENTS**		
REGRANEX EXTERNAL GEL	3	QL
WOUND CLEANSERS/DECUBITUS ULCER THERAPY**		
lavare wound wash external gel	3	

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

Drug Name	Tier	Notes
WOUND DRESSINGS**		
FILSUVEZ EXTERNAL GEL	4	PA; LD
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
MEPILEX BORDER FLEX/CM EXTERNAL PAD	2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	2	QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	2	QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH ULTRA TEST IN VITRO STRIP	2	QL
ONETOUCH VERIO IN VITRO STRIP	2	QL
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS**		
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID	2	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID	2	
NEOCATE SYNEO JUNIOR ORAL POWDER	2	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	4	PA; LD; 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, 60000-189600 UNIT	2	QL
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS**		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	4	PA; LD; QL
methazolamide oral tablet	1 or 1b*	
ORMALVI ORAL TABLET	4	PA; LD; QL
DIURETIC COMBINATIONS**		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
LOOP DIURETICS**		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	

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

Drug Name	Tier	Notes
BUMEX ORAL TABLET 0.5 MG	3	
EDECRIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	4	PA; QL
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	
torsemide oral tablet	1 or 1b*	
OSMOTIC DIURETICS**		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 %	1 or 1b*	
POTASSIUM SPARING DIURETICS**		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
THIAZIDES AND THIAZIDE-LIKE DIURETICS**		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
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*	
THALITONE ORAL TABLET	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS**		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet 200 mg	1 or 1b*	
ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS**		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ADENOSINE DEAMINASE SCID TREATMENT - AGENTS**		
REVCOVI INTRAMUSCULAR SOLUTION	4	PA; LD
ALPHA-MANNOSIDOSIS TREATMENT - AGENTS**		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD
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

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

Drug Name	Tier	Notes
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	4	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution	4	SP
RECLAST INTRAVENOUS SOLUTION	4	PA; QL; SP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP
zoledronic acid intravenous solution 4 mg/100ml	4	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	4	PA; QL; SP
CALCIMIMETIC AGENTS**		
cinacalcet hcl oral tablet	4	PA; QL
PARSABIV INTRAVENOUS SOLUTION	4	PA; LD
CALCITONINS**		
calcitonin (salmon) injection solution	4	
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIACALCIN INJECTION SOLUTION	4	
CARNITINE REPLENISHER - AGENTS**		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR**		
XPHOZAH ORAL TABLET	3	PA; QL
CORTICOTROPIN**		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP
ACTHAR INJECTION GEL	4	PA; LD; SP
CORTROPHIN INJECTION GEL	4	PA; LD; SP
CORTISOL SYNTHESIS INHIBITORS**		
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LD; QL
DOPAMINE RECEPTOR AGONISTS**		
cabergoline oral tablet	1 or 1b*	QL
FABRY DISEASE - AGENTS**		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML	4	PA; LD; SP
ELFABRIO INTRAVENOUS SOLUTION 5 MG/2.5ML	4	PA; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
GALAFOLD ORAL CAPSULE	4	PA; LD; QL

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

Drug Name	Tier	Notes
GAA DEFICIENCY TREATMENT - AGENTS**		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
OPFOLDA ORAL CAPSULE	4	PA; LD; QL; SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
GNRH/LHRH ANTAGONISTS**		
cetrorelix acetate subcutaneous kit	4	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
ganirelix acetate subcutaneous solution prefilled syringe	4	PA; SP
ORILISSA ORAL TABLET	2	PA; QL
GROWTH HORMONE RECEPTOR ANTAGONISTS**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
GROWTH HORMONE RELEASING HORMONES (GHRH)**		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL

Drug Name	Tier	Notes
GROWTH HORMONES**		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; QL; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; QL; SP
HUMATROPE INJECTION CARTRIDGE	4	PA; QL; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; LD; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; LD; QL; SP
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS*		
XURIDEN ORAL PACKET	3	PA; LD; QL
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS**		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	PA; LD; SP
nitisinone oral capsule 20 mg	4	PA; LD
NITYR ORAL TABLET	4	PA; LD
ORFADIN ORAL CAPSULE	4	PA; LD
ORFADIN ORAL SUSPENSION	4	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS**		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER	3	LD
HYPERAMMONEMIA TREATMENT - AGENTS**		
carglumic acid oral tablet soluble	4	PA; LD

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

Drug Name	Tier	Notes
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	4	PA; LD
INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)**		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; QL
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**		
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LD; SP
LEPTIN ANALOGUES**		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL

Drug Name	Tier	Notes
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; LD; QL; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	4	PA; QL; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	4	PA; QL; SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	4	PA; QL; SP
SUPPRELIN LA SUBCUTANEOUS KIT	4	PA; LD; QL; SP
SYNAREL NASAL SOLUTION	4	PA; QL; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; LD; QL
LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS**		
KANUMA INTRAVENOUS SOLUTION	3	PA; LD; SP
MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS**		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD
MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS**		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; LD; SP
MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS**		
ELAPRASE INTRAVENOUS SOLUTION	4	PA; LD; SP

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

Drug Name	Tier	Notes
MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS**		
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LD; SP
MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS**		
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LD; SP
MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS**		
MEPSEVII INTRAVENOUS SOLUTION	4	PA; LD
NATRIURETIC PEPTIDES**		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS**		
VEOZAH ORAL TABLET	3	PA; QL
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS**		
KERENDIA ORAL TABLET	3	PA; QL
OVULATION STIMULANTS-GONADOTROPINS**		
chorionic gonadotropin intramuscular solution reconstituted	4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	4	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
OVULATION STIMULANTS-SYNTHETIC**		
CLOMID ORAL TABLET	1 or 1b*	PA
PARATHYROID HORMONE AND DERIVATIVES**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	QL; SP
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml	4	QL; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	LD; QL; SP
PHENYLKETONURIA TREATMENT - AGENTS**		
JAVYGTOR ORAL PACKET	4	PA; LD
JAVYGTOR ORAL TABLET	4	PA; LD
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; LD; QL; SP

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

Drug Name	Tier	Notes
sapropterin dihydrochloride oral packet	4	PA; LD; SP
sapropterin dihydrochloride oral tablet	4	PA; LD; SP
RANK LIGAND (RANKL) INHIBITORS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
SCLEROSTIN INHIBITORS**		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
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	4	PA; LD; QL
JYNARQUE ORAL TABLET THERAPY PACK	4	PA; LD; QL
tolvaptan oral tablet	1 or 1b*	PA; LD; QL; SP
SOMATOSTATIC AGENTS**		
lanreotide acetate subcutaneous solution	4	PA; LD; QL; SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
octreotide acetate subcutaneous solution prefilled syringe	4	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	4	PA; QL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP
UREA CYCLE DISORDER - AGENTS**		
AMMONUL INTRAVENOUS SOLUTION	3	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	4	PA; LD; QL
PHEBURANE ORAL PELLET	4	PA; LD; QL; SP
RAVICTI ORAL LIQUID	3	PA; LD; QL; SP
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; LD; QL; SP
sodium phenylbutyrate oral tablet	1 or 1b*	PA; LD; QL; SP
VASOPRESSIN**		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	

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

Drug Name	Tier	Notes
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	LD; QL
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	3	PA; QL
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
vasopressin +rfid intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	3	
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS**		
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP

Drug Name	Tier	Notes
ESTROGENS		
ESTROGEN & PROGESTIN**		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
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*	
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 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	3	QL

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

Drug Name	Tier	Notes
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil	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	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
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
moxifloxacin hcl intravenous solution	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS**		
CHOLBAM ORAL CAPSULE	3	PA; LD; QL
FARNESOID X RECEPTOR (FXR) AGONISTS**		
OCALIVA ORAL TABLET	4	PA; LD; QL; SP
GALLSTONE SOLUBILIZING AGENTS**		
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
GASTROINTESTINAL ANTIALLERGY AGENTS**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**		
lubiprostone 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
GASTROINTESTINAL STIMULANTS**		
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
REGLAN ORAL TABLET	3	QL
GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS**		
GATTEX SUBCUTANEOUS KIT	3	PA; LD; SP
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS**		
REZDIFFRA ORAL TABLET	4	PA; LD; QL; 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	4	PA; LD; QL
BYLVAY ORAL CAPSULE	4	PA; LD; QL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LD; QL

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; LD; QL; SP

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

Drug Name	Tier	Notes
INTERLEUKIN ANTAGONISTS**		
SKYRIZI INTRAVENOUS SOLUTION	4	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
STELARA INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
INTESTINAL ACIDIFIERS**		
enulose oral solution	1 or 1b*	QL
generlac oral solution	1 or 1b*	QL
lactulose encephalopathy oral solution 10 gm/15ml	1 or 1b*	QL
LIVE FECAL MICROBIOTA (HUMAN)*		
REBYOTA RECTAL SUSPENSION	4	PA; LD; QL
VOWST ORAL CAPSULE	4	PA; LD; QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**		
alvimopan oral capsule	1 or 1b*	
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

Drug Name	Tier	Notes
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
TRYPTOPHAN HYDROXYLASE INHIBITORS**		
XERMELO ORAL TABLET	4	PA; LD; QL
TUMOR NECROSIS FACTOR ALPHA BLOCKERS**		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
infliximab intravenous solution reconstituted	4	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; 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*	

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

Drug Name	Tier	Notes
KETALAR INJECTION SOLUTION	3	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
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	
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	
GENITOURINARY AGENTS - MISCELLANEOUS		
5-ALPHA REDUCTASE INHIBITORS**		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL
ALPHA 1-ADRENOCEPTOR ANTAGONISTS**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
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	
CYSTINOSIS AGENTS**		
CYSTAGON ORAL CAPSULE	4	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE	4	PA; LD
PROCYSBI ORAL PACKET	4	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*	
RENACIDIN IRRIGATION SOLUTION	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
sorbitol irrigation solution 3 %	3	
sorbitol-mannitol irrigation solution	3	
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG**		
FILSPARI ORAL TABLET	4	PA; LD; QL; SP

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

Drug Name	Tier	Notes
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
SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)**		
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
URINARY ANALGESICS**		
eq urinary pain relief max st oral tablet 99.5 mg	1 or 1b*	
URINARY STONE AGENTS**		
LITHOSTAT ORAL TABLET	3	
tiopronin oral tablet	1 or 1b*	PA; LD; QL
tiopronin oral tablet delayed release	1 or 1b*	PA; LD; QL
VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS**		
DEFLUX INJECTION PREFILLED SYRINGE	3	
GOUT AGENTS		
GOUT AGENT COMBINATIONS**		
colchicine-probenecid oral tablet	1 or 1b*	

Drug Name	Tier	Notes
GOUT AGENTS**		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
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
GLOPERBA ORAL SOLUTION	3	QL
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
URICOSURICS**		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA		
adzynma intravenous kit	4	PA; LD
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA**		
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; LD
ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES**		
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; LD; SP
ANTIHEMOPHILIC PRODUCTS**		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
adynovate intravenous solution reconstituted	4	PA; LD; SP
AFSTYLA INTRAVENOUS KIT	4	PA; LD; SP

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

Drug Name	Tier	Notes
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	4	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
BENEFIX INTRAVENOUS KIT	4	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
CORIFACT INTRAVENOUS KIT	4	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	4	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	4	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	4	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	4	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	4	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
NUWIQ INTRAVENOUS KIT	4	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
obizur intravenous solution reconstituted	4	PA; LD; SP

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

Drug Name	Tier	Notes
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
rixubis intravenous solution reconstituted	4	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	4	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
WILATE INTRAVENOUS KIT	4	PA; LD; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	4	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	4	PA; LD; SP
ANTI-VON WILLEBRAND FACTOR AGENTS**		
CABLIVI INJECTION KIT	4	PA; LD
BRADYKININ B2 RECEPTOR ANTAGONISTS**		
icatibant acetate subcutaneous solution prefilled syringe	4	PA; LD; QL; SP

Drug Name	Tier	Notes
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
C1 ESTERASE INHIBITORS**		
BERINERT INTRAVENOUS KIT	4	PA; LD; QL; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
COMPLEMENT C1 INHIBITORS**		
ENJAYMO INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
COMPLEMENT C3 INHIBITORS**		
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LD; QL
COMPLEMENT C5 INHIBITORS**		
PIASKY INJECTION SOLUTION	4	PA; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	4	PA; LD; QL; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	4	PA; LD; QL; SP
VEOPOZ INJECTION SOLUTION	4	PA; LD; QL
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
COMPLEMENT C5A INHIBITORS**		
gohibic intravenous solution	3	

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

Drug Name	Tier	Notes
COMPLEMENT C5A RECEPTOR INHIBITORS**		
TAVNEOS ORAL CAPSULE	4	PA; LD; QL
COMPLEMENT FACTOR B INHIBITORS**		
FABHALTA ORAL CAPSULE	4	PA; LD; QL
COMPLEMENT FACTOR D INHIBITORS**		
VOYDEYA ORAL TABLET	4	PA; LD; QL
VOYDEYA ORAL TABLET THERAPY PACK	4	PA; LD; QL
DIRECT-ACTING P2Y12 INHIBITORS**		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS**		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
tirofiban hcl in nacl intravenous solution	1 or 1b*	
HEMATORHEOLOGIC AGENTS**		
pentoxifylline er oral tablet extended release	1 or 1b*	

Drug Name	Tier	Notes
HEMIN**		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
HUMAN PROTEIN C**		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	4	LD; SP
PHOSPHODIESTERASE III INHIBITORS**		
cilostazol oral tablet	1 or 1b*	
PLASMA EXPANDERS**		
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	4	PA; LD; QL; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
PLASMA KALLIKREIN INHIBITORS**		
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP
ORLADEYO ORAL CAPSULE	4	PA; LD; QL
PLASMA PROTEINS**		
ALBUKED 25 INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
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	
kedbumin intravenous solution	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL

Drug Name	Tier	Notes
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
PLATELET AGGREGATION INHIBITORS**		
dipyridamole oral tablet	1 or 1b*	
PROTAMINE**		
protamine sulfate intravenous solution	1 or 1b*	
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS**		
ZONTIVITY ORAL TABLET	3	PA; QL
PYRUVATE KINASE ACTIVATORS**		
PYRUKYND ORAL TABLET	4	PA; LD; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	4	PA; LD; QL
QUINAZOLINE AGENTS**		
AGRYLIN ORAL CAPSULE	3	QL
anagrelide hcl oral capsule	1 or 1b*	QL
SPLEEN TYROSINE KINASE (SYK) INHIBITORS**		
TAVALISSE ORAL TABLET	4	PA; LD; QL
THIENOPYRIDINE DERIVATIVES**		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet	1 or 1b*	QL
THROMBOLYTIC AGENT - MISC**		
DEFITELIO INTRAVENOUS SOLUTION	4	
TISSUE PLASMINOGEN ACTIVATORS**		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

Drug Name	Tier	Notes
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
TNKASE INTRAVENOUS KIT	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE**		
CERDELGA ORAL CAPSULE	2	PA; LD; QL; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	4	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
miglustat oral capsule	2	PA; LD; QL; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
YARGESA ORAL CAPSULE	2	PA; LD; QL; SP
AMINO ACIDS**		
l-glutamine oral packet	4	PA; LD; SP
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**		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; LD; SP
plerixafor subcutaneous solution	4	PA; LD; SP
XOLREMDI ORAL CAPSULE	4	PA; LD; QL

Drug Name	Tier	Notes
CYTOTOXIC AGENTS**		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP
ERYTHROID MATURATION AGENTS**		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; 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; QL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; QL; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
PROCRIT INJECTION SOLUTION	4	PA; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL; SP
FOLIC ACID/FOLATE COMBINATIONS**		
FOLTABS 800 ORAL TABLET	1 or 1b*	$0
FOLIC ACID/FOLATES**		
cvs folic acid oral tablet 800 mcg	1 or 1a*	$0
FA-8 ORAL CAPSULE	1 or 1b*	$0
folate oral tablet	1 or 1a*	$0

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

Drug Name	Tier	Notes
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	$0
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	$0
ft folic acid oral tablet 800 mcg	1 or 1a*	$0
gnp folic acid oral tablet	1 or 1a*	$0
kp folic acid oral tablet 800 mcg	1 or 1a*	$0
qc folic acid oral tablet	1 or 1a*	$0
ra folic acid oral tablet	1 or 1a*	$0
sm folic acid oral tablet	1 or 1a*	$0
true folic acid oral tablet 400 mcg	1 or 1a*	$0
yl folic acid oral tablet	1 or 1a*	$0
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)**		
GRANIX SUBCUTANEOUS SOLUTION	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
NIVESTYM INJECTION SOLUTION	4	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
releuko subcutaneous solution prefilled syringe	4	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)**		
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; SP
IRON**		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	4	PA; QL; SP
FERRLECIT INTRAVENOUS SOLUTION	4	PA; QL; SP
ferumoxytol intravenous solution	4	PA; QL; SP
INFED INJECTION SOLUTION	4	PA; SP
na ferric gluc cplx in sucrose intravenous solution	4	PA; QL; SP
VENOFER INTRAVENOUS SOLUTION	4	PA; QL; SP
SELECTIN BLOCKERS**		
ADAKVEO INTRAVENOUS SOLUTION	4	PA; SP

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

Drug Name	Tier	Notes
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS**		
DOPTELET ORAL TABLET 20 MG	4	PA; LD; QL; SP
MULPLETA ORAL TABLET	4	PA; QL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
PROMACTA ORAL PACKET 12.5 MG	4	PA; LD; DO; SP
PROMACTA ORAL PACKET 25 MG	4	PA; LD; QL; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; LD; QL; SP
HEMOSTATICS		
HEMOSTATIC COMBINATIONS - TOPICAL**		
ARTISS EXTERNAL KIT	3	
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**		
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

Drug Name	Tier	Notes
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
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	
GELFILM EXTERNAL FILM	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	

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

Drug Name	Tier	Notes
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTIC COMBINATIONS**		
ft ibuprofen pm oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ANTIHISTAMINE HYPNOTICS**		
eq sleep-aid oral tablet	1 or 1b*	
BARBITURATE HYPNOTICS**		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	3	
BENZODIAZEPINE HYPNOTICS**		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	4	
estazolam oral tablet	1 or 1b*	QL
flurazepam hcl oral capsule	1 or 1b*	QL
HALCION ORAL TABLET	3	ST; 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-sodium chloride intravenous solution 100-0.8 mg/100ml-%, 50-0.8 mg/50ml-%	3	
midazolam-sodium chloride (pf) intravenous solution	3	
quazepam oral tablet	1 or 1b*	QL
RESTORIL ORAL CAPSULE	3	ST; QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
HYPNOTICS - TRICYCLIC AGENTS**		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS**		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet 1 mg, 2 mg	1 or 1b*	QL
eszopiclone oral tablet 3 mg	1 or 1b*	AL; 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
OREXIN RECEPTOR ANTAGONISTS**		
QUVIVIQ ORAL TABLET	3	ST; QL
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES**		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 400 mcg/4ml	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
dexmedetomidine hcl-dextrose intravenous solution	3	
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	

Drug Name	Tier	Notes
SELECTIVE MELATONIN RECEPTOR AGONISTS**		
HETLIOZ LQ ORAL SUSPENSION	4	PA; LD; QL
ramelteon oral tablet	1 or 1b*	QL
tasimelteon oral capsule	4	PA; LD; QL
LAXATIVES		
BOWEL EVACUANT COMBINATIONS**		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	3	QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1 or 1a*	$0; QL
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1 or 1a*	$0; QL
GAVILYTE-N WITH FLAVOR PACK 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 17.5-3.13-1.6 gm/177ml	1 or 1b*	$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	$0; QL
PEG-PREP ORAL KIT	3	QL
PLENVU ORAL SOLUTION RECONSTITUTED	3	QL
SUTAB ORAL TABLET	2	QL

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

Drug Name	Tier	Notes
LAXATIVES - MISCELLANEOUS**		
CLEARLAX ORAL POWDER	1 or 1b*	$0
constulose oral solution	1 or 1b*	QL
CVS PURELAX ORAL PACKET	1 or 1b*	$0
CVS PURELAX ORAL POWDER	1 or 1b*	$0
EQ CLEARLAX ORAL POWDER	1 or 1b*	$0
eq laxative oral packet	1 or 1b*	$0
EQL CLEARLAX ORAL POWDER	1 or 1b*	$0
ft clearlax oral powder	1 or 1b*	$0
gavilax oral powder	1 or 1b*	$0
gentlelax oral powder	1 or 1b*	$0
GLYCOLAX ORAL POWDER	1 or 1b*	$0
GNP CLEARLAX ORAL PACKET	1 or 1b*	$0
GNP CLEARLAX ORAL POWDER	1 or 1b*	$0
GOODSENSE CLEARLAX ORAL POWDER	1 or 1b*	$0
HEALTHYLAX ORAL PACKET	1 or 1b*	$0
HM CLEARLAX ORAL POWDER	1 or 1b*	$0
KLS LAXACLEAR ORAL POWDER	1 or 1b*	$0
KRISTALOSE ORAL PACKET	3	QL
lactulose oral packet	3	ST; QL
lactulose oral solution	1 or 1b*	QL
MM CLEARLAX ORAL POWDER	1 or 1b*	$0
peg 3350 oral packet	1 or 1b*	$0
peg 3350 oral powder	1 or 1b*	$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	$0
polyethylene glycol 3350 oral powder	1 or 1b*	$0
qc glycerin rectal suppository	1 or 1b*	
qc natura-lax oral powder	1 or 1b*	$0
ra laxative oral powder	1 or 1b*	$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	$0
SM CLEARLAX ORAL POWDER	1 or 1b*	$0
SMOOTH LAX ORAL PACKET	1 or 1b*	$0
SMOOTH LAX ORAL POWDER	1 or 1b*	$0
true laxative oral powder	1 or 1b*	$0
LUBRICANT LAXATIVES**		
mineral oil heavy oral oil	1 or 1b*	
SALINE LAXATIVE MIXTURES**		
FLEET SALINE ENEMA RECTAL ENEMA	2	
SALINE LAXATIVES**		
citrate of magnesia oral solution	1 or 1a*	$0
CITROMA ORAL SOLUTION	1 or 1a*	$0
cvs magnesium citrate oral solution	1 or 1a*	$0
cvs milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	$0
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION	1 or 1b*	$0
DULCOLAX ORAL SUSPENSION	1 or 1b*	$0
eq magnesium citrate oral solution	1 or 1a*	$0
eql magnesium citrate oral solution	1 or 1a*	$0
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	$0
ft magnesium citrate oral solution	1 or 1a*	$0
ft milk of magnesia oral suspension	1 or 1b*	$0
gnp magnesium citrate oral solution	1 or 1a*	$0
gnp milk of magnesia oral suspension	1 or 1b*	$0
goodsense magnesium citrate oral solution	1 or 1a*	$0
goodsense milk of magnesia oral suspension	1 or 1b*	$0

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

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Drug Name	Tier	Notes
hm milk of magnesia oral suspension	1 or 1b*	$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	$0
milk of magnesia oral suspension	1 or 1b*	$0
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	$0
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	1 or 1b*	$0
qc magnesium citrate oral solution	1 or 1a*	$0
qc milk of magnesia oral suspension	1 or 1b*	$0
ra magnesium citrate oral solution	1 or 1a*	$0
ra milk of magnesia oral suspension	1 or 1b*	$0
sb magnesium citrate oral solution	1 or 1a*	$0
sb milk of magnesia oral suspension	1 or 1b*	$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	$0
STIMULANT LAXATIVES**		
ALOPHEN ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
bisacodyl ec oral tablet delayed release	1 or 1a*	$0
bisacodyl oral tablet delayed release	1 or 1a*	$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	$0
eq chocolate laxative oral tablet chewable	1 or 1b*	
eq gentle laxative oral tablet delayed release	1 or 1a*	$0
eql gentle laxative oral tablet delayed release	1 or 1a*	$0
eql laxative oral tablet delayed release	1 or 1a*	$0

Drug Name	Tier	Notes
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE	1 or 1a*	$0
ft laxative oral tablet delayed release	1 or 1a*	$0
gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	$0
kp bisacodyl oral tablet delayed release	1 or 1a*	$0
laxative oral tablet delayed release	1 or 1a*	$0
qc gentle laxative oral tablet delayed release	1 or 1a*	$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	$0
qc laxative oral tablet delayed release	1 or 1a*	$0
ra laxative oral tablet delayed release	1 or 1a*	$0
ra womens laxative oral tablet delayed release	1 or 1a*	$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	$0
sm gentle laxative oral tablet delayed release	1 or 1a*	$0
womans laxative oral tablet delayed release	1 or 1a*	$0
womens laxative oral tablet delayed release	1 or 1a*	$0
SURFACTANT LAXATIVES**		
eq stool softener extra str oral capsule	1 or 1b*	
eq stool softener oral capsule 250 mg	1 or 1b*	
mm stool softener 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
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 (pf) injection solution 1.5 %-1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.5% -1:200000, 0.75-1:200000 %	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	

Drug Name	Tier	Notes
LOCAL ANESTHETICS - AMIDES**		
bupivacaine fisiopharma injection solution	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
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*	
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	
LOCAL ANESTHETICS - ESTERS**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	

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

Drug Name	Tier	Notes
MACROLIDES		
AZITHROMYCIN**		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
CLARITHROMYCIN**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
ERYTHROMYCINS**		
E.E.S. 400 ORAL TABLET	1 or 1b*	
ERY-TAB ORAL TABLET DELAYED RELEASE	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
FIDAXOMICIN**		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	QL
MEDICAL DEVICES AND SUPPLIES		
CERVICAL CAPS**		
FEMCAP VAGINAL DEVICE	2	$0
CONDOMS - FEMALE**		
FC2 FEMALE CONDOM	2	$0; QL
CONDOMS - MALE**		
aimsco lubricated	2	$0
condoms	2	$0
DUREX EXTRA SENSITIVE THIN	2	$0
DUREX EXTRA SENSITIVE THIN DEVICE	2	$0
DUREX REALFEEL DEVICE	2	$0
DUREX TROPICAL	2	$0
FANTASY LUBRICATED	2	$0
FANTASY LUBRICATED/SPERMICIDE	2	$0
KAMELEON LUBRICATED	2	$0
kimono	2	$0
KIMONO COLORS DEVICE	2	$0
KIMONO MAXX-LARGE FLARE	2	$0
kimono micro thin	2	$0
kimono micro thin plus	2	$0
kimono plus	2	$0
kimono ps	2	$0

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

Drug Name	Tier	Notes
kimono ps plus	2	$0
kimono sensation	2	$0
kimono sensation plus	2	$0
KIMONO SPECIAL DEVICE	2	$0
maxx	2	$0
maxx plus	2	$0
REALITY LATEX CONDOMS	2	$0
REALITY LATEX/ULTRA TEXTURED DEVICE	2	$0
REALITY LATEX/ULTRA THIN DEVICE	2	$0
true cover device	2	$0
TRUSTEX COLOR CONDOMS + LUBE	2	$0
TRUSTEX LUB/RIBBED/STUDDED	2	$0
TRUSTEX LUB/SPERMICIDE EX ST	2	$0
TRUSTEX LUB/SPERMICIDE XL	2	$0
TRUSTEX LUBRICATED	2	$0
TRUSTEX LUBRICATED EX LARGE	2	$0
TRUSTEX LUBRICATED EXTRA ST	2	$0
TRUSTEX LUBRICATED/SPERMICIDE	2	$0
TRUSTEX NATURAL CONDOMS + LUBE	2	$0
TRUSTEX NON-LUBRICATED	2	$0
TRUSTEX RIA LUB/SPERMICIDE	2	$0
TRUSTEX RIA LUBRICATED	2	$0
TRUSTEX RIA NON-LUBRICATED	2	$0
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	$0
DENTAL DESENSITIZING PRODUCTS**		
REMESENSE DENTAL	3	

Drug Name	Tier	Notes
DENTIFRICES**		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
DIAPERS**		
HUGGIES LITTLE MOVERS SIZE 7	2	
HUGGIES LITTLE SNUGGLER NEWBRN	2	
HUGGIES LITTLE SNUGGLERS SZ 3	2	
HUGGIES LITTLE SNUGGLERS SZ 4	2	
HUGGIES LITTLE SNUGGLERS SZ 5	2	
HUGGIES OVERNITES SIZE 3	2	
HUGGIES OVERNITES SIZE 4	2	
HUGGIES SNUG & DRY SIZE 1	2	
HUGGIES SNUG & DRY SIZE 2	2	
HUGGIES SNUG & DRY SIZE 3	2	
HUGGIES SNUG & DRY SIZE 5	2	
HUGGIES SPEC DELIVERY NEWBORN	2	
HUGGIES SPEC DELIVERY SIZE 1	2	
HUGGIES SPEC DELIVERY SIZE 2	2	
HUGGIES SPEC DELIVERY SIZE 3	2	
HUGGIES SPEC DELIVERY SIZE 4	2	
HUGGIES SPEC DELIVERY SIZE 5	2	
HUGGIES SPEC DELIVERY SIZE 6	2	
HUGGIES+ LITTLE SNUGGLER NEWBN	2	
HUGGIES+ LITTLE SNUGGLER SZ 1	2	
HUGGIES+ LITTLE SNUGGLER SZ 2	2	

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

Drug Name	Tier	Notes
PAMPERS EASY UPS 2T-3T	2	
PAMPERS EASY UPS 4T-5T	2	
PAMPERS EASY UPS MLP 2T-3T	2	
PAMPERS EASY UPS MLP 4T-5T	2	
PAMPERS SWADDLERS SIZE 7	2	
DIAPHRAGMS**		
CAYA VAGINAL DIAPHRAGM	2	$0
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	$0
GLUCOSE MONITORING TEST SUPPLIES**		
ACCU-CHEK FASTCLIX LANCETS	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
acti-lance 28g	2	QL

Drug Name	Tier	Notes
acti-lance lite lancets 28g	2	QL
acti-lance special lancets 17g	2	QL
acti-lance universal 23g	2	QL
advanced mobile lancet	2	QL
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 26G	2	QL
AGAMATRIX ULTRA-THIN LANCETS	2	QL
aimsco twist lancets 32g	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
assure comfort lancets 28g	2	QL
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	QL
ASSURE LANCE SAFETY LANCET 28G	2	QL
aurora lancet super thin 30g	2	QL
aurora lancet thin 23g	2	QL
BD MICROTAINER LANCETS	2	QL
CAREONE LANCET SUPER THIN 30G	2	QL
careone lancet thin 23g	2	QL
CARESENS LANCETS	2	QL
CARESENS LANCETS 30G	2	QL
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	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
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CHOSEN LANCETS 30G	2	QL
CHOSEN SAFETY LANCETS 28G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE COMFORT EZ	2	QL
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
comfort assured lancets 28g	2	QL
comfort assured lancets 33g	2	QL
COMFORT TOUCH LANCETS 31G	2	QL
COMFORT TOUCH PLUS LANCETS 28G	2	QL
COMFORT TOUCH PLUS LANCETS 30G	2	QL
COMFORT TOUCH TWIST LANCET 30G	2	QL
cvs lancets 21g	2	QL
cvs lancets micro thin 33g	2	QL
cvs lancets original	2	QL
cvs lancets thin 26g	2	QL
cvs lancets ultra thin 30g	2	QL
cvs lancets ultra-thin 30g	2	QL
cvs ultra thin lancets	2	QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DEXCOM G7 RECEIVER DEVICE	2	PA; QL
DEXCOM G7 SENSOR	2	PA; QL
DIATHRIVE LANCET ULTRA THIN 30	2	QL

Drug Name	Tier	Notes
DIATHRIVE LANCETS	2	QL
DROPLET LANCETS ULTRA THIN 30G	2	QL
DROPLET PERSONAL LANCETS 30G	2	QL
drug mart lancets thin 26g	2	QL
DRUG MART ON-THE-GO LANCET 30G	2	QL
DRUG MART UNILET LANCETS 28G	2	QL
DRUG MART UNILET LANCETS 30G	2	QL
DRUG MART UNILET LANCETS 33G	2	QL
easy comfort lancets	2	QL
easy comfort lancets twist top	2	QL
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL
EASY TOUCH LANCETS 32G/TWIST	2	QL
EASY TOUCH LANCETS 33G/TWIST	2	QL
EASY TOUCH SAFETY LANCETS 21G	2	QL
EASY TOUCH SAFETY LANCETS 23G	2	QL
EASY TOUCH SAFETY LANCETS 26G	2	QL
EASY TOUCH SAFETY LANCETS 28G	2	QL
EMBRACE LANCETS ULTRA THIN 30G	2	QL
EMBRACE PRESSURE ACTIVATED 21G	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
EMBRACE PRESSURE ACTIVATED 28G	2	QL
ENLITE GLUCOSE SENSOR	3	PA
eql color lancets 21g	2	QL
eql color lancets micro 33g	2	QL
eql super thin lancets 30g	2	QL
eql thin lancets 26g	2	QL
EVERSENSE E3 SENSOR/HOLDER	3	PA
EVERSENSE E3 SMART TRANSMITTER	3	PA; QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL
E-Z JECT LANCET MICRO-THIN 33G	2	QL
E-Z JECT LANCET SUPER THIN 30G	2	QL
E-Z JECT LANCETS	2	QL
E-Z JECT LANCETS 21G	2	QL
E-Z JECT LANCETS THIN 26G	2	QL
EZ-LETS LANCETS 21G	2	QL
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINGERSTIX LANCETS	2	QL
FORA LANCETS	2	QL
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; QL
FREESTYLE LIBRE 3 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 3 SENSOR	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
global inject ease lancets 28g	2	QL
global inject ease lancets 30g	2	QL
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
gnp lancets 21g	2	QL
gnp lancets thin 26g	2	QL
gnp sterile lancets 28g	2	QL
gnp sterile lancets 30g	2	QL
gnp sterile lancets 33g	2	QL
GOJJI STERILE LANCETS	2	QL
goodsense color lancets 33g	2	QL
goodsense lancets 26g univ	2	QL
goodsense lancets 30g	2	QL
goodsense lancets 30g univ	2	QL
goodsense lancets 33g	2	QL
goodsense lancets 33g univ	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	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
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL

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

Drug Name	Tier	Notes
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
h-e-b incontrol lancets 28g	2	QL
h-e-b incontrol lancets 30g	2	QL
h-e-b incontrol lancets 33g	2	QL
HY-VEE LANCETS	2	QL
hy-vee thin lancets	2	QL
IN TOUCH STERILE LANCETS 30G	2	QL
kinney lancets	2	QL
kinney thin lancets	2	QL
KROGER HEALTHPRO LANCET 26G	2	QL
kroger lancets	2	QL
kroger lancets 21g	2	QL
kroger lancets micro thin 33g	2	QL
kroger lancets super thin	2	QL
kroger lancets thin	2	QL
kroger lancets thin 26g	2	QL
kroger lancets ultrathin 30g	2	QL
lancets	2	QL
lancets 30g	2	QL
lancets 33g	2	QL
lancets micro thin 33g	2	QL
LANCETS SUPER THIN	2	QL
lancets super thin 28g	2	QL
lancets thin	2	QL
LANCETS ULTRA THIN	2	QL
lancets ultra thin 30g	2	QL
LIBERTY MEDICAL LANCETS	2	QL
lite touch lancets	2	QL
LITETOUCH LANCETS	2	QL
live better lancet super thin	2	QL
longs lancets standard	2	QL
longs lancets thin	2	QL
longs lancets ultra thin	2	QL
medichoice safety lancet	2	QL
medichoice safety lancet extra	2	QL
medichoice safety lancet norm	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS THIN	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL
MEIJER LANCETS UNIVERSAL 33G	2	QL
MEIJER SUPER THIN LANCETS	2	QL
MICROLET LANCETS	2	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM TWIST LANCETS	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL
MYGLUCOHEALTH LANCETS 30G	2	QL
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL
NOVA SUREFLEX LANCETS	2	QL
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL

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

Drug Name	Tier	Notes
ONETOUCH ULTRASOFT 2 LANCETS	2	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	QL
PHARMACIST CHOICE LANCETS	2	QL
PHARMACY COUNTER LANCETS	2	QL
pip lancets 28g	2	QL
pip lancets 30g	2	QL
preferred plus lancets colored	2	QL
preferred plus lancets thin	2	QL
pro comfort lancets 30g	2	QL
pro comfort lancets 31g	2	QL
pro comfort safety lancets 30g	2	QL
PRODIGY LANCETS 28G	2	QL
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
pure comfort lancets 30g	2	QL
px lancets microthin 33g	2	QL
px lancets ultra thin 28g	2	QL
qc lancets super thin 30g	2	QL
qc lancets ultra thin	2	QL
qc unilet lancets 28g	2	QL
qc unilet lancets micro thin	2	QL
RA E-ZJECT LANCETS 28G	2	QL
RA E-ZJECT LANCETS THIN 26G	2	QL
RA E-ZJECT LANCETS THIN 28G	2	QL
RA E-ZJECT LANCETS ULTRA THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
reality lancets	2	QL
reality trigger lancets	2	QL
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	QL

Drug Name	Tier	Notes
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL
RELION ULTRA THIN LANCETS 30G	2	QL
RELION ULTRA THIN PLUS LANCETS	2	QL
REXALL LANCETS ULTRA THIN 30G	2	QL
RIGHTEST GL300 LANCETS	2	QL
safety lancet 30g/pressure act	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 23G	2	QL
safety lancets 28g	2	QL
saps health plus lancets	2	QL
saps health twist top lancets	2	QL
saps twist top lancets	2	QL
sapscare twist top lancets	2	QL
sb lancets thin	2	QL
sb lancets ultra thin	2	QL
SINGLE-LET	2	QL
sm lancets 33g	2	QL
SMART SENSE COLOR LANCETS 33G	2	QL
SMART SENSE STANDARD LANCETS	2	QL
SMART SENSE SUPER THIN LANCETS	2	QL
SMART SENSE THIN LANCETS 26G	2	QL
SMARTEST LANCETS 28G	2	QL
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE TL	2	QL
super thin lancets	2	QL
sure comfort lancets 18g	2	QL
sure comfort lancets 21g	2	QL
sure comfort lancets 23g	2	QL
sure comfort lancets 28g	2	QL
sure comfort lancets 30g	2	QL
SURELITE LANCETS	2	QL

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

Drug Name	Tier	Notes
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 26G	2	QL
tgt lancet micro thin 33g	2	QL
tgt lancet thin 26g	2	QL
tgt lancet ultra thin 30g	2	QL
todays health thin lancets 28g	2	QL
todays health thin lancets 30g	2	QL
topcare lancets micro-thin 33g	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
true comfort safety lancets	2	QL
true comfort twist top lancets	2	QL
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS SAFETY LANCETS 28G	2	QL
twist top lancets 30g	2	QL
ULTILET CLASSIC LANCETS	2	QL
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL
ultra thin lancets 31g	2	QL
ultra-care lancets 30g	2	QL
ULTRA-THIN II AUTO LANCET	2	QL
ULTRA-THIN II LANCETS	2	QL
UNILET COMFORTOUCH LANCET	2	QL
UNILET EXCELITE	2	QL
UNILET EXCELITE II	2	QL
UNILET G.P. LANCET	2	QL

Drug Name	Tier	Notes
UNILET G.P. SUPERLITE LANCET	2	QL
UNILET GP 28 ULTRA THIN	2	QL
UNILET LANCET	2	QL
UNILET MICRO-THIN 33G	2	QL
UNILET SUPERLITE LANCET	2	QL
UNILET SUPER-THIN 30G	2	QL
UNILET ULTRA-THIN 28G	2	QL
UNISTIK 3 GENTLE	2	QL
UNISTIK PRO SAFETY LANCET	2	QL
UNISTIK SAFETY LANCETS 28G	2	QL
UNISTIK SAFETY LANCETS 30G	2	QL
UNISTIK TOUCH SAFETY LANC 21G	2	QL
UNISTIK TOUCH SAFETY LANC 23G	2	QL
UNISTIK TOUCH SAFETY LANC 28G	2	QL
UNISTIK TOUCH SAFETY LANC 30G	2	QL
UNIVERSAL 1 LANCETS THIN 26G	2	QL
UNIVERSAL 1 LANCETS THIN 33G	2	QL
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL
value plus lancet standard 21g	2	QL
value plus lancets super thin	2	QL
value plus lancets thin 26g	2	QL
VERIFINE SAFE LANCET MINI 21G	2	QL
VERIFINE SAFE LANCET MINI 23G	2	QL
VERIFINE SAFE LANCET MINI 28G	2	QL
VERIFINE SAFE LANCET MINI 30G	2	QL
VERIFINE UNIVERSAL LANCETS 28G	2	QL

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

Drug Name	Tier	Notes
VERIFINE UNIVERSAL LANCETS 30G	2	QL
VERIFINE UNIVERSAL LANCETS 33G	2	QL
VIVAGUARD LANCETS	2	QL
VIVAGUARD LANCETS 30G	2	QL
VIVAGUARD SAFETY LANCETS 28G	2	QL
WALGREENS LANCETS	2	QL
walgreens lancets micro thin	2	QL
walgreens lancets super thin	2	QL
WALGREENS THIN LANCETS	2	QL
WALGREENS ULTRA THIN LANCETS	2	QL
zevrx twist top lancets 30g	2	QL
HOT/COLD COMBINATION THERAPY AIDS**		
eq hot or cold large compress pad	2	
INCONTINENCE SUPPLIES**		
DEPEND FRESH PROTECTION MENS	2	
INSULIN ADMINISTRATION SUPPLIES**		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	PA; QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA; QL
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PDM (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PODS (GEN 4)	2	PA; QL
NEEDLES & SYRINGES**		
1st tier unifine pentips	3	ST; QL
1st tier unifine pentips plus	3	ST; QL
ADVOCATE INSULIN PEN NEEDLE	3	QL

Drug Name	Tier	Notes
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
aq insulin syringe	3	ST; QL
aqinject pen needle	3	ST; QL
ASSURE ID DUO PRO PEN NEEDLES	3	QL
ASSURE ID PRO PEN NEEDLES	3	QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	ST; QL
aum insulin safety pen needle	3	ST; QL
aum mini insulin pen needle	3	ST; QL
aum pen needle	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
aurora pen needles	3	ST; QL
BD AUTOSHIELD DUO	2	QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	2	QL
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	QL
BD PEN NEEDLE MICRO U/F	2	QL

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

Drug Name	Tier	Notes
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	QL
BD PEN NEEDLE SHORT U/F	2	QL
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
careone insulin syringe	3	ST; QL
careone unifine pentips plus	3	ST; QL
CARETOUCH INSULIN SYRINGE	3	ST; QL
CARETOUCH PEN NEEDLES	3	ST; QL
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	3	ST; QL
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	3	ST; QL
clickfine pen needles 31g x 8 mm	3	ST; QL
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
COMFORT EZ PEN NEEDLES	3	ST; QL
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM	3	ST; QL
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	3	QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; QL
DIATHRIVE PEN NEEDLE	3	ST; QL
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	QL
DROPLET MICRON	3	QL
DROPLET PEN NEEDLES	3	ST; QL
dropsafe safety pen needles	3	ST; QL
DROPSAFE SAFETY SYRINGE/NEEDLE	3	ST; QL
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	3	ST; QL
drug mart unifine pentips plus	3	ST; QL
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	3	ST; QL
easy comfort pen needles	3	ST; QL
easy glide pen needles	3	ST; QL

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

Drug Name	Tier	Notes
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; QL
EMBRACE PEN NEEDLES	3	ST; QL
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
global ease inject pen needles	3	ST; QL
global easy glide insulin syr	3	ST; QL
global easy glide pen needles	3	ST; QL
global inject ease insulin syr	3	ST; QL
global insulin syringes	3	ST; QL
GLUCOPRO INSULIN SYRINGE	3	ST; QL
gnp clickfine pen needles	3	ST; QL
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
gnp insulin syringes	3	ST; QL
gnp insulin syringes 28gx1/2"	3	ST; QL
gnp insulin syringes 29gx1/2"	3	ST; QL
gnp insulin syringes 30gx5/16"	3	ST; QL
gnp insulin syringes 31gx5/16"	3	ST; QL
gnp ulticare pen needles	3	ST; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; QL
gnp ultra com insulin syringe 28g x 1/2" 1 ml	3	ST; QL
goodsense clickfine pen needle	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
healthwise insulin syr/needle	3	ST; QL
healthwise micron pen needles	3	ST; QL
healthwise short pen needles	3	ST; QL
h-e-b incontrol pen needles	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INCONTROL ULTICARE PEN NEEDLES	3	ST; QL
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
insulin syringe-needle u-100	3	ST; QL

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

Drug Name	Tier	Notes
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	3	ST; QL
kinray insulin syringe	3	ST; QL
kmart valu insulin syringe 29g	3	ST; QL
kmart valu insulin syringe 30g	3	ST; QL
kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
kroger pen needles	3	ST; QL
leader insulin syringe	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
longs insulin syringe 31g x 5/16" 0.5 ml	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
medic insulin syringe	3	ST; QL
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	3	ST; QL
meijer pen needles	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
mm insulin syringe/needle	3	ST; QL
MM PEN NEEDLES	3	ST; QL
MONOJECT INSULIN SYRINGE	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	3	ST; QL
pen needles	3	ST; QL
pen needles 5/16" 31g x 8 mm	3	ST; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
preferred plus insulin syringe	3	ST; QL
preferred plus unifine pentips 29g x 12mm	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
pure comfort pen needle	3	ST; QL
pure comfort safety pen needle	3	QL
px extra short pen needles	3	ST; QL

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

Effective 01/01/2025

Drug Name	Tier	Notes
px insulin syringe 30g x 1/2" 0.5 ml	3	ST; QL
px mini pen needles	3	ST; QL
px pen needle	3	ST; QL
qc pen needles	3	ST; QL
qc unifine pentips	3	ST; QL
ra insulin syringe	3	ST; QL
ra pen needles	3	ST; QL
raya sure pen needle	3	ST; QL
reality insulin syringe	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
safety pen needles	3	ST; QL
sb insulin syringe	3	ST; QL
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
sure comfort insulin syringe	3	ST; QL
sure comfort pen needles	3	ST; QL
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	3	ST; QL
TECHLITE PLUS PEN NEEDLES	3	ST; QL
todays health pen needles	3	ST; QL
todays health short pen needle	3	ST; QL
topcare clickfine pen needles	3	ST; QL
topcare ultra comfort ins syr	3	ST; QL
true comfort insulin syringe	3	ST; QL
true comfort pen needles	3	ST; QL
true comfort pro insulin syr	3	ST; QL
true comfort pro pen needles	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES	3	ST; QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYR 1/2 UNIT	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; QL
ULTILET PEN NEEDLE	3	ST; QL
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ultracare insulin syringe	3	ST; QL
ultracare pen needles	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL

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

Drug Name	Tier	Notes
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	3	QL
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	3	QL
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
value health insulin syringe	3	ST; QL
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	3	QL
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL
VERIFINE PLUS PEN NEEDLE	3	ST; QL
vp insulin syringe	3	ST; QL
wegmans unifine pentips plus	3	ST; QL
zevrx insulin syringe	3	ST; QL
zevrx pen needles	3	ST; QL
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)**		
NURTEC ORAL TABLET DISPERSIBLE	2	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
UBRELVY ORAL TABLET	2	ST; QL
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
ERGOT COMBINATIONS**		
ergotamine-caffeine oral tablet	1 or 1b*	
MIGERGOT RECTAL SUPPOSITORY	1 or 1b*	

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

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 5 mg	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 acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
CALCIUM COMBINATIONS**		
calcium 600-vitamin d3 oral tablet	1 or 1b*	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 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-sodium chloride intravenous solution 10-0.2 %, 2.5-0.45 %, 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 40-5-0.9 meq/l-%-%	3	
kcl-lactated ringers-d5w intravenous solution	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
ELECTROLYTES ORAL**		
hydrating electrolyte oral packet	2	
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION	2	
ELECTROLYTES PARENTERAL**		
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
kcl (0.149%) in nacl intravenous solution	1 or 1b*	
kcl (0.298%) in nacl intravenous solution	1 or 1b*	
lactated ringers intravenous solution	1 or 1b*	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	3	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
FLUORIDE COMBINATIONS**		
FLORIVA ORAL LIQUID	3	

Drug Name	Tier	Notes
FLUORIDE**		
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**		
ft magnesium oxide oral tablet	1 or 1b*	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	3	
magnesium sulfate injection solution 50 %	1 or 1b*	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3	
MANGANESE**		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE**		
GLYCOPHOS INTRAVENOUS SOLUTION	3	
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
PHOSPHA 250 NEUTRAL ORAL TABLET	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET	1 or 1b*	
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(66 meq k) intravenous solution	3	
potassium phosphates(71 meq k) intravenous solution	3	

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

Drug Name	Tier	Notes
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
POTASSIUM**		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1 or 1b*	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1 or 1a*	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1 or 1a*	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1 or 1a*	
KLOR-CON ORAL PACKET 20 MEQ	1 or 1b*	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE 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 10 meq, 20 meq, 8 meq	1 or 1b*	
potassium chloride er oral tablet extended release 15 meq	1 or 1a*	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	

Drug Name	Tier	Notes
SODIUM**		
AQUASTAT INTRAVENOUS SOLUTION	1 or 1b*	
AQUASTAT SFR INTRAVENOUS SOLUTION	1 or 1b*	
BD POSIFLUSH INTRAVENOUS SOLUTION	1 or 1b*	
BD POSIFLUSH SAFESCRUB 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 (pf) injection 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**		
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION	3	
MULTRYS INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	
TRACE MINERALS**		
chromic chloride intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
cupric chloride intravenous solution	3	
selenious acid intravenous solution 12 mcg/2ml, 60 mcg/ml	3	
selenious acid intravenous solution 40 mcg/ml	1 or 1b*	
ZINC**		
GALZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	3	
zinc sulfate intravenous solution	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT**		
JOENJA ORAL TABLET	4	PA; LD; QL
ALLOGENEIC THYMUS TISSUE**		
RETHYMIC INTRAMUSCULAR IMPLANT	3	
ANTILEPROTICS**		
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; LD; QL; SP
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS**		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
CHELATING AGENTS**		
DEPEN TITRATABS ORAL TABLET	3	PA; QL; SP
penicillamine oral tablet	1 or 1b*	PA; QL; SP
trientine hcl oral capsule 250 mg	1 or 1b*	PA; QL; SP
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 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	4	PA; LD; QL
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP

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

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Drug Name	Tier	Notes
SANDIMMUNE ORAL CAPSULE	3	
ENZYMES**		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	4	PA; LD; SP
FARNESYLTRANSFERASE INHIBITORS**		
ZOKINVY ORAL CAPSULE	4	PA; LD; QL; SP
FECAL INCONTINENCE BULKING AGENT - COMBINATIONS**		
SOLESTA INJECTION GEL	4	LD; SP
HOMEOPATHIC PRODUCTS**		
LICEFREEE EXTERNAL KIT	2	
IMMUNE GLOBULIN IMMUNOSUPPRESSANTS**		
ATGAM INTRAVENOUS SOLUTION	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
IMMUNOMODULATORS - COMBINATIONS**		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; LD; QL; SP
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES**		
lenalidomide oral capsule	1 or 1b*	PA; LD; QL; SP
REVLIMID ORAL CAPSULE	2	PA; LD; QL; SP

Drug Name	Tier	Notes
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS**		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	ST
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	ST
CELLCEPT ORAL TABLET	3	ST
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*	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	3	
MYHIBBIN ORAL SUSPENSION	3	ST
INTERLEUKIN-6 (IL-6) ANTAGONISTS**		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
IRRIGATION SOLUTIONS**		
ARGYLE STERILE WATER IRRIGATION SOLUTION	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	

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

Drug Name	Tier	Notes
PHYSIOLYTE IRRIGATION SOLUTION	1 or 1b*	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
TIS-U-SOL IRRIGATION SOLUTION	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS**		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
MISC NATURAL PRODUCTS**		
DIM-PLUS ORAL CAPSULE	2	
MONOCLONAL ANTIBODIES**		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	4	PA; LD; QL
NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS**		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	4	PA; LD; QL; SP
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	4	PA; QL; SP
VYVGART INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB**		
VIJOICE ORAL PACKET	4	PA; LD; QL
VIJOICE ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
POTASSIUM REMOVING AGENTS**		
KIONEX COMBINATION SUSPENSION	1 or 1b*	
LOKELMA ORAL PACKET	3	QL
sodium polystyrene sulfonate oral powder	1 or 1b*	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1 or 1b*	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1 or 1b*	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	QL

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

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

Drug Name	Tier	Notes
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL**		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
ANTI-INFECTIVES - THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	3	QL
ORAVIG BUCCAL TABLET	3	
ANTISEPTICS - MOUTH/THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
PERIOGARD MOUTH/THROAT SOLUTION	1 or 1a*	QL
DENTAL PRODUCTS - COMBINATIONS**		
denta 5000 plus sensitive dental gel	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
FLUORIDE DENTAL PRODUCTS**		
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*	

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

Drug Name	Tier	Notes
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
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	QL
PREVIDENT 5000 KIDS DENTAL PASTE	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 paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
LOZENGES**		
medikoff drops mouth/throat lozenge 5.8 mg	1 or 1b*	
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

Drug Name	Tier	Notes
STEROIDS - MOUTH/THROAT/DENTAL**		
KOURZEQ MOUTH/THROAT PASTE	1 or 1b*	
ORALONE MOUTH/THROAT PASTE	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
MULTIVITAMINS		
B-COMPLEX VITAMINS**		
b complex-b12 oral tablet	1 or 1b*	$0
b-complex plus b-12 oral tablet	1 or 1b*	$0
b-complex/b-12 oral tablet	1 or 1b*	$0
ra b-complex oral tablet	1 or 1b*	$0
ra b-complex with b-12 oral tablet	1 or 1b*	$0
vitamin b complex oral tablet	1 or 1b*	$0
vitamin b complex w/b-12 oral tablet	1 or 1b*	$0
vitamin-b complex oral tablet	1 or 1b*	$0
B-COMPLEX W/ C & CALCIUM**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	$0
qc b-complex/vitamin c oral tablet	1 or 1b*	$0
B-COMPLEX W/ C & FOLIC ACID**		
b complex-c-folic acid oral tablet	1 or 1b*	$0
b-complex balanced oral tablet	1 or 1b*	$0
b-complex/vitamin c oral tablet	1 or 1b*	$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	$0
DIALYVITE 800 ORAL TABLET	1 or 1b*	$0
eql super b complex/vitamin c oral tablet	1 or 1b*	$0
full spectrum b/vitamin c oral tablet	1 or 1b*	$0
kp b complex-c oral tablet	1 or 1b*	$0

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

Drug Name	Tier	Notes
nephro vitamins oral tablet	1 or 1b*	$0
NEPHRO-VITE ORAL TABLET	1 or 1b*	$0
renal vitamin oral tablet	1 or 1b*	$0
rena-vite oral tablet	1 or 1b*	$0
sm b super vitamin complex oral tablet	1 or 1b*	$0
sm b-complex/vitamin c oral tablet	2	$0
stress formula (folic acid) oral tablet	1 or 1b*	$0
super b complex/fa/vit c oral tablet	1 or 1b*	$0
super b-complex/vit c/fa oral tablet	1 or 1b*	$0
B-COMPLEX W/ C**		
ALLBEE/C ORAL TABLET	1 or 1b*	$0
b complex-c oral tablet	1 or 1b*	$0
b-complex-c oral tablet	1 or 1b*	$0
better b complex oral tablet	1 or 1b*	$0
cvs b complex plus c oral tablet	1 or 1b*	$0
cvs super b complex/c oral tablet	1 or 1b*	$0
sm super b complex/c oral tablet	1 or 1b*	$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	$0
super b complex/vitamin c oral tablet	1 or 1b*	$0
super b-complex + vitamin c oral tablet	1 or 1b*	$0
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID**		
b complex-c-biotin-e-fa oral tablet	2	$0
B-COMPLEX W/ FOLIC ACID**		
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	$0
b-complex (folic acid) oral tablet	1 or 1b*	$0
b-complex/electrolytes oral tablet	1 or 1b*	$0
BIG 100 ORAL TABLET	1 or 1b*	$0
kobee oral tablet	1 or 1b*	$0

Drug Name	Tier	Notes
sm balanced b-100 oral tablet	1 or 1b*	$0
sm balanced b-50 oral tablet	1 or 1b*	$0
B-COMPLEX W/BIOTIN & FOLIC ACID**		
b complex 100 tr oral tablet extended release	1 or 1b*	$0
b-100 b-complex oral tablet	1 or 1b*	$0
b-100 complex cr oral tablet extended release	1 or 1b*	$0
b-100 tr oral tablet extended release	1 or 1b*	$0
b-50 complex oral tablet	1 or 1b*	$0
balance b-50 oral tablet	1 or 1b*	$0
balanced b complex oral tablet	1 or 1b*	$0
balanced b-100 oral tablet	1 or 1b*	$0
balanced b-100 oral tablet extended release	1 or 1b*	$0
balanced b-50/fa oral tablet	1 or 1b*	$0
b-compleet-100 oral tablet	1 or 1b*	$0
b-compleet-50 oral tablet	1 or 1b*	$0
b-complex oral tablet	1 or 1b*	$0
BIG 100 (BIOTIN) ORAL TABLET	1 or 1b*	$0
complex b-100 oral tablet extended release	1 or 1b*	$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	$0
ENDUR-B ORAL TABLET EXTENDED RELEASE	1 or 1b*	$0
eql b complex 50 oral tablet	1 or 1b*	$0
eql b-100 complex oral tablet extended release	1 or 1b*	$0
gnp b-100 complex oral tablet extended release	1 or 1b*	$0
gnp b-50 complex oral tablet extended release	1 or 1b*	$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	$0
quin b strong b-25 oral tablet	1 or 1b*	$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	$0
ra balanced b-100 oral tablet	1 or 1b*	$0
ra balanced b-50 oral tablet	1 or 1b*	$0

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

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Drug Name	Tier	Notes
ra balanced b-50 tr oral tablet extended release	1 or 1b*	$0
sm b100 complex oral tablet	1 or 1b*	$0
sm b-complex oral tablet	1 or 1b*	$0
super b-complex oral tablet	1 or 1b*	$0
SUPER DEC B-100 ORAL TABLET	1 or 1b*	$0
SUPER QUINTS B-50 ORAL TABLET	1 or 1b*	$0
yl balanced b-100 oral tablet	1 or 1b*	$0
MULTIPLE VITAMINS W/ IRON**		
daily vite multivitamin/iron oral tablet	1 or 1b*	$0
multiple vitamins/iron oral tablet	1 or 1b*	$0
multivitamin plus iron adult oral tablet	1 or 1b*	$0
multi-vitamin/iron oral tablet	1 or 1b*	$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	$0
one daily multivitamin/iron oral tablet	1 or 1b*	$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	$0
one-daily/iron oral tablet	1 or 1b*	$0
qc daily multivitamins/iron oral tablet	1 or 1b*	$0
sm multiple vitamins/iron oral tablet	1 or 1b*	$0
stress b complex/iron oral tablet	1 or 1b*	$0
stress formula/iron oral tablet	1 or 1b*	$0
tab-a-vite/iron oral tablet	1 or 1b*	$0
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	2	$0
MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID**		
FOLGARD OS ORAL TABLET	3	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID**		
QUFLORA FE ORAL TABLET CHEWABLE	3	

Drug Name	Tier	Notes
MULTIPLE VITAMINS W/ MINERALS**		
ALIVE CALCIUM BONE SUPPORT ORAL TABLET	2	
alive daily energy oral tablet	2	
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE	2	
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET	2	
folaprime oral tablet	3	
gnp century adult oral tablet	2	
thera-vite max-m oral tablet	2	
MULTIVITAMINS**		
anti-oxidant oral tablet	1 or 1b*	$0
daily multiple vitamins oral tablet	1 or 1b*	$0
daily value multivitamin oral tablet	1 or 1b*	$0
daily vitamins oral tablet	1 or 1b*	$0
daily vite oral tablet	1 or 1b*	$0
daily vites oral tablet	1 or 1b*	$0
daily-vite multivitamin oral tablet	1 or 1b*	$0
daily-vite oral tablet	1 or 1b*	$0
ESTROFACTORS ORAL TABLET	2	$0
gnp essential one daily oral tablet	1 or 1b*	$0
healthy hair/skin/nails oral tablet	1 or 1b*	$0
high potency multivitamin oral tablet	2	$0
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
multi vitamin oral tablet	2	$0
multi vitamin w/d-3 oral tablet	2	$0
multiple vitamin-folic acid oral tablet	1 or 1b*	$0
multiple vitamins essential oral tablet	1 or 1b*	$0
multiple vitamins oral tablet	1 or 1b*	$0
multivitamin adult oral tablet	2	$0
multivitamin iron-free oral tablet	1 or 1b*	$0

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

Drug Name	Tier	Notes
multivitamin oral tablet	2	$0
multi-vitamin oral tablet	1 or 1b*	$0
NEOMULTIVITE ORAL TABLET	2	$0
novite oral capsule	1 or 1b*	
omnicap oral tablet	2	$0
once daily oral tablet	1 or 1b*	$0
ONE DAILY ESSENTIAL ORAL TABLET	2	$0
one daily essentials oral tablet	2	$0
one daily multivitamin adult oral tablet	1 or 1b*	$0
one daily oral tablet	1 or 1b*	$0
ONE VITE DAILY MULTIVITAMIN ORAL TABLET	2	$0
ONE-A-DAY ESSENTIAL ORAL TABLET	2	$0
ONE-A-DAY MENS ORAL TABLET	2	$0
one-daily multi vitamins oral tablet	1 or 1b*	$0
one-daily multi-vitamin oral tablet	1 or 1b*	$0
qc essentials oral tablet	1 or 1b*	$0
quintabs oral tablet	2	$0
sm multiple vitamins essential oral tablet	1 or 1b*	$0
stress formula oral tablet	1 or 1b*	$0
STRESSTABS ENERGY ORAL TABLET	1 or 1b*	$0
TAB-A-VITE ORAL TABLET	1 or 1b*	$0
TAB-A-VITE/BETA CAROTENE ORAL TABLET	1 or 1b*	$0
THERA ORAL TABLET	2	$0
thera-tabs oral tablet	1 or 1b*	$0
THEREMS ORAL TABLET	2	$0
tm-daily vite oral tablet	2	$0
true daily vite oral tablet	1 or 1b*	$0
true multivitamin oral tablet	2	$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	$0
vitalee oral tablet	1 or 1b*	$0

Drug Name	Tier	Notes
VITLIPID N ADULT INTRAVENOUS EMULSION	3	
PED MULTI VITAMINS W/FL & FE**		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	3	
QUFLORA FE PEDIATRIC ORAL LIQUID	3	
PED MV W/ FLUORIDE**		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE	3	
FLORIVA PLUS ORAL SOLUTION	3	
multivitamin w/fluoride oral tablet chewable	1 or 1b*	$0
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, 1 mg	2	$0
multivitamin/fluoride oral tablet chewable 0.5 mg	2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE	3	
POLY-VI-FLOR ORAL SUSPENSION	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
QUFLORA PEDIATRIC ORAL SOLUTION	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
PED VITAMINS ACD & FA W/ FLUORIDE**		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	3	
tri-vi-floro oral suspension	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
PED VITAMINS ACD W/ FLUORIDE**		
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	
VITALIPID N INFANT INTRAVENOUS EMULSION	3	
VITLIPID N INFANT INTRAVENOUS EMULSION	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
classic prenatal oral tablet	2	$0; QL
c-nate dha oral capsule	2	QL
completenate oral tablet chewable	2	QL
CO-NATAL FA ORAL TABLET	2	QL
CONCEPT DHA ORAL CAPSULE	2	QL
CONCEPT OB ORAL CAPSULE	2	QL
cvs prenatal oral tablet 27-0.8 mg	2	ST; $0; QL
ELITE-OB ORAL TABLET	1 or 1b*	QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
eql prenatal formula oral tablet	2	$0; QL

Drug Name	Tier	Notes
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
gnp prenatal oral tablet	2	$0; QL
INATAL GT ORAL TABLET	1 or 1b*	QL
jenliva prenatal/postnatal oral capsule	3	ST; QL
kosher prenatal plus iron oral tablet	3	ST; QL
kp prenatal multivitamins oral tablet	2	$0; QL
kpn prenatal oral tablet	2	$0; QL
masonatal oral tablet	2	$0; QL
m-natal plus oral tablet	2	QL
multi prenatal oral tablet	2	ST; $0; QL
natal pnv oral tablet	3	ST; QL
NATALVIT ORAL TABLET	2	QL
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
neonatal complete oral tablet 27-1 mg	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	QL
neonatal prenatal oral tablet	2	$0; QL
NEONATAL VITAMIN ORAL TABLET	2	ST; $0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	2	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
one vite womens oral tablet	2	ST; $0; QL
one vite womens plus oral tablet	2	QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	$0; QL

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

Drug Name	Tier	Notes
pnv prenatal plus multivit+dha oral	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
prenatal (w/iron & fa) oral tablet	2	ST; $0; QL
prenatal 19 oral tablet 29-1 mg	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
prenatal 19 oral tablet chewable 29-1 mg	2	QL
prenatal complete oral tablet	2	ST; $0; QL
prenatal forte oral tablet	2	ST; $0; QL
prenatal one daily oral tablet	2	ST; $0; QL
prenatal oral tablet 27-0.8 mg	2	ST; $0; QL
prenatal oral tablet 27-1 mg	2	QL
prenatal oral tablet 28-0.8 mg	2	$0; QL
prenatal plus oral tablet	2	QL
prenatal plus vitamin/mineral oral tablet	2	QL
prenatal vitamin and mineral oral tablet	2	$0; QL
prenatal vitamins oral tablet 28-0.8 mg	2	$0; QL
prenatal/iron oral tablet	2	ST; $0; QL
prenatal/iron oral tablet 28-0.8 mg	2	$0; QL
PRENATAL-U ORAL CAPSULE	2	QL
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	2	QL
qc prenatal oral tablet	2	$0; QL
ra prenatal formula oral tablet	2	$0; QL
ra prenatal oral tablet	2	$0; QL
relnate dha oral capsule	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	QL
se-natal 19 oral tablet	2	QL
se-natal 19 oral tablet chewable	2	QL
sm one daily prenatal oral	2	$0; QL
sm prenatal vitamins oral tablet	2	$0; QL
TARON-C DHA ORAL CAPSULE 35-1 MG	2	QL
thrivite rx oral tablet	2	ST; QL
TRICARE ORAL TABLET	2	QL
trinatal rx 1 oral tablet	2	QL
TRINATE ORAL TABLET	1 or 1a*	QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
VITAFOL-OB ORAL TABLET	3	ST; QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
westab plus oral tablet	2	QL
zalvit oral tablet	3	ST; QL
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
wesnatal dha complete oral	2	QL

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

Drug Name	Tier	Notes
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 HARMONY ORAL CAPSULE 27-1-260 MG	3	ST; QL
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL
ENFAMIL EXPECTA ORAL	2	$0; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL
pnv-dha oral capsule	1 or 1b*	QL
pnv-dha+docusate oral capsule	3	ST; QL
pregen dha oral capsule	3	ST; QL
prena 1 true oral	2	QL
prenaissance oral capsule	3	ST; QL
prenaissance plus oral capsule	3	ST; QL
PRENATAL MULTIVITAMIN + DHA ORAL	2	$0; QL
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
PRENATE PIXIE ORAL CAPSULE	3	ST; QL
PRENATE RESTORE ORAL CAPSULE	3	ST; QL
SELECT-OB+DHA ORAL	3	ST; QL
tristart dha oral capsule	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
westgel dha oral capsule	3	ST; QL
PRENATAL MV & MINERALS W/FA WITHOUT IRON**		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
PRENATAL VITAMINS**		
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
VITAMIN D & K**		
d3 + k2 oral capsule	2	
VITAMINS A & D**		
cod liver oil oral oil	3	
VITAMINS W/ LIPOTROPICS**		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	$0
b complex (lipotropics) oral tablet	1 or 1b*	$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	$0
balance b-100 oral tablet	1 or 1b*	$0
balanced b-50 complex oral tablet	1 or 1b*	$0
complex b-100-inositol oral tablet extended release	2	$0
CVS BALANCED B50 ORAL TABLET	1 or 1b*	$0
cvs inner ear plus oral tablet	1 or 1b*	$0
ear health formula oral tablet	1 or 1b*	$0
ear health plus oral tablet	1 or 1b*	$0
LIPO FLAVONOID PLUS ORAL TABLET	1 or 1b*	$0
LIPOFLAVOVIT ORAL TABLET	1 or 1b*	$0

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

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Drug Name	Tier	Notes
LIPOTRIAD ORAL TABLET	2	$0
mega multiple/chelated mineral oral tablet	1 or 1b*	$0
nat-rul b-50 oral tablet	1 or 1b*	$0
risanoid plus oral tablet	1 or 1b*	$0
ultra b-100 complex oral tablet	1 or 1b*	$0
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS**		
baclofen oral tablet 10 mg, 20 mg, 5 mg	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
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
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
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS**		
SOHONOS ORAL CAPSULE	4	PA; LD; QL; SP
VISCOSUPPLEMENTS*		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	4	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	4	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
HYALGAN INTRA-ARTICULAR SOLUTION	4	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; LD

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

Drug Name	Tier	Notes
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
ANTIHISTAMINE-STEROID**		
azelastine-fluticasone nasal suspension	3	QL
DYMISTA NASAL SUSPENSION	3	QL
NASAL ANESTHETICS**		
cocaine hcl nasal solution	3	
goprelto nasal solution	3	
NUMBRINO NASAL SOLUTION	3	
NASAL ANTICHOLINERGICS**		
ipratropium bromide nasal solution	1 or 1b*	QL
NASAL ANTIHISTAMINES**		
azelastine hcl nasal solution	1 or 1b*	QL
olopatadine hcl nasal solution	1 or 1b*	QL
NASAL STEROIDS**		
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL
fluticasone propionate nasal suspension	1 or 1b*	QL
mometasone furoate nasal suspension	3	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL MINI SDS NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
SYSTEMIC DECONGESTANTS**		
eq sinus & congestion max str oral tablet	1 or 1b*	
NEUROMUSCULAR AGENTS		
ALS AGENT COMBINATIONS**		
RELYVRIO ORAL PACKET	4	PA; LD; QL; SP
ALS AGENTS - MISCELLANEOUS**		
RADICAVA ORS ORAL SUSPENSION	4	PA; LD; QL; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION	4	PA; LD; QL; SP
BENZATHIAZOLES**		
riluzole oral tablet	4	PA; QL; SP
TEGLUTIK ORAL SUSPENSION	4	PA; LD; QL
DEPOLARIZING MUSCLE RELAXANTS**		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
succinylcholine chloride injection solution prefilled syringe 100 mg/5ml	3	
FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS**		
SKYCLARYS ORAL CAPSULE	4	PA; LD; QL
MUSCULAR DYSTROPHY - GENE THERAPY AGENTS**		
amondys 45 intravenous solution	4	PA; LD

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

Drug Name	Tier	Notes
EXONDYS 51 INTRAVENOUS SOLUTION	4	PA; LD
VILTEPSO INTRAVENOUS SOLUTION	4	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION	4	PA; LD
MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS*		
DUVYZAT ORAL SUSPENSION	4	PA; LD; QL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS**		
BOTOX INJECTION SOLUTION RECONSTITUTED	4	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; LD; SP
NONDEPOLARIZING MUSCLE RELAXANTS**		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS**		
DAYBUE ORAL SOLUTION	4	PA; LD; QL
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS**		
EVRYSDI ORAL SOLUTION RECONSTITUTED	4	PA; LD; QL
NUTRIENTS*		
AMINO ACID MIXTURES**		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
AMINOSYN II INTRAVENOUS SOLUTION 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
clinimix e/dextrose (8/10) intravenous solution	3	
clinimix e/dextrose (8/14) intravenous solution	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
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	
CARBOHYDRATES**		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
dextrose intravenous solution 20 %, 30 %, 40 %	3	
LIPIDS**		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	4	PA; LD; QL; SP
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
LIPOTROPIC COMBINATIONS**		
lecithin oral granules	3	
MISC. NUTRITIONAL SUBSTANCES**		
asian ginseng oral capsule	2	
OVEGA-3 ORAL CAPSULE 250 MG	2	
PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS**		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OPHTHALMIC AGENTS		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB**		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS**		
lubricant eye pm ophthalmic ointment	1 or 1b*	
REFRESH P.M. OPHTHALMIC OINTMENT	1 or 1b*	
ARTIFICIAL TEARS AND LUBRICANTS**		
EYES ALIVE OPHTHALMIC SOLUTION	1 or 1b*	

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

Drug Name	Tier	Notes
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 2-0.5 %	1 or 1b*	QL
BETA-BLOCKERS - OPHTHALMIC**		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
BETIMOL OPHTHALMIC SOLUTION	3	QL
BETOPTIC-S OPHTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	QL
CYCLOPLEGIC MYDRIATIC COMBINATIONS**		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
CYCLOPLEGIC MYDRIATICS**		
atropine sulfate ophthalmic solution 1 %	3	QL

Drug Name	Tier	Notes
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
MYDRIACYL OPHTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG**		
XIIDRA OPHTHALMIC SOLUTION	2	PA; QL
MIOTICS - CHOLINESTERASE INHIBITORS**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	QL
MIOTICS - DIRECT ACTING**		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS**		
VABYSMO INTRAVITREAL SOLUTION	4	PA; LD; SP
OPHTHALMIC ANTIALLERGIC**		
azelastine hcl ophthalmic 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
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
eq olopatadine hcl ophthalmic solution	1 or 1b*	
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	3	QL
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution 1.5 %	1 or 1b*	QL
MITOSOL OPHTHALMIC KIT	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
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

Drug Name	Tier	Notes
OPHTHALMIC ANTIFUNGAL**		
NATACYN OPHTHALMIC SUSPENSION	3	QL
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS**		
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
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
OPHTHALMIC COMPLEMENT C3 INHIBITORS**		
SYFOVRE INTRAVITREAL SOLUTION	4	PA; LD

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

Drug Name	Tier	Notes
OPHTHALMIC COMPLEMENT C5 INHIBITORS**		
IZERVAY INTRAVITREAL SOLUTION	4	PA; LD; SP
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 intravenous solution	1 or 1b*	
fluorescein sodium/benoxinate ophthalmic solution	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION	3	
FLURA-SAFE OPHTHALMIC SOLUTION	3	
OPHTHALMIC ECTOPARASITICIDE*		
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL
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 ANESTHETICS**		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
IHEEZO OPHTHALMIC GEL	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NERVE GROWTH FACTORS**		
OXERVATE OPHTHALMIC SOLUTION	4	PA; LD; 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
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	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

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

Drug Name	Tier	Notes
ILEVRO OPHTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
NEVANAC OPHTHALMIC SUSPENSION	3	QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS**		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	4	LD; QL; SP
OPHTHALMIC PHOTOENHANCER COMBINATIONS**		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
OPHTHALMIC RHO KINASE INHIBITORS**		
RHOPRESSA OPHTHALMIC SOLUTION	3	QL
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS**		
ALPHAGAN P OPHTHALMIC SOLUTION	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
MAXITROL OPHTHALMIC OINTMENT	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	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
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
ZYLET OPHTHALMIC SUSPENSION	2	QL
OPHTHALMIC STEROIDS**		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
DUREZOL OPHTHALMIC EMULSION	3	QL
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	

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

Drug Name	Tier	Notes
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
ILUVIEN INTRAVITREAL IMPLANT	4	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION	3	QL
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	3	QL
LOTEMAX SM OPHTHALMIC GEL	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension 0.5 %	1 or 1b*	QL
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; LD; SP
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
prednisolone sodium phosphate ophthalmic solution	3	QL
RETISERT INTRAVITREAL IMPLANT	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	4	PA; LD
YUTIQ INTRAVITREAL IMPLANT	3	PA; LD
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	4	
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	4	
TISSUEBLUE INTRAOCULAR 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
TOTALVISC 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	3	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	4	PA; LD; QL
PROSTAGLANDINS - OPHTHALMIC**		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	4	PA; LD; QL; SP
IYUZEH OPHTHALMIC SOLUTION	3	QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	3	QL
XELPROS OPHTHALMIC EMULSION	3	QL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	QL

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

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

Drug Name	Tier	Notes
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS**		
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	3	QL
OXYTOCICS		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS**		
carboprost tromethamine intramuscular solution	1 or 1b*	
carboprost tromethamine intramuscular solution prefilled syringe	3	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
OXYTOCICS**		
METHERGINE ORAL TABLET	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION	3	

Drug Name	Tier	Notes
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**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; $0; QL
PEMGARDA INTRAVENOUS SOLUTION	3	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; LD; SP
BACTERIAL MONOCLONAL ANTIBODIES**		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
IMMUNE SERUMS**		
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED	3	
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	3	
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; LD; SP

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

Drug Name	Tier	Notes
CYTOGAM INTRAVENOUS SOLUTION	4	SP
GAMASTAN INTRAMUSCULAR INJECTABLE	4	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION	4	PA; LD; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	4	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	4	LD; SP
HYPERRAB INJECTION SOLUTION	4	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	4	SP
kedrab injection solution	4	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	4	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	4	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	4	LD; QL; SP
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	4	QL; SP
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; LD; SP
PENICILLINS		
AMINOPENICILLINS**		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1 or 1a*	
amoxicillin oral suspension reconstituted 400 mg/5ml	3	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
NATURAL PENICILLINS**		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

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

Drug Name	Tier	Notes
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED	1 or 1b*	
PENICILLIN COMBINATIONS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
AUGMENTIN ORAL TABLET 500-125 MG	3	

Drug Name	Tier	Notes
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 2 gm/100ml	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted 10 gm	1 or 1b*	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES**		
ft petroleum jelly external gel	1 or 1b*	
PROGESTINS		
PROGESTINS**		
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	

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

Drug Name	Tier	Notes
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**		
sodium oxybate oral solution	3	PA; LD; QL
XYREM ORAL SOLUTION	3	PA; LD; QL
ANTIDEMENTIA AGENT COMBINATIONS**		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS**		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL
BENZODIAZEPINES & TRICYCLIC AGENTS**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
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
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

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

Drug Name	Tier	Notes
MOVEMENT DISORDER DRUG THERAPY**		
AUSTEDO ORAL TABLET	4	PA; QL; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	4	PA; QL; SP
INGREZZA ORAL CAPSULE 40 MG	4	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; LD; QL; SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	4	PA; LD; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	4	PA; LD; QL; SP
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; LD; QL; SP
tetrabenazine oral tablet	1 or 1b*	PA; LD; QL; SP
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS**		
teriflunomide oral tablet	4	PA; LD; QL; SP
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
MULTIPLE SCLEROSIS AGENTS - INTERFERONS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	4	PA; LD; QL; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP

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

Drug Name	Tier	Notes
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES**		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
LEMTRADA INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
TYSABRI INTRAVENOUS CONCENTRATE	4	PA; LD; QL; SP
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS**		
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; LD; QL; SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1 or 1b*	PA; LD; QL; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL; SP
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS**		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	PA; LD; QL; SP
dalfampridine er oral tablet extended release 12 hour	4	PA; LD; QL; SP
MULTIPLE SCLEROSIS AGENTS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL; SP
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; QL; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP

Drug Name	Tier	Notes
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL
memantine hcl oral solution 2 mg/ml	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
PHENOTHIAZINES & TRICYCLIC AGENTS**		
perphenazine-amitriptyline oral tablet	1 or 1b*	AL
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**		
gabapentin (once-daily) oral tablet	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG	3	PA; DO
GRALISE ORAL TABLET 450 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG	3	PA; QL
GRALISE ORAL TABLET 750 MG	2	PA; DO; QL
GRALISE ORAL TABLET 900 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

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

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*	AL; QL
SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG**		
ADDYI ORAL TABLET	3	PA; QL
SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS**		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
ONPATTRO INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
SMOKING DETERRENTS**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; $0; QL
cvs nicotine mouth/throat gum	1 or 1b*	$0
cvs nicotine mouth/throat lozenge	1 or 1b*	$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	$0
eq nicotine mouth/throat lozenge	1 or 1b*	$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	$0
ft nicotine mini mouth/throat lozenge	1 or 1b*	$0
ft nicotine mouth/throat gum	1 or 1b*	$0
ft nicotine mouth/throat lozenge	1 or 1b*	$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	$0
gnp nicotine mouth/throat gum	1 or 1b*	$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	$0
goodsense nicotine mouth/throat gum	1 or 1b*	$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	$0
HABITROL TRANSDERMAL PATCH 24 HOUR	1 or 1b*	$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	$0
hm nicotine polacrilex mouth/throat lozenge 2 mg	1 or 1b*	$0
KLS QUIT2 MOUTH/THROAT GUM	1 or 1b*	$0
KLS QUIT2 MOUTH/THROAT LOZENGE	1 or 1b*	$0
KLS QUIT4 MOUTH/THROAT GUM	1 or 1b*	$0
KLS QUIT4 MOUTH/THROAT LOZENGE	1 or 1b*	$0

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

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Drug Name	Tier	Notes
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	$0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	$0
NICORETTE MOUTH/THROAT GUM	2	$0
NICORETTE MOUTH/THROAT LOZENGE	2	$0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	$0
nicotine mini mouth/throat lozenge	1 or 1b*	$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	$0
nicotine polacrilex mouth/throat gum	1 or 1b*	$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	$0
nicotine transdermal kit	2	$0
nicotine transdermal patch 24 hour	1 or 1b*	$0
NICOTROL INHALATION INHALER	3	PA; $0; QL
NICOTROL NS NASAL SOLUTION	3	PA; $0; QL
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	$0
ra nicotine mouth/throat gum	1 or 1b*	$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	$0
sm nicotine mouth/throat gum	1 or 1b*	$0
sm nicotine mouth/throat lozenge	1 or 1b*	$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	$0
sm nicotine transdermal patch 24 hour	1 or 1b*	$0
THRIVE MOUTH/THROAT GUM 2 MG	1 or 1b*	$0
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*	$0; QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	1 or 1b*	PA; $0; QL
varenicline tartrate(continue) oral tablet	1 or 1b*	PA; $0; QL
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS**		
fingolimod hcl oral capsule	4	PA; QL; SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL; SP
MAYZENT ORAL TABLET	4	PA; LD; QL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
PONVORY ORAL TABLET	4	PA; LD; QL; SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	4	PA; LD; QL; SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; LD; QL; SP
ZEPOSIA ORAL CAPSULE	4	PA; LD; QL; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	4	PA; LD; QL; SP
THIENBENZODIAZEPINES & OPIOID ANTAGONISTS**		
LYBALVI ORAL TABLET	3	ST; QL

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

Drug Name	Tier	Notes
THIENBENZODIAZEPINES & SSRIS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	AL; QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO; AL
VASOMOTOR SYMPTOM AGENTS - SSRIS**		
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION	4	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
CFTR POTENTIATORS**		
KALYDECO ORAL PACKET	4	PA; LD; QL
KALYDECO ORAL TABLET	4	PA; LD; QL
CYSTIC FIBROSIS AGENT - COMBINATIONS**		
ORKAMBI ORAL PACKET	4	PA; LD; QL
ORKAMBI ORAL TABLET	4	PA; LD; QL
SYMDEKO ORAL TABLET THERAPY PACK	4	PA; LD; QL
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; LD; QL
TRIKAFTA ORAL THERAPY PACK	4	PA; LD; QL
CYSTIC FIBROSIS AGENTS - MISCELLANEOUS**		
BRONCHITOL INHALATION CAPSULE	4	PA; LD; QL; SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	4	PA; LD; QL; SP
HYDROLYTIC ENZYMES**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	PA; LD; QL; SP
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS**		
OFEV ORAL CAPSULE	4	PA; LD; QL; SP
PULMONARY FIBROSIS AGENTS**		
pirfenidone oral capsule	4	PA; LD; QL; SP
pirfenidone oral tablet 267 mg, 801 mg	4	PA; LD; QL; SP
pirfenidone oral tablet 534 mg	4	PA; QL
SULFONAMIDES		
SULFONAMIDES**		
sulfadiazine oral tablet	1 or 1b*	
TETRACYCLINES		
AMINOMETHYLCYCLINES**		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
FLUOROCYCLINES**		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLYCYLCYCLINES**		
tigecycline intravenous solution reconstituted	3	

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

Drug Name	Tier	Notes
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	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*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
MONDOXYNE NL ORAL CAPSULE 100 MG	1 or 1b*	QL
TARGADOX ORAL TABLET	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	QL
THYROID AGENTS		
ANTITHYROID AGENTS - RADIOPHARMACEUTICALS		
sodium iodide i-131 oral solution	3	

Drug Name	Tier	Notes
ANTITHYROID AGENTS		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
THYROID HORMONES		
ADTHYZA ORAL TABLET	3	
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*	
niva thyroid oral tablet	3	
NP THYROID ORAL TABLET	1 or 1a*	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
UNITHROID ORAL TABLET	1 or 1a*	

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

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Drug Name	Tier	Notes
TOXOIDS		
TOXOID COMBINATIONS**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	$0
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
TDVAX INTRAMUSCULAR SUSPENSION	3	$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	$0
tetanus-diphtheria toxoids td intramuscular suspension	3	$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Tier	Notes
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**		
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	3	
atropine sulfate intravenous solution	3	
H-2 ANTAGONIST-ANTACID COMBINATIONS**		
goodsense dual action complete oral tablet chewable	1 or 1b*	
H-2 ANTAGONISTS**		
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	QL
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	QL
eq famotidine oral tablet	1 or 1b*	
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 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
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 magnesium oral capsule delayed release	1 or 1b*	
esomeprazole magnesium oral packet	1 or 1b*	
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
ft acid reducer oral capsule delayed release 20 mg	1 or 1b*	
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
QUATERNARY ANTICHOLINERGICS**		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	

Drug Name	Tier	Notes
glycopyrrolate oral tablet 1.5 mg	3	PA
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1 or 1b*	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	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**		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL
bismuth/metronidaz/tetracycl in oral capsule	1 or 1b*	ST; QL
HELIDAC THERAPY ORAL	3	ST; QL
PYLERA ORAL CAPSULE	3	ST; QL
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS**		
amoxicill-clarithro-lansopraz oral therapy pack	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*	

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

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 solution	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**		
mirabegron er oral tablet extended release 24 hour	1 or 1b*	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	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*	

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	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	$0
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	$0
MENQUADFI INTRAMUSCULAR SOLUTION	3	$0
MENVEO INTRAMUSCULAR SOLUTION	3	$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	$0
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	$0
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	2	$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0

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

Drug Name	Tier	Notes
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
VIRAL VACCINE COMBINATIONS**		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0
VIRAL VACCINES**		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	$0; QL
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	$0
AFLURIA INTRAMUSCULAR SUSPENSION	2	$0; QL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; AL; $0; QL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION	2	$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION	2	$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0; QL

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

Drug Name	Tier	Notes
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	$0
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	$0
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	$0
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	$0; QL
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	2	$0
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	2	$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	3	$0
ROTATEQ ORAL SOLUTION	3	$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	$0
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	$0
stamaril injection suspension reconstituted	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	$0
VARIVAX INJECTION SUSPENSION RECONSTITUTED	3	$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VAGINAL AND RELATED PRODUCTS		
IMIDAZOLE-RELATED ANTIFUNGALS**		
eq miconazole 3-day combo vaginal kit	1 or 1b*	
eq miconazole 7 vaginal cream	1 or 1b*	
ft miconazole 3 comb pack-supp vaginal kit	1 or 1b*	
ft miconazole 3 combo pack vaginal kit	1 or 1b*	
GYNAZOLE-1 VAGINAL CREAM	3	

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

Drug Name	Tier	Notes
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
SPERMICIDES**		
ENCARE VAGINAL SUPPOSITORY	2	$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	$0
TODAY SPONGE VAGINAL	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	$0
VAGINAL ANTI-INFECTIVES**		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
VANDAZOLE VAGINAL GEL	1 or 1b*	
XACIATO VAGINAL GEL	3	PA; QL
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS**		
PHEXXI VAGINAL GEL	3	
VAGINAL ESTROGENS**		
estradiol vaginal cream	1 or 1b*	QL
estradiol vaginal tablet	1 or 1b*	QL
ESTRING VAGINAL RING 7.5 MCG/24HR	3	QL
FEMRING VAGINAL RING	3	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT	3	QL
PREMARIN VAGINAL CREAM	2	QL
YUVAFEM VAGINAL TABLET	1 or 1b*	QL
VAGINAL PROGESTINS**		
CRINONE VAGINAL GEL 4 %	4	SP
CRINONE VAGINAL GEL 8 %	4	PA; QL; SP
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
EPINEPHRINESNAP INJECTION KIT	3	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**		
droxidopa oral capsule	1 or 1b*	PA; LD; QL; SP
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.

Drug Name	Tier	Notes
EMERPHED INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ephedrine sulfate (pressors) intravenous solution	3	
epinephrine injection solution 10 mg/10ml	3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	3	
epinephrine pf injection solution	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
IMMPHENTIV INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	3	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
VITAMINS		
VITAMIN A**		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	
VITAMIN B-1**		
thiamine hcl injection solution	1 or 1b*	
VITAMIN C**		
ASCOR INTRAVENOUS SOLUTION	3	
VITAMIN D**		
DRISDOL ORAL CAPSULE	3	
ergocalciferol oral capsule	1 or 1a*	
true vitamin d3 oral capsule 50 mcg (2000 ut)	1 or 1b*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
VITAMIN K**		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

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

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

Speech and hearing impaired (TDD/TTY) users
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.

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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:
You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish
Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese
您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese
Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean
귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog
May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian
Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic
يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(TDD/TTY: 711)

Armenian
Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi
شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French
Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese
この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian
Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian
Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish
Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi
ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo
Bee ná ahóót'i' t'áá ni nizaad k'ehji níká a'doowoł t'áá jiik'e. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodiílnih. Naaltsoos bee atah nílínígíí bee néého'dólzingo nanitínígíí béésh bee hane'í bikáá' áaji' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly
That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.