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

Here are a few things to remember about the list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that aren’t on this list may not be covered by your plan and may cost you more out of pocket.

- Your coverage has limitations and exclusions, which means there are certain rules about what’s covered by your plan and what isn’t. To find out more, view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com and go to My Plan -> Benefits -> Plan Documents.

- To help you see how the drug list works with your drug benefit, we’ve included some frequently asked questions (FAQ) about how the list is set up and what to do if a drug you take isn’t on it.

- To view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more - log in at anthem.com and choose Prescription Benefits.

If you have questions about your pharmacy benefits, we’re here to help. Just call us at the Member Services number on your ID card.
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. Here’s a breakdown of the tiers in your plan:

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

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

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

How will I know how much my drug will cost?
You can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.
If my medicine isn't on the drug list, what are my options?
Here are a few things to think about:

- If you want to take a drug that's not on the drug list, you may have to pay the full cost for it.
- You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.
- You can search for covered drugs at anthem.com.

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

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

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

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

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

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

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

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

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

**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.
Table of Contents

*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS*..........................................................3
*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*........................................................................6
*AMEBICIDES* ..........................................................................................................................10
*AMINOLYCOSEIDES* ...............................................................................................................10
*ANALGESICS - ANTI-INFLAMMATORY* ..................................................................................10
*ANALGESICS - NONNARCOTIC* ............................................................................................13
*ANALGESICS - OPIOID* .........................................................................................................15
*ANDROGENS-ANABOLIC* .......................................................................................................18
*ANORECTAL AND RELATED PRODUCTS* ...........................................................................18
*ANTACIDS* ............................................................................................................................19
*ANTHELMENTICS* ...............................................................................................................19
*ANTIANGINAL AGENTS* .......................................................................................................20
*ANTIARRHYTHMICS* ............................................................................................................20
*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* .........................................................21
*ANTICOAGULANTS* ...............................................................................................................23
*ANTICONVULSANTS* ............................................................................................................25
*ANTIDEPRESSANTS* .............................................................................................................27
*ANTIDIABETICS* ...............................................................................................................29
*ANTIARRHEAL/PROBIOTIC AGENTS* ...............................................................................31
*ANTIDOTES AND SPECIFIC ANTAGONISTS* ..................................................................32
*ANTIEMETICS* ....................................................................................................................33
*ANTIEMETICS* ....................................................................................................................33
*ANTIFUNGALS* ....................................................................................................................34
*ANTIHISTAMINES* ...............................................................................................................35
*ANTIHYPERTENSIVES* .........................................................................................................35
*ANTI-INFECTIVE AGENTS - MISC.* ....................................................................................37
*ANTIMALARIALS* ................................................................................................................43
*ANTIMYASTHENIC/CHOLINERGIC AGENTS* ......................................................................43
*ANTIMYCOBACTERIAL AGENTS* .........................................................................................44
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* .......................................................44
*ANTIPARKINSON AND RELATED THERAPY AGENTS* ......................................................55
*ANTIPSYCHOTICS/ANTIMANIC AGENTS* .........................................................................57
*ANTISEPTICS & DISINFECTANTS* .........................................................................................59
*ANTIVIRALS* ........................................................................................................................59
*BETA BLOCKERS* ................................................................................................................63
*CALCIUM CHANNEL BLOCKERS* .........................................................................................63
*CARDIOTONICS* ..................................................................................................................65
*CARDIOVASCULAR AGENTS - MISC.* ..............................................................................66
*CEPHALOSPORINS* ...............................................................................................................67
*CONTRACEPTIVES* ...............................................................................................................69
*CORTICOSTEROIDS* ............................................................................................................73
*COUGH/COLD/ALLERGY* .....................................................................................................75
*DERMATOLOGICALS* ..........................................................................................................76
*DIAGNOSTIC PRODUCTS* ....................................................................................................84
*DIGESTIVE AIDS* ...............................................................................................................84
*DIURETICS* ..........................................................................................................................84
*ENDOCRINE AND METABOLIC AGENTS - MISC.* .............................................................85
*ESTROGENS* .......................................................................................................................90
*FLUOROQUINOLONES* .........................................................................................................91
*GASTROINTESTINAL AGENTS - MISC.* ............................................................................92
*GENERAL ANESTHETICS* ....................................................................................................94
*GENITOURINARY AGENTS - MISCELLANEOUS* .................................................................94
*GOUT AGENTS* ....................................................................................................................95
*HEMATOLOGICAL AGENTS - MISC.* .................................................................................96
*HEMATOPOIETIC AGENTS* ..................................................................................................99
*HEMOSTATICS* ..................................................................................................................102
*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* .....................................................103
## CURRENT AS OF 4/1/2021

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ADHD/ANTI-NARCOLEPSY/ANTI-OBESEITY/ANOREXIANTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clonidine hcl er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>AMPHETAMINE MIXTURES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANALEPTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAFCIT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>caffeine citrate oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DOPRAM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANOREXIANT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>ANOREXIANTS NON-AMPHETAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADIPEX-P ORAL CAPSULE</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>ADIPEX-P ORAL TABLET</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>benzphetamine hcl oral tablet 25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>benzphetamine hcl oral tablet 50 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>diethylpropion hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>diethylpropion hcl oral tablet 1 or 1b*</td>
<td>PA; QL</td>
<td></td>
</tr>
<tr>
<td>LOMAIRA ORAL TABLET</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>phendimetrazine tartrate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>phendimetrazine tartrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>phentermine hcl oral capsule 1 or 1b*</td>
<td>PA; QL</td>
<td></td>
</tr>
<tr>
<td>phentermine hcl oral tablet 1 or 1b*</td>
<td>PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-OBESITY AGENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNOSI ORAL TABLET 150 MG</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>SUNOSI ORAL TABLET 75 MG</td>
<td>3 PA; DO; QL</td>
<td></td>
</tr>
<tr>
<td><em>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAKIX ORAL TABLET 17.8 MG</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>WAKIX ORAL TABLET 4.45 MG</td>
<td>3 PA; DO; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>LIPASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XENICAL ORAL CAPSULE</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMCIVREE SUBCUTANEOUS SOLUTION</td>
<td>3 LD</td>
<td></td>
</tr>
<tr>
<td><em>STIMULANTS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>APTENSIOR X R ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG</td>
<td>3 PA; DO; QL</td>
<td></td>
</tr>
<tr>
<td>APTENSIOR X R ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>armodafinil oral tablet 1 or 1b*</td>
<td>PA; QL</td>
<td></td>
</tr>
<tr>
<td>COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR</td>
<td>3 PA; DO; QL</td>
<td></td>
</tr>
<tr>
<td>DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR</td>
<td>3 PA; QL</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>dexmethylphenidate hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>FOCALIN ORAL TABLET 10 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FOCALIN ORAL TABLET 2.5 MG, 5 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>METHYLIN ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 20 mg, 36 mg, 54 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl oral solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet chewable 10 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>modafinil oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>modafinil oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RELEXXII ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RITALIN ORAL TABLET 10 MG, 5 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>RITALIN ORAL TABLET 20 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ALLERGENIC EXTRACTS/BIOLOGICA LS MISC</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ALLERGENIC EXTRACTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACACIA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACREMONIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALDER SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALTERNARIA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMERICAN BEECH SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMERICAN COCKROACH SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMERICAN ELM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARIZONA CYPRESS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ASPERGILLUS FUMIGATUS INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AUREOBASIDIUM PULLULANS INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AUREOBASIDIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AUSTRALIAN PINE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAHIA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BALD CYPRESS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERMUDA GRASS INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BERMUDA GRASS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BLACK WILLOW SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BOTRYTIS INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BOTRYTIS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BROME SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CANDIDA ALBICANS EXTRACT INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CANDIDA ALBICANS EXTRACT 10000 PNU/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CAT HAIR EXTRACT INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEDAR ELM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COCKLEBURY SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CORN POLLEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CURVULARIA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DANDELION SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOG EPITHELIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOG FENNEL SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DRECHSLEIKA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPICOCCUM NIGRUM INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPICOCCUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FIRE ANT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FUSARIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GERMAN COCKROACH SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GOLDENROD SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GRASSTEK SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HORSER EPITHELIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JOHNSON GRASS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KAPOK SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KOCHA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LENSSCALE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MELALEUCA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MESQUITE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MITE (D. FARINAE) INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MITE (D. FARINAE) SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MITE (D. PTERONYSSINUS) INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIXED RAGWEED SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOUNTAINcedar SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MUCOR INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MUCOR INTRADERMAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MUCOR SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MUGWORT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OLIVE TREE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PALFORZIA (12 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (120 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (160 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (20 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (200 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (240 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (3 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (300 MG MAINTENANCE) ORAL PACKET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (300 MG TITRATION) ORAL PACKET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (40 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (6 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA (80 MG DAILY DOSE) ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALFORZIA INITIAL ESCALATION ORAL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PENICILLIUM NOTATUM INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHOMA EXIGUA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRIVET SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUEEN PALM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAGWITEK SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RED MAPLE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RED MULBERRY SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RHIZOPUS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RUSSIAN THISTLE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SACCHAROMYCES CEREVISIAE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SHAGBARK HICKORY SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SHEEP SORREL SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SPINY PIGWEED SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STEMPHYLIUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SWEET GUM SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TALL RAGWEED SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRICHOPYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRICHOPYTON SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MIXED ALLERGENIC EXTRACTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIXED FEATHERS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ODACTRA SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ORALAIR SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>SORREL/DOCK MIX SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>AMEBICIDES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMEBICIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLOSEC ORAL PACKET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>AMINOGLYCOSIDES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINOGLYCOSIDES</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ARIKAYCE INHALATION SUSPENSION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>BETHKIS INHALATION NEBULIZATION SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.0-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2.0-0.9 mg/ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neomycin sulfate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>paromomycin sulfate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>streptomycin sulfate intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TOBI PODHALER INHALATION CAPSULE</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>tobramycin inhalation nebulization solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>tobramycin sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tobramycin sulfate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZEMDRI INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANALGESICS - ANTI-INFLAMMATORY</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>XELJANZ ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>XELJANZ ORAL TABLET</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>ANTIRHEUMATIC ANTIMETABOLITES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>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</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>HUMIRA PEN-PS/UVADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>CYCLOOXYGENASE 2 (COX-2) INHIBITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>celecoxib oral capsule 1 or 1b* ST; QL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>GOLD COMPOUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIDAURA ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>INTERLEUKIN-1 BLOCKERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-1BETA BLOCKERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILARIS SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS</strong></td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>diclofenac-misoprostol oral tablet delayed release 1 or 1b* ST; QL</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</strong></td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ANJESO INTRAVENOUS INJECTABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cataflam oral tablet 1 or 1b*</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>DAYPRO ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diclofenac potassium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac sodium er oral tablet extended</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>delayed release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ec-naproxen oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>etodolac er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>extended release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>etodolac oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>etodolac oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>FELDENE ORAL CAPSULE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fenoprofen calcium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen lysine intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral suspension</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>indomethacin er oral capsule extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>indomethacin oral capsule 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>indomethacin sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>reconstituted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketoprofen er oral capsule extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoprofen oral capsule 50 mg, 75 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine injection solution 15</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>mg/ml, 30 mg/ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine intramuscular solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>60 mg/2ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td><strong>LODINE ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>meclofenamate sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mefenamic acid oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>meloxicam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nabumetone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naproxen oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>FELDENE ORAL CAPSULE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fenoprofen calcium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>flurbiprofen oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen lysine intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral suspension</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>indomethacin er oral capsule extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>indomethacin oral capsule 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>indomethacin sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>reconstituted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketoprofen er oral capsule extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoprofen oral capsule 50 mg, 75 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine injection solution 15</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>mg/ml, 30 mg/ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine intramuscular solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>60 mg/2ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td><strong>LODINE ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>meclofenamate sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mefenamic acid oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>meloxicam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nabumetone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naproxen oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANALGESICS - NONNARCOTIC</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetaminophen intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl (analgesia) epidural solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DURACLON EPIDURAL SOLUTION 100 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OFIRMEV INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANALGESICS - SEDATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bac oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupap oral tablet 50-300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>butalbital-acetaminophen oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>butalbital-apap-caffeine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>butalbital-apap-caffeine oral tablet 50-325-40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>butalbital-aspirin-caffeine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>esgic oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tencon oral tablet 50-325 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zebutal oral capsule 50-325-40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SALICYLATE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sm aspirin tri-buffered oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>tri-buffered aspirin oral tablet 325 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>SALICYLATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adult aspirin regimen oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>aspirin 81 oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>aspirin 81 oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>aspirin adult low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>cvs aspirin low strength oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs aspirin oral tablet 325 mg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>diflunisal oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ecpirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq aspirin adult low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq aspirin low dose oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq aspirin oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql aspirin ec oral tablet delayed release 325 mg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql aspirin low dose oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql aspirin low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp adult aspirin low strength oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp aspirin low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp aspirin oral tablet 325 mg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp aspirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense aspirin adult low st oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense aspirin low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense aspirin oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense aspirin oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense aspirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>h-e-b aspirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm adult aspirin oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm aspirin ec low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm aspirin ec oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm aspirin oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm aspirin oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm aspirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kls aspirin ec oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

14
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>sm aspirin adult low strength oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm aspirin ec low strength oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm aspirin ec oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm aspirin low dose oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm aspirin oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm childrens aspirin oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>st joseph aspirin oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>st joseph low dose oral tablet chewable</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>st joseph low dose oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS***

PRIALT INTRATHECAL SOLUTION 3 PA; QL; LD

*ANALGESICS - OPIOID*

*CODEINE COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen-codeine #2 oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td>acetaminophen-codeine #3 oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td>acetaminophen-codeine #4 oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td>acetaminophen-codeine oral solution</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td>acetaminophen-codeine oral tablet</td>
<td>1 or 1a*</td>
<td>QL</td>
</tr>
<tr>
<td>ascomp-codeine oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>butalbital-apap-caff-cod oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>butalbital-asa-caff-codeine oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
</tbody>
</table>

*DIHYDROCODEINE COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>apap-caff-dihydrocodeine oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
</tbody>
</table>

*FENTANYL COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL CITROPIVACAINE-NAACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FENTANYL-BUPIVACAINE-NAACL EPIDURAL SOLUTION 0.8-0.1667-0.9 MG/200ML-%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*HYDROCODONE COMBINATIONS***

hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml 1 or 1b* QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg 1 or 1b* QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg 1 or 1b* QL

*OPIOID AGONISTS***

ALFENTANIL HCL INTRAVENOUS SOLUTION 3

CODEINE SULFATE ORAL TABLET 15 MG, 60 MG 3 QL
codeine sulfate oral tablet 30 mg 1 or 1b* QL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3 PA: QL

DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML 3 QL

DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML 3 QL

DILAUDID ORAL LIQUID 3 QL

DILAUDID ORAL TABLET 3 QL

DSUVIA SUBLINGUAL TABLET SUBLINGUAL 3

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>duramorph injection solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate (pf) injection solution cartridge</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fentanyl citrate buccal lozenge on a handle</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>fentanyl citrate buccal tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 1000 MCG/20ML, 20 MCG/2ML, 50 MCG/5ML, 500 MCG/50ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FENTANYL CITRATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%, 500-0.9 MCG/50ML-%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>methadone hcl oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>METHADOSE ORAL CONCENTRATE 10 MG/ML</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>methadose oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>METHADOSE SUGAR-FREE ORAL CONCENTRATE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>mitigo injection solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate er beads oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>morphine sulfate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>morphine sulfate er oral tablet extended release</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>morphine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>NUCYNTA ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>OLINVYK INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPANA ORAL TABLET 10 MG</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>OXYAYDO ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>oxycodone hcl oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
</tbody>
</table>

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

**Effective 04/01/2021**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>BUPRENEX INJECTION SOLUTION</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine hcl injection solution 0.3 mg/ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine hcl sublingual tablet sublingual</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual film</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>buprenorphine transdermal patch weekly</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>butorphanol tartrate injection solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>butorphanol tartrate nasal solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>BUTRANS TRANSDERMAL PATCH WEEKLY</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>nalbuphine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pentazocine-naloxone hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td><em>TRAMADOL COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tramadol-acetaminophen oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANDROGENS-ANABOLIC</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANABOLIC STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>oxandrolone oral tablet</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td><em>ANDROGENS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDRODERM TRANSDERMAL PATCH 24 HOUR</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>danazol oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>JATENZO ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>TESTOPEL IMPLANT PELLET</td>
<td>3</td>
<td>PA: QL; LD</td>
</tr>
<tr>
<td>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>testosterone enanthate intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>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%)</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td><em>ANORECTAL AND RELATED PRODUCTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>INTRARECTAL STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORTENEMA RECTAL ENEMA</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CORTIFOAM EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone rectal enema</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>UCERIS RECTAL FOAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>NITRATE VASODILATING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECTIV RECTAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>RECTAL ANESTHETIC/STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANALPRAM-HC EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANALPRAM-HC EXTERNAL LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone ace-pramoxine external cream 1-1 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROCTOFOAM HC EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>RECTAL LOCAL ANESTHETICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE (ANORECTAL) RECTAL SUPPOSITORY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>RECTAL STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANUSOL-HC EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone (perianal) external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROCTOCORT EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>procto-med hc external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>procto-pak external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>proctozone-hc external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTACIDS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTACIDS - BICARBONATE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM BICARBONATE ORAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTHELMINTICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTHELMINTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albendazole oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ALBENZA ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>BENZNIDAZOLE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BILTRICIDE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMVERM ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ivermectin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>praziquantel oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>STROMECTOL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIANGINAL AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIANGINALS-OTHER</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ranolazine er oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>NITRATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GONITRO SUBLINGUAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISORDIL TITRADOSE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isosorbide dinitrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate er oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>minitran transdermal patch</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NITRO-BID TRANSDERMAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NITROGLYCERIN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin sublingual tablet sublingual</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nitroglycerin translingual solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NITROLINGUAL TRANSLINGUAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITROMIST TRANSLINGUAL AEROSOL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTIANXIETY AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIANXIETY AGENTS - MISC.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>buspirone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>droperidol injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl intramuscular solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydroxyzine pamoate oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>meprobamate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VISTARIL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>BENZODIAZEPINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprazolam er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>alprazolam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alprazolam oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alprazolam xr oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlordiazepoxide hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clorazepate dipotassium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diazepam injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>diazepam intensol oral concentrate</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diazepam oral concentrate</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>diazepam oral solution 5 mg/5ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>diazepam oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>lorazepam injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lorazepam intensol oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>lorazepam oral concentrate 2 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lorazepam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxazepam oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS TYPE I-A</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disopyramide phosphate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NORPACE ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>procainamide hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>quinidine gluconate er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>quinidine sulfate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS TYPE I-B</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mexiletine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS TYPE I-C</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>flecaïnide acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propafenone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIARRHYTHMICS TYPE III</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amiodarone hcl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amiodarone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BRETYLIUM TOSYLATE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CORVERT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dofetilide oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibutilide fumarate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MULTAQ ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEXTERONE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pacerone oral tablet 100 mg, 200 mg, 400 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ADRENERGIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVAIR HFA INHALATION AEROSOL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>BREZTRI AEROSPHERE INHALATION AEROSOL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>budesonide-formoterol fumarate inhalation aerosol</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ipratropium-albuterol inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SYMBICORT INHALATION AEROSOL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-IGE MONOClonAL ANTIBodies</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA: QL; LD; SP</td>
</tr>
<tr>
<td>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA: QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTI-INFLAMMATORY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium inhalation nebulization solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETA ADRENERGICS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>albuterol sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BROVANA INHALATION NEBULIZATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isoproterenol hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISUPREL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levalbuterol tartrate inhalation aerosol</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PERFOROMIST INHALATION NEBULIZATION SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PROAIR HFA INHALATION AEROSOL SOLUTION</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PROVENTIL HFA INHALATION AEROSOL SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><strong>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terbutaline sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VENTOLIN HFA INHALATION AEROSOL SOLUTION</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>XOPENEX HFA INHALATION AEROSOL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>BRONCHODILATORS - ANTICHOLINERGICS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATROVENT HFA INHALATION AEROSOL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SPIRIVA HANDIHALER INHALATION CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>YUPELRI INHALATION SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><strong>INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CINQAIR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>LEUKOTRIENE RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCOLATE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>montelukast sodium oral tablet chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zafirlukast oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DALIRESP ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>STEROID INHALANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARNUNITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>budesonide inhalation suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FLOVENT HFA INHALATION AEROSOL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>XELODIX</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>XANTHINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aminophylline intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ELIXOPHYLLIN ORAL ELIXIR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>theophylline er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>theophylline oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTICOAGULANTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTICOAGULANTS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>COUMARIN ANTICOAGULANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>jantoven oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>warfarin sodium oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>DIRECT FACTOR XA INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ELIQUIS ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>XARELTO ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>HEPARINS AND HEPARINOID-LIKE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>heparin sodium lock flush intravenous solution 100 unit/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>LOW MOLECULAR WEIGHT HEPARINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>enoxaparin sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>enoxaparin sodium subcutaneous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td><em>SYNTHETIC HEPARINOID-LIKE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARIXTRA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fondaparinux sodium subcutaneous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>THROMBIN INHIBITORS - HIRUDIN TYPE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIVALIRUDIN RTU INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTICONVULSANTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FYCOMPA ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FYCOMPA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTICONVULSANTS - BENZODIAZEPINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobazam oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clobazam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clonazepam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clonazepam oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DIASTAT ACUDIAL RECTAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIASTAT PEDIATRIC RECTAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diazepam rectal gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NAYZILAM NASAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SYMPAZAN ORAL FILM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VALTOCO 10 MG DOSE NASAL LIQUID</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VALTOCO 15 MG DOSE NASAL LIQUID</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VALTOCO 20 MG DOSE NASAL LIQUID</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VALTOCO 5 MG DOSE NASAL LIQUID</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTICONVULSANTS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 200 MG, 400 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>APTIOM ORAL TABLET 600 MG, 800 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BANZEL ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BANZEL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BRIVIACT ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxcarbazepine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pregabalin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pregabalin oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>primidone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>roweepra oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rufinamide oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>subvenite oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>subvenite starter kit-blue oral kit</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>subvenite starter kit-green oral kit</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>subvenite starter kit-orange oral kit</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>topiramate er oral capsule er 24 hour sprinkle</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>topiramate oral capsule sprinkle</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>topiramate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>VIMPAT INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VIMPAT ORAL SOLUTION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VIMPAT ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>zonisamide oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>CARBAMATES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>felbamate oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>felbamate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>XCOPRI ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GABA MODULATORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tiagabine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vigabatrin oral packet</td>
<td>1 or 1b*</td>
<td>LD; SP</td>
</tr>
<tr>
<td>vigabatrin oral tablet</td>
<td>1 or 1b*</td>
<td>LD; SP</td>
</tr>
<tr>
<td>vigadronle oral packet</td>
<td>1 or 1b*</td>
<td>LD</td>
</tr>
<tr>
<td><strong>HYDANTOINS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CEREBYX INJECTION SOLUTION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DILANTIN INFATABS ORAL TABLET CHEWABLE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DILANTIN ORAL CAPSULE 100 MG</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DILANTIN ORAL CAPSULE 30 MG</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DILANTIN ORAL SUSPENSION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fosphenytoin sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PHENYTEK ORAL CAPSULE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenytoin infatabs oral tablet chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenytoin oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenytoin oral tablet chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenytoin sodium extended oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenytoin sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>SUCCINIMIDES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CELONTIN ORAL CAPSULE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ethosuximide oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ethosuximide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VALPROIC ACID</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>divalproex sodium er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>divalproex sodium oral capsule delayed release sprinkle</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>divalproex sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>valproate sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valproic acid oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valproic acid oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIDEPRESSANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mirtazapine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mirtazapine oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>REMERON ORAL TABLET 15 MG, 30 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REMERON SOLTAB ORAL TABLET DISPERSIBLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIDEPRESSANTS - MISC.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupropion hcl oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupropion hcl oral tablet 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>maprotiline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZULRESSO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>MONOAMINE OXIDASE INHIBITORS (MAOIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMSAM TRANSDERMAL PATCH 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARPLAN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NARDIL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PARNATE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenelzine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tranylcypromine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>citalopram hydrobromide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>citalopram hydrobromide oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>citalopram hydrobromide oral tablet 40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>escitalopram oxalate oral solution</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>escitalopram oxalate oral tablet 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>escitalopram oxalate oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl oral capsule 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>fluoxetine hcl oral capsule 20 mg, 40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl oral capsule delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluoxetine hcl oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>FLUOXETINE HCL ORAL TABLET 60 MG</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluvaxamine maleate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluvaxamine maleate oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluvaxamine maleate oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 10 mg, 20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>paroxetine hcl oral tablet 30 mg, 40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PAXIL ORAL SUSPENSION</strong></td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><strong>PEXEVA ORAL TABLET 10 MG, 20 MG</strong></td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td><strong>PEXEVA ORAL TABLET 30 MG, 40 MG</strong></td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>sertraline hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sertraline hcl oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sertraline hcl oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><strong>SEROTONIN MODULATORS</strong>*</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nefazodone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trazodone hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><strong>TRINTELLIX ORAL TABLET 10 MG, 5 MG</strong></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><strong>TRINTELLIX ORAL TABLET 20 MG</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</strong>*</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>duloxetine hcl oral capsule delayed release particles 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><strong>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</strong></td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><strong>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</strong></td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>venlafaxine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>TRICYCLIC AGENTS</strong>*</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amitriptyline hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxapine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clomipramine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imipramine pamoate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NORPRAMIN ORAL TABLET 10 MG, 25 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nortriptyline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>nortriptyline hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PAMELOR ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>protriptyline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trimipramine maleate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIDIABETICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ALPHA-GLUCOSIDASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acarbose oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>miglitol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRECOSE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIDIABETIC - AMYLIN ANALOGS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>BIGUANIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>metformin hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>metformin hcl oral solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RIOMET ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>DIABETIC OTHER</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAQSIMI ONE PACK NASAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BAQSIMI TWO PACK NASAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diazoxide oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY INJECTION KIT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alogliptin benzoate oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUVIA ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alogliptin-pioglitazone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUMET ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOSET ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alogliptin-pioglitazone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>HUMAN INSULIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN N SUBCUTANEOUS SUSPENSION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN R INJECTION SOLUTION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LEVEMIR SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MYXREDLIN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRESIBA SUBCUTANEOUS SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</em>**</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>OZEMPIC (0.25 OR 0.5 MG/DOS) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>OZEMPIC (1 MG/DOS) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>RYBELSUS ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>nateglinide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>repaglinide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>STARLIX ORAL TABLET 120 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FARXIGA ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>JARDIANCE ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>GLUCOTROL ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tobutamide oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl-glimepiride oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pioglitazone hcl-metformin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTIPERISTALTIC AGENTS</em>**</td>
<td></td>
<td></td>
<td><em>ANTIDOTES AND SPECIFIC ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diphenoxylate-atropine oral liquid</td>
<td>1 or 1b*</td>
<td></td>
<td>ACETADOTE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diphenoxylate-atropine oral tablet 2.5-0.025 mg</td>
<td>1 or 1b*</td>
<td></td>
<td>ANDEXXA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOMOTIL ORAL TABLET</td>
<td>3</td>
<td></td>
<td>BRIDION INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loperamide hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
<td>CALCITONE SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOTOFEN ORAL TABLET</td>
<td>3</td>
<td></td>
<td>PRAXBIND INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIDOTES AND SPECIFIC ANTAGONISTS</em>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUODOTE INTRAMUSCULAR SOLUTION AUTO-JECTOR</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NITHIODOTE INTRAVENOUS KIT 300MG/10ML&amp;12.5 GM/50ML</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIDOTES - CHELATING AGENTS</em>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEMET ORAL CAPSULE</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox granules oral packet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox oral packet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox oral tablet 180 mg</td>
<td>1 or 1b*</td>
<td>SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox oral tablet 360 mg, 90 mg</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferasirox oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deferiprone oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXJADE ORAL TABLET SOLUBLE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERRIPROX ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERRIPROX ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERRIPROX TWICE-A-DAY ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JADENU ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JADENU SPRINKLE ORAL PACKET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PENTETATE ZINC TRISODIUM COMBINATION SOLUTION</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROVAYBLUE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RADIOGARDASE ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SODIUM NITRITE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VISTOGARD ORAL PACKET</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td><em>BENZODIAZEPINE ANTAGONISTS</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>flumazenil intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPIOID ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naloxone hcl injection solution cartridge</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naloxone hcl injection solution prefilled syringe</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naltrexone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NARCAN NASAL LIQUID</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</td>
<td>3 SP</td>
<td></td>
</tr>
<tr>
<td><em>ANTIEMETICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>5-HT3 RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>ANZEMET ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>granisetron hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ondansetron hcl oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ondansetron hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>PALONOSETRON HCL INTRAVENOUS SOLUTION</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>palonosetron hcl intravenous solution prefilled syringe</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SANCUSO TRANSDERMAL PATCH</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>SUSTOL SUBCUTANEOUS PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZOFRAN ORAL TABLET 4 MG</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td>ZUPLENZ ORAL FILM</td>
<td>3 QL</td>
<td></td>
</tr>
<tr>
<td><em>ANTIEMETIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AKYNZEO INTRAVENOUS SOLUTION</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>AKYNZEO ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BONJESTA ORAL TABLET EXTENDED RELEASE</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>doxylamine-pyridoxine oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIEMETICS - ANTICHOLINERGIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MECLIZINE HCL ORAL TABLET 50 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>meclizine hcl oral tablet chewable</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>scopalamine transdermal patch 72 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TIGAN INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIGAN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTIEMETICS - ANTIDOPAMINERGIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>BARHEMSYS INTRAVENOUS SOLUTION</em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIEMETICS - MISCELLANEOUS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dronabinol oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MARINOL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SYNDROS ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aprepitant oral</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>aprepitant oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CINVANTI INTRAVENOUS EMULSION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>EMEND ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fosaprepitant dimeglumine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIFUNGALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANDIDAS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>micafungin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIFUNGALS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABELCET INTRAVENOUS SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANCOBON ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>BIO-STATIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>flucytosine oral capsule</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>griseofulvin microsize oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>griseofulvin microsize oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>griseofulvin ultramicrosize oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terbinafine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoconazole oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>TRIAZOLES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>CRESEMBA ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>DIFLUCAN ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIFLUCAN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluconazole oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluconazole oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>itraconazole oral capsule</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>itraconazole oral solution</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOXAFIL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NOXAFIL ORAL SUSPENSION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>NOXAFIL ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>posaconazole oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SPORANOX ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SPORANOX ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SPORANOX PULSEPAK ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>TOLSURA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VFEND ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VFEND ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>voriconazole intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>voriconazole oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>voriconazole oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIHISTAMINES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIHISTAMINES - ALKYLAMINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ryclora oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIHISTAMINES - ETHANOLAMINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carbinoxamine maleate oral tablet 4 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clemastine fumarate oral tablet 2.68 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diphen oral elixir</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>di-phen oral liquid</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diphenhydramine hcl oral elixir</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>KARBIHAL ER ORAL SUSPENSION EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RYVENT ORAL TABLET</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTIHISTAMINES - NON-SEDATING</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cetirizine hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLARINEX ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>desloratadine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levocetirizine dihydrochloride oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>QUZYTTIR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIHISTAMINES - PHENOTHIAZINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHENERGAN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine hcl rectal suppository 12.5 mg, 25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>promethegan rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIHISTAMINES - PIPERIDINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyproheptadine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIHYPERLIPIDEMICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXLIZET ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXLETOL ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIHYPERTIPEDE CS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>icosapent ethyl oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>omega-3-acid ethyl esters oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VASCEPA ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>BILE ACID SEQUESTRANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cholestyramine light oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cholestyramine light oral powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cholestyramine oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cholestyramine oral powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>colesevelam hcl oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>colesevelam hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>COLESTID FLAVORED ORAL GRANULES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID FLAVORED ORAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID ORAL GRANULES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID ORAL PACKETS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>COLESTID ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl oral granules</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>colestipol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prevalite oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prevalite oral powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN LIGHT ORAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN ORAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUESTRAN ORAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>FIBRIC ACID DERIVATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fenofibrate micrized oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ezetimibe-simvastatin oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>Ezetimibe oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>Juxtapid oral capsule 10 mg, 20 mg, 30 mg, 5 mg</td>
<td>3</td>
<td>PA; DO; QL; LD</td>
</tr>
<tr>
<td>Niacin (anti hyperlipidemic) oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>Niacin er (anti hyperlipidemic) oral capsule extended release</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>Niacor oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>Prestalia oral tablet 14-10 mg</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>Prestalia oral tablet 3.5-2.5 mg, 7-5 mg</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>Tarka oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>Tarka oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Accuretic oral tablet</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>Benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Captopril-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Enalapril-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Fosinopril sodium-hctz oral tablet</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>Lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOTENSIN HCT ORAL TABLET 10-12.5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>quinapril-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VASERETIC ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZESTORETIC ORAL TABLET 10-12.5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ACE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benazepril hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>captopril oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>enalapril maleate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>enalaprilat intravenous injectable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EPANED ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fosinopril sodium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>lisinopril oral tablet 30 mg, 40 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moexipril hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>perindopril erbumine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>QBRELIS ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>quinapril hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ramipril oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trandolapril oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ADRENOXYLICS-CENTRAL &amp; THIAZIDE/THIAZIDE-LIKE COMB</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methylidopa-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR PHEOCHROMOCYTOM A</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEMSER ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>DIBENZYLNE ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>metyrosine oral capsule</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>phenoxybenzamine hcl oral capsule</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>phenotlamine mesylate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate-valsartan oral tablet 5-160 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amlodipine-olmesartan oral tablet 5-20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>telmisartan-amlodipine oral tablet 40-5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TWYNSTA ORAL TABLET 40-5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><em>ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>candesartan cilextil-hctz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EDARBYCLOYL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>irbesartan-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>losartan potassium-hctz oral tablet 50-12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>telmisartan-hctz oral tablet 40-12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>candesartan cilexetil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EDARBI ORAL TABLET 40 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>EDARBI ORAL TABLET 80 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>irbesartan oral tablet 150 mg, 75 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>irbesartan oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>losartan potassium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olmesartan medoxomil oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olmesartan medoxomil oral tablet 40 mg, 5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>telmisartan oral tablet 20 mg, 40 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>telmisartan oral tablet 80 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valsartan oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANGIOTENSIN II RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIADRENERGICS - CENTRALLY ACTING</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clonidine hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>clonidine transdermal patch weekly</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>guanfacine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methyldopa oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIADRENERGICS - PERIPHERALLY ACTING</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDURA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>doxazosin mesylate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MINIPRESS ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prazosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terazosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIHYPERTENSIVES - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VECAMYL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information. Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BETA BLOCKER &amp; DIURETIC COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atenolol-chlorthalidone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bisoprolol-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoprolol-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propranolol-hctz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TENORETIC 100 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TENORETIC 50 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZIAC ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aliskiren fumarate oral tablet 150 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>aliskiren fumarate oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>DOPAMINE D1 RECEPTOR AGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORLOPAM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>eplerenone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INSPIRA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>VASODILATORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydralazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>minoxidil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitroprusside sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium nitroprusside intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTI-INFECTIVE AGENTS - MISC.</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AEMCOLO ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>bacitracin intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLAGYL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IMPAVIDO ORAL CAPSULE</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metronidazole oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metronidazole oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>NEBUPENT INHALATION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pentamidine isethionate inhalation solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>pentamidine isethionate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRIMSOL ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tinidazole oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trimethoprim oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>XIFAXAN ORAL TABLET</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-INFECTIVE MISC. - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACTRIM DS ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BACTRIM ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>sulfamethoxazole-trimethoprim oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>sulfatrim pediatric oral suspension</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIPROTOZOAL AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALINIA ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ALINIA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>atovaquone oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LAMPIT ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MEPRON ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nitazoxanide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CARBAPENEM COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>imipenem-cilastatin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CARBAPENEMS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ertapenem sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INVANZ INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>meropenem intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CHLORAMPHENICALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chloramphenicol sod succinate intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CYCLIC LIPOPEPTIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>daptomycin intravenous solution reconstituted 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>GLYCOPEPTIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FIRVANQ ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VANCOCIN HCL ORAL CAPSULE 125 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VANCOCIN ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VANCOCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 5 gm, 500 mg, 750 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>LEPROSTATICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dapsone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>LINCOSAMIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEOCIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN PHOSPHATE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>clindamycin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin palmitate hcl oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lincomycin hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MONOBACTAMS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZACTAM INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>aztreonam injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CAYSTON INHALATION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>linezolid in sodium chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>linezolid intravenous solution 600 mg/300ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>linezolid oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>linezolid oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIVEXTRO ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZYVOX ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZYVOX ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>PLEUROMUTILINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XENLETA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>XENLETA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>POLYMYXINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>colistimethate sodium (cba) injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>COLY-MYCYIN M INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>polymyxin b sulfate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>STREPTOGRAMIN COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>URINARY ANTI-INFECTIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fosfomycin tromethamine oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HIPREX ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MACROBID ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MACRODANTIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methenamine hippurate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIMALARIALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIMALARIAL COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atovaquone-proguanil hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>COARTEM ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MALARONE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIMALARIALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARAKODA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>chloroquine phosphate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DARAPRIM ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>hydroxychloroquine sulfate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>Krintafel ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mefloquine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>primaquine phosphate oral tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pyrimethamine oral tablet</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>QUALAQUIN ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>quinine sulfate oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIMYASTHENIC/CHOLINERGIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOXIVERZ INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FIRDAPSE ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>GUANIDINE HCL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MESTINON ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

43
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESTINON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MESTINON ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEOSTIGMINE METHYL SULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pyridostigmine bromide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>REGONOL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RUZURGI ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTIMYCOBACTERIAL AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIMYCOBACTERIAL AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cycloserine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ethambutol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>isoniazid injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>isoniazid oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>isoniazid oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>MYAMBUTOL ORAL TABLET 400 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MYCOBUTIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PASER ORAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRETOMANID ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRIFTIN ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>pyrazinamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rifabutin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>rifampin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ALKYLATING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELRAZPO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BENDEKA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>busulfan intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>BUSULFEX INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>carboplatin intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MYLERAN ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>oxaliplatin intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>oxaliplatin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>paraplatin intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TEPADINA INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>thiotepa injection solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANDROGEN BIOSYNTHESIS INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>abiraterone acetate oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>YONSA ORAL TABLET</strong></td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>ZYTIGA ORAL TABLET 250 MG</strong></td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>ZYTIGA ORAL TABLET 500 MG</strong></td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>ANTIADRENALES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYSODREN ORAL TABLET</td>
<td>2</td>
<td>LD</td>
</tr>
<tr>
<td><strong>ANTIANDROGENS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bicalutamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>CASODEX ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ERLEADA ORAL TABLET</strong></td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>flutamide oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>NILANDRON ORAL TABLET</strong></td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>nilutamide oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td><strong>NUBEQA ORAL TABLET</strong></td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>XTANDI ORAL CAPSULE</strong></td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>ANTIESTROGENS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARESTON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SOLTAMOX ORAL SOLUTION</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>tamoxifen citrate oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>toremifene citrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>ANTIMETABOLITES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>ARRANON INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>azacitidine injection suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>capecitabine oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>cladribine intravenous solution 10 mg/10ml</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>clofarabine intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>CLOLAR INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>cytarabine (pf) injection solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>cytarabine injection solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>decitabine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>floxuridine injection solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>fludarabine phosphate intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>FOLOTYN INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>gemcitabine hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>GEMCITABINE HCL INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>mercaptopurine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methotrexate sodium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>INFUGEM INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><strong>ONUREG ORAL TABLET</strong></td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>PURIXAN ORAL SUSPENSION</strong></td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>TABLEOIT ORAL TABLET</strong></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREXALL ORAL TABLET</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VIDAZA INJECTION SUSPENSION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XATMEP ORAL SOLUTION</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>XELODA ORAL TABLET</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>*ANTINEOPLASTIC - AUTOLOGOUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CELLULAR IMMUNOTHERAPY***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVENGE INTRAVENOUS SUSPENSION</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - BCL-2 INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENCLEXTA ORAL TABLET</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>VENCLEXTA STARTING PACK ORAL</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>TABLET THERAPY PACK</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLINCYTO INTRAVENOUS SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*ANTINEOPLASTIC - BRAF KINASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INHIBITORS***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRAFTOVI ORAL CAPSULE 75 MG</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>TAFINLAR ORAL CAPSULE</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>ZELBORAF ORAL TABLET</td>
<td>2 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>*ANTINEOPLASTIC - FGFR KINASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INHIBITORS***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALversa ORAL TABLET</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>PEMAZYRE ORAL TABLET</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>*ANTINEOPLASTIC - HEDGEHOG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATHWAY INHIBITORS***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAURISMO ORAL TABLET</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - HISTONE DEACYLASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELEODAQ INTRAVENOUS SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FARYDAK ORAL CAPSULE</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>ISTODAX (OVERFILL) INTRAVENOUS</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROMIDEPSIN INTRAVENOUS SOLUTION</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>ZOLINZA ORAL CAPSULE</td>
<td>2 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>*ANTINEOPLASTIC - HORMONAL AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RELATED AGENT COMBINATIONS***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEUPROLIDE ACETATE-BUPIVACAINE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTRAMUSCULAR SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - IMMUNOMODULATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POMALYST ORAL CAPSULE</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - MEK INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COTELLIC ORAL TABLET</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>KOSELUGO ORAL CAPSULE</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>MEKINIST ORAL TABLET</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>MEKTOVI ORAL TABLET</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>OGVIRI INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>OPDIVO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PERJETA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PORTRAZZA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>POTELIGEO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>RITUXAN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RUXIENCE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SARCLISA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TECENTRIQ INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>TRUXIMA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>UNITUXIN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>YERVOY INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - MTOR KINASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFINITOR DISPERZ ORAL TABLET SOLUBLE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>AFINITOR ORAL TABLET 10 MG</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>temsirolimus intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TORISEL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - MULTIKINASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXAVAR ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RYDAPT ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>STIVARGA ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SUTENT ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - PROTEASOME INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>NINLARO ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VELCADE INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROZLYTREK ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VITRAKVI ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VITRAKVI ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALECSENA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALUNBRIG ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>AYVAKIT ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>BOSULIF ORAL TABLET</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>BRUKINSA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>CABOMETYX ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>CALQUENCE ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>CAPRELSA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>erlotinib hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GAVRETO ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>GILOTRIF ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>ICLUSIG ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>IMBRUVICA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMBRUVICA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>INLYTA ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>IRESSA ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (10 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (12 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (14 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (16 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (18 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (20 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (24 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Lenvima (8 mg Daily Dose) ORAL CAPSULE PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>LORBBRENA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>NERLYNX ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>QINLOCK ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>RETEVMO ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SPRYCEL ORAL TABLET</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TABRECTA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TAGRISSO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TARCEVA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TASIGNA ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TUKYSA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>TURALIO ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>TYKERB ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VIZIMPRO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VOTRIENT ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>XALKORI ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>XOSPATA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>ZYKADIA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>XPOVIO (100 mg Once Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (40 mg Once Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (40 mg Twice Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (60 mg Once Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (60 mg Twice Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (80 mg Once Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>XPOVIO (80 mg Twice Weekly) ORAL TABLET PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTEOPLASTIC - XPO1 INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adriamycin intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>Adriamycin intravenous solution reconstituted 10 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>bleomycin sulfate injection solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>dactinomycin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>DAUNORUBICIN HCL INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>doxorubicin hcl intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>doxorubicin hcl liposomal intravenous injectable</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>ELLENCE INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>IDAMYCIN PFS INTRAVENOUS SOLUTION</strong></td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>idarubicin hcl intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>JELMYTO SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>mitomycin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mitoxantrone hcl intravenous concentrate</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>mutamycin intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>valrubicin intravesical solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><strong>VALSTAR INTRAVESICAL SOLUTION</strong></td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><em><strong>ANTINEOPLASTIC - ANTIBODY-DRUG COMPLEXES</strong></em></td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BLENREP INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PADCEV INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>POLIVY INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em><strong>ANTINEOPLASTIC COMBINATIONS</strong></em></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DARZALEX FASPRO SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>INQOVI ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>LONSURF ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PHESGO SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RITUXAN HYCELA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTICS - ENZYMES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPARLAS INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ERWINAZE INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ONCASPAR INJECTION SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTICS - RADIOPHARMACEUTIC ALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>LUTATHERA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>QUADRAMEET INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTINEOPLASTICS - INTERLEUKINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELZONRIS INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ANTINEOPLASTICS - PHOTOACTIVATED AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTICS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIMMUNE SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALFERON N INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>arsenic trioxide intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>dacarbazine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>HYDREA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydroxyurea oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>INTRON A INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>MATULANE ORAL CAPSULE</td>
<td>2</td>
<td>LD</td>
</tr>
<tr>
<td>NIPENT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>SYNRIBO SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML</td>
<td>3</td>
<td>SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>AROMATASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anastrozole oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>AROMASIN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>exemestane oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>FEMARA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>letrozole oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>CARBOXYPEPTIDASE ENZYME AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>CARDIAC PROTECTIVE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrazoxane hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TOTECT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELITEK INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IBRANCE ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>IBRANCE ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>VERZENIO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ESTROGEN RECEPTOR ANTAGONIST</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>fulvestrant intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ESTROGENS-ANTINEOPLASTIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMCYT ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>FOLIC ACID ANTAGONISTS RESCUE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>leucovorin calcium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium injection reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>leucovorin calcium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levoleucovorin calcium intravenous solution reconstituted 50 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>levoleucovorin calcium pf intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>IMIDAZOTETRAZINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>temozolomide oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIBSOVO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDHIFA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>JANUS ASSOCIATED KINASE (JAK) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INREBIC ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>JAKAFI ORAL TABLET</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>LHRH ANALOGS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIGARD SUBCUTANEOUS KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>leuprolide acetate injection kit</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

**Effective 04/01/2021**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vinblastine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vincristine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>vinorelbine tartrate intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><em>NITROGEN MUSTARDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>ALKERAN ORAL TABLET</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>cyclophosphamide injection solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>cyclophosphamide oral capsule</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>EVOVELA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>IFEX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>ifosfamide intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>ifosfamide intravenous solution reconstituted 1 gm</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>LEUKERAN ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>melphalan hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>melphalan oral tablet</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><em>NITROSOUreas</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICNU INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>carmustine intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GLIADEL WAFER IMPLANT WAFER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>ONCOLYTIC VIRAL AGENTS - HSV1</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMLYGIC INTRALESIONAL SUSPENSION</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALIQUOPA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>COPIKTRA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ZYDELIG ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNPARZA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RUBRACA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TALZENNA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZEJULA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>PROGESTINS-ANTINEOPLASTIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydroxyprogesterone caproate intramuscular solution</td>
<td>1 or 1b*</td>
<td>PA; QL; LD</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>RETINOIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tretinoin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SELECTIVE RETINOID X RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bexarotene oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>TETRAHYDROISOPOLONES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><em>TOPOISOMERASE I INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPTOSAR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>Hycamatin INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>Hycamatin ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>irinotecan hcl intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>ONIVYDE INTRAVENOUS INJECTABLE</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>Topotecan HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>topotecan hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><em>URINARY TRACT PROTECTIVE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>mesna intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>MESNEX INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>MESNEX ORAL TABLET</td>
<td>2</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVASTIN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>CYRAMZA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MVASI INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZALTRAP INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZIRABEVE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTIPARKINSON AND RELATED THERAPY AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ADENOSINE RECEPTOR ANTAGONIST</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOURIANZ ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTIPARKINSON ANTICHOLINERGICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benztrpine mesylate injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>benztrpine mesylate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>COGENTIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>trihexyphenidyl hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>trihexyphenidyl hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIPARKINSON DOPAMINERGICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amantadine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amantadine hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amantadine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bromocriptine mesylate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bromocriptine mesylate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 137 MG</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 68.5 MG</td>
<td>3</td>
<td>PA; DO; QL; LD</td>
</tr>
<tr>
<td>INBRIJA INHALATION CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 129 MG</td>
<td>3</td>
<td>PA; DO; QL; LD</td>
</tr>
<tr>
<td>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 193 MG, 258 MG</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>PARLODEL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PARLODEL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZILECT ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>rasagiline mesylate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>selegiline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XADAGO ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZELAPAR ORAL TABLET DISPERISIBLE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>CENTRAL/PERIPHERAL COMT INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TASMAR ORAL TABLET 100 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tolcapone oral tablet</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td><em>DECARBOXYLASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carbidopa oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LODOSYN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>LEVDODPA COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carbidopa-levodopa oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carbidopa-levodopa oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carbidopa-levodopa-entacapone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DUOPA ENTERAL SUSPENSION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RYTARY ORAL CAPSULE EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SINEMET ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 100 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 125 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 150 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 200 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 50 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STALEVO 75 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>NONERGOLINE DOPAMINE RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</td>
<td>3</td>
<td>PA: QL; LD; SP</td>
</tr>
<tr>
<td>KYNMOBI SUBLINGUAL FILM</td>
<td>3</td>
<td>PA: QL; LD</td>
</tr>
<tr>
<td>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEUPRO TRANSDERMAL PATCH 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pramipexole dihydrochloride er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>pramipexole dihydrochloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ropinirole hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ropinirole hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PERIPHERAL COMT INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMTAN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>entacapone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ONGENTYS ORAL CAPSULE</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td><em>ANTIPSYCHOTICS/ANTIMANIC AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIMANIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lithium carbonate er oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>lithium carbonate oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>lithium carbonate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LITHIUM ORAL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ANTIPSYCHOTICS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPLYTA ORAL CAPSULE</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LATUDA ORAL TABLET 120 MG, 80 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG</td>
<td>3 DO</td>
<td></td>
</tr>
<tr>
<td>NUPLAZID ORAL CAPSULE</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>NUPLAZID ORAL TABLET 10 MG</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG</td>
<td>3 ST; DO; QL</td>
<td></td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>VRAYLAR ORAL CAPSULE THERAPY PACK</td>
<td>3 ST; QL</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>haloperidol lactate oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>haloperidol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>*<em>DIBENZODIAZEPINES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clozapine oral tablet 100 mg, 200 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clozapine oral tablet 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clozapine oral tablet dispersible 12.5 mg, 25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>VERSACLOZ ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DIBENZO-OXEPINO PYRROLES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>asenapine maleate sublingual tablet sublingual 10 mg</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>SECUADO TRANSDERMAL PATCH 24 HOUR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><strong>DIBENZOTHIAZEPINES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>DIBENZOXAZEPINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DIHYDROINDOLOLES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>molindone hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PHENOTHIAZINES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorpromazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlorpromazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>compro rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine decanoate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluphenazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>perphenazine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine maleate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prochlorperazine rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>thioridazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trifluoperazine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>QUINOLINONE DERIVATIVES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>ABILIFY MYCITE ORAL TABLET 20 MG, 30 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>aripiprazole oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>aripiprazole oral tablet 20 mg, 30 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>aripiprazole oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td>REXULTI ORAL TABLET 3 MG, 4 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>THIENBENZODIAZEPINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>olanzapine intramuscular solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olanzapine oral tablet 15 mg, 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olanzapine oral tablet dispersible 10 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olanzapine oral tablet dispersible 15 mg, 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZYPREXA Relprevv Intramuscular Suspension Reconstituted</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>THIOXANTHENES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thiothixene oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTISEPTICS &amp; DISINFECTANTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTISEPTICS &amp; DISINFECTANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORMALDEHYDE EXTERNAL SOLUTION 37 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTARALDEHYDE EXTERNAL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>CHLORINE ANTISEPTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION 50 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>IODINE ANTISEPTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IODINE TINCTURE EXTERNAL TINCTURE 2 %</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREZCOBIX ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>STRIBILD ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>SYMTUZA ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>TEMIXYS ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>TRIUMEQ ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>TRIZIVIR ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>TRUVADA ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SELZENTRY ORAL SOLUTION</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>SELZENTRY ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TROGARZO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - FUSION INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>2</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - INTEGRASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISENTRESS HD ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ISENTRESS ORAL PACKET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ISENTRESS ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - PROTEASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APTIVUS ORAL CAPSULE</td>
<td>2</td>
<td>PA: QL</td>
</tr>
<tr>
<td>APTIVUS ORAL SOLUTION</td>
<td>2</td>
<td>PA: QL</td>
</tr>
<tr>
<td>atazanavir sulfate oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>fosamprenavir calcium oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>INVIRASE ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>LEXIVA ORAL SUSPENSION</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>LEXIVA ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>NORVIR ORAL PACKET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>NORVIR ORAL SOLUTION</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>NORVIR ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>PREZISTA ORAL SUSPENSION</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>REYATAZ ORAL PACKET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>ritonavir oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>VIRACEPT ORAL TABLET</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDURANT ORAL TABLET</td>
<td>2</td>
<td>PA: QL</td>
</tr>
<tr>
<td>efavirenz oral capsule</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>efavirenz oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTELENCE ORAL TABLET</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>nevirapine er oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>extended release 24 hour 100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nevirapine er oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>extended release 24 hour 400 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nevirapine oral suspension</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>nevirapine oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>PIFELTRO ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>SUSTIVA ORAL CAPSULE</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>SUSTIVA ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>VIRAMUNE ORAL SUSPENSION</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZIAGEN ORAL SOLUTION</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZIAGEN ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>abacavir sulfate oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>abacavir sulfate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ZIAGEN ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td><em>ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emtricitabine oral capsule</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>EMTRIVA ORAL CAPSULE</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>EMTRIVA ORAL SOLUTION</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td>EPIVIR ORAL SOLUTION</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>EPIVIR ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>lamivudine oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>lamivudine oral tablet 150 mg, 300 mg</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALCYTE ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VALCYTE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>valganciclovir hcl oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>valganciclovir hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>HEPATITIS B AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adefovir dipivoxil oral tablet</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>BARACLUDE ORAL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>entecavir oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EPIVIR HBV ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPIVIR HBV ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEPESERA ORAL TABLET</td>
<td>3 SP</td>
<td></td>
</tr>
<tr>
<td>lamivudine oral tablet 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VEMILDY ORAL TABLET</td>
<td>3 SP</td>
<td></td>
</tr>
<tr>
<td><em>HEPATITIS C AGENT - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPCLUSA ORAL TABLET</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>HARVONI ORAL PACKET</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>HARVONI ORAL TABLET 45-200 MG</td>
<td>3 PA; QL</td>
<td></td>
</tr>
<tr>
<td>HARVONI ORAL TABLET 90-400 MG</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>VOSEVI ORAL TABLET</td>
<td>3 PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td><em>HEPATITIS C AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEGASYS SUBCUTANEOUS SOLUTION</td>
<td>3 LD; SP</td>
<td></td>
</tr>
<tr>
<td>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML</td>
<td>3 SP</td>
<td></td>
</tr>
<tr>
<td>ribavirin oral capsule</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>ribavirin oral tablet 200 mg</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td><em>HERPES AGENTS - PURINE ANALOGUES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acyclovir oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

62
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>BETA BLOCKERS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ALPHA-BETA BLOCKERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>carvedilol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carvedilol phosphate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>labetalol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>BETA BLOCKERS CARDIO-SELECTIVE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acebutolol hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>atenolol oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bisoprolol fumarate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BREVIBLOC IN NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BREVIBLOC PREMIXED INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BYSTOLIC ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>esmolol hcl intravenous solution 100 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>esmolol hcl-sodium chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metoprolol succinate er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>metoprol tartrate intravenous solution 5 mg/5ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metoprol tartrate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>BETA BLOCKERS NON-SELECTIVE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEMANGEOL ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nadolol oral tablet 20 mg, 40 mg, 80 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pindolol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>propranolol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sorine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sotalol hcl (af) oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SOTALOL HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sotalol hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SOTYLIZE ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>timolol maleate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CALCIUM CHANNEL BLOCKERS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CALCIUM CHANNEL BLOCKERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amlodipine besylate oral tablet 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>CALAN SR ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</strong></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><strong>CARDIZEM ORAL TABLET 120 MG</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>CARDIZEM ORAL TABLET 30 MG, 60 MG</strong></td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>cartia xt oral capsule extended release 24 hour 240 mg, 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>CONJUPRI ORAL TABLET 2.5 MG</strong></td>
<td>3</td>
<td>ST; DO; QL</td>
</tr>
<tr>
<td><strong>CONJUPRI ORAL TABLET 5 MG</strong></td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl oral tablet 120 mg, 90 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>diltiazem hcl oral tablet 30 mg, 60 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><strong>DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>dilt-xr oral capsule extended release 24 hour 240 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>felodipine er oral tablet extended release 24 hour 10 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>isradipine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>KATERZIA ORAL SUSPENSION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>matzim la oral tablet extended release 24 hour 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%</strong></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nicardipine hcl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nicardipine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nifedipine er oral tablet extended release 24 hour 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nifedipine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NYMALIZE ORAL SOLUTION 6 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROCARDIA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>taztia xt oral capsule extended release 24 hour 240 mg, 300 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 420 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>verapamil hcl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>verapamil hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><em>CARDIOTONICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CARDIAC GLYCOSIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>digitek oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>digox oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>digoxin injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>digoxin oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>digoxin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LANOXIN INJECTION SOLUTION 0.25 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LANOXIN ORAL TABLET 62.5 MCG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LANOXIN PEDIATRIC INJECTION SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>PHOSPHODIESTERASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>milrinone lactate in dextrose intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CARDIOVASCULAR AGENTS - MISC.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td><em>NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTRESTO ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>NITRATE &amp; VASODILATOR COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIDIL ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>PERIPHERAL VASODILATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>papaverine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PROSTAGLANDIN - IMPOTENCE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAVERJECT IMPULSE INTRACAVERNOSAL KIT</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>EDEX INTRACAVERNOSAL KIT</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>MUSE URETHRAL PELLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>PROSTAGLANDIN VASODILATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>epoprostenol sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ORENITRAM ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>treprostinil injection solution</td>
<td>1 or 1b*</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TYVASO INHALATION SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TYVASO REFILL INHALATION SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TYVASO STARTER INHALATION SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VELETRI INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>VENTAVIS INHALATION SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEMPAS ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ambrisentan oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>bosentan oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TRACLEER ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TRACLEER ORAL TABLET SOLUBLE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>sildenafil citrate intravenous suspension</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>sildenafil citrate oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>alnyq oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>tadalafil (pah) oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tadalafil oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>vardenafil hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>vardenafil hcl oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cephalaxin oral capsule</td>
<td>1 or 1α*</td>
<td></td>
</tr>
<tr>
<td>cephalaxin oral suspension reconstituted</td>
<td>1 or 1α*</td>
<td></td>
</tr>
<tr>
<td>cephalaxin oral tablet</td>
<td>1 or 1α*</td>
<td></td>
</tr>
<tr>
<td>KEFLEX ORAL CAPSULE 750 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CEPHALOSPORINS - 2ND GENERATION</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cefaclor oral capsule</td>
<td>1 or 1β*</td>
<td></td>
</tr>
<tr>
<td>cefaclor oral suspension reconstituted</td>
<td>1 or 1β*</td>
<td></td>
</tr>
<tr>
<td>CEFOTAN INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</td>
<td>1 or 1β*</td>
<td></td>
</tr>
<tr>
<td>CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cefoxitin sodium injection solution reconstituted</td>
<td>1 or 1β*</td>
<td></td>
</tr>
<tr>
<td>cefoxitin sodium intravenous solution reconstituted</td>
<td>1 or 1β*</td>
<td></td>
</tr>
<tr>
<td>CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1α/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ceftriaxone sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-% (50ML), 2-2.22 GM-% (50ML)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPRAX ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPRAX ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPRAX ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Tazicef injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Tazicef intravenous solution</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TAZICEF INTRAVENOUS SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tazicef intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CEPHALOSPORINS - 4TH GENERATION</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cefepime hcl injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CEFEPIME HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-% (50ML), 2-5 GM-% (50ML)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CEPHALOSPORINS - 5TH GENERATION</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CEPHALOSPORINS - SIDEROPHORES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FETROJA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CONTRACEPTIVES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>BIPHASIC CONTRACEPTIVES - ORAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azurette oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>bekyree oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>kariva oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>LO LOESTRIN FE ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MIRCETTE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pimtrea oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>simliya oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>viorele oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>volnea oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>COMBINATION CONTRACEPTIVES - ORAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>afirmelle oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>altavera oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>alyacen 1/35 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>apri oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aubra eq oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aubra oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aurovela 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aurovela 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aurovela 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aurovela 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aurovela fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aviane oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>ayuna oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALCOLTRA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>balziva oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>BEYAZ ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>blisovi 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>blisovi fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>blisovi fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>briellyn oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>charlotte 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>chateal eq oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>chateal oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>cryselle-28 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>cyclafem 1/35 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>cyred eq oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>cyred oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>dasetta 1/35 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>delyla oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>drospiren-eth estrad-levomefol oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>drospirenone-ethinyl estradiol oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>elinesit oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>emoquette oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>enskyce oral tablet 0.15-30 mg-mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>estarylla oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>ethynodiol diac-eth estradiol oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>FALESSA ORAL KIT 20-1-0.1 MCG-MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>falmina oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>femynor oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>gemmily oral capsule</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>GENERESS FE ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hailey 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>hailey 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>hailey fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>hailey fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>isibloom oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>jasmiel oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>juleber oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>jueler oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>junel 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>junel 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>junel fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>junel fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>junel fe 24 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>kaitlib fe oral tablet chewable</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>kalliga oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>kelnor 1/35 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>kelnor 1/50 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>kurvelo oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larin 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larin 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larin 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larin fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larin fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>larissia oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>layolis fe oral tablet chewable</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>lessina oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>levora 0.15/30 (28) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>lillow oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>loestrin 1.5/30 (21) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>loestrin 1/20 (21) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>loestrin fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>loestrin fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>loryna oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>low-ogestrel oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>lo-zumandimine oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>lutera oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>marlissa oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>melodetta 24 fe oral tablet chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>merzze oral capsule</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>mibelas 24 fe oral tablet chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>microgestin 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>microgestin 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>microgestin 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>microgestin fe 1.5/30 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>microgestin fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>mili oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>MINASTRIN 24 FE ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mono-linyah oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>necon 0.5/35 (28) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nikki oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>norethine ace-ethad-f e oral capsule</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>norethine ace-ethad-f e oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>norethindone acet-ethinyl est oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>norethindone acet-ethinyl est oral tablet chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>norgestimate-ethadriol-f e oral tablet 0.25-35 mg-mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nortrel 0.5/35 (28) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nortrel 1/35 (21) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nortrel 1/35 (28) oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nymyo oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>ocella oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>orsynthia oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>philith oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>pirmella 1/35 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>portia-28 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>previfem oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>reclipsen oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>SAFYRAL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sprintec 28 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>sronyx oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>syeda oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tarina 24 fe oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>tarina fe 1/20 eq oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>tarina fe 1/20 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>TAYTULLA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TYBLUME ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>EMERGENCY CONTRACEPTIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aftera oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>econtra ez oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>econtra one-step oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ELLA ORAL TABLET</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>levonorgestrel oral tablet 1.5 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>my choice oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>my way oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>new day oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>opcicon one-step oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>option 2 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>preventza oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>react oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>take action oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>EXTENDED-CYCLE CONTRACEPTIVES - ORAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amethia lo oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>amethia oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>ashlyna oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>camrese lo oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>camrese oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>daysee oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>fayosim oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>iclevia oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>introvale oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>jaimiess oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>jolessa oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>levonorgest-eth est &amp; eth est oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>levonorgest-eth estrad 91-day oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>LOSEEASONIQUE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUARTETTE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>rivelsa oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>SEASONIQUE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>setlakin oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>simpesse oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

72
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>debilane oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>errin oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>heather oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>incassia oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>jencycla oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>lyleq oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>lyza oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>nora-be oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>norethindrone oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>norlyda oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>norlyroc oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>ORTHO MICRONOR ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sharobel oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>SLYND ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tulana oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>TRIPHASIC CONTRACEPTIVES - ORAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alyacen 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>aranelle oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>caziant oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>cyclafem 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>dasetta 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>enpresse-28 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>ESTROSTEP FE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>leena oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>levonest oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>norgestim-eth estrad triphasic oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>nortrel 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nylia 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>ORTHO TRI-CYCLEN LO ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pirmella 7/7/7 oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>tilia fe oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tri femynor oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tri-estarylla oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tri-legest fe oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tri-linyah oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>CORTICOSTEROIDS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>GLUCOCORTICOSTEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALKINDI SPRINKLE ORAL CAPSULE SPRinkle</td>
<td>3</td>
<td>PA: QL; LD</td>
</tr>
<tr>
<td>budesonide er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>budesonide oral capsule delayed release particles</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CORTEF ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>decadron oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DEPO-MEDROL INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXABLISS ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral elixir</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>dexamethasone oral tablet therapy pack</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sod phosphate pf injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DXEVO 11-DAY ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENTOCORT EC ORAL Capsule Delayed Release Particles</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEMADY ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KENALOG INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KENALOG-80 INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MEDROL ORAL TABLET 2 MG</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MEDROL ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone oral tablet therapy pack</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MILLIPRED ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORAPRED ODT ORAL TABLET DISPERESIBLE 10 MG, 30 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORAPRED ODT ORAL TABLET DISPERESIBLE 15 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PEDIAPRED ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral solution 100 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>prednisolone sodium phosphate oral tablet dispersible 15 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>PREDNISONE INTENSOL ORAL CONCENTRATE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisone oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>prednisone oral tablet therapy pack</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>taperdex 12-day oral tablet therapy pack</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>taperdex 6-day oral tablet therapy pack</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>taperdex 7-day oral tablet therapy pack 1.5 mg (27)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>PA</td>
</tr>
<tr>
<td>ZCORT 7-DAY ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>MINERALOCORTICOI DS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fludrocortisone acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>STEROID COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSP 0820 INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELESTONE SOLUSPAN INJECTION SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>COUGH/COLD/ALLERGY</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTITISSIVE - NONNARCOTIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benzonatate oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TESSALON PERLES ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTITISSIVE - OPIOID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYCODAN ORAL SYRUP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrocodone-homatropine oral syrup</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>hydrocodone-homatropine oral tablet</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>hydromet oral syrup</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td><em>ANTITISSIVE - EXPECTORANT</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CODITUSSIN AC ORAL LIQUID</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>gu tussin ac oral solution</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>guaiatussin ac oral syrup</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>guaifenesin ac oral syrup</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>guaifenesin-codeine oral solution</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>MAR-COF CG EXPECTORANT ORAL LIQUID</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>maxi-tuss ac oral solution</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>M-CLEAR WC ORAL SOLUTION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>NINJACOF-XG ORAL LIQUID</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>trymine cg oral liquid</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>virtussin a/c oral solution</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td>virtussin ac w/alc oral liquid</td>
<td>1 or 1a*</td>
<td>OTC</td>
</tr>
<tr>
<td><em>ANTITISSIVE - EXPECTORANTS - DECONGESTANT</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CODITUSSIN DAC ORAL LIQUID</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>TUSNEL C ORAL SYRUP</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>VIRTUSSIN DAC ORAL SOLUTION</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td><em>DECONGESTANT &amp; ANTIHISTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>promethazine-phenylephrine oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>DECONGESTANT W/ EXPECTORANT</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GILPHEX TR ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>IODINE EXPECTORANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSKI ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MISC. RESPIRATORY INHALANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYPERSAL INHALATION NEBULIZATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium chloride inhalation nebulization solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MUCOLYTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetylcysteine inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>NON-NARC ANTIITUSSIVE- ANTIHISTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>promethazine-dm oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>NON-NARC ANTIITUSSIVE- DECONGESTANT- ANTIHISTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPIOID ANTIITUSSIVE- ANTIHISTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hydrocod polst-cpm polst er oral suspension extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>promethazine-codeine oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>promethazine-codeine oral syrup</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPID ANTITUSIVE-DECONGESTANT-ANTIHISTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPCOF ORAL SYRUP</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>HISTEX-AC ORAL SYRUP</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>MAR-COF BP ORAL LIQUID</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>MAXI-TUSS CD ORAL LIQUID</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>M-END PE ORAL LIQUID</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>promethazine-phenylephrine-codeine oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>RYDEX ORAL LIQUID</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td><em>DERMATOLOGICALS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ACNE ANTIBIOTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEOCIN-T EXTERNAL LOTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>clindacin etz external swab</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindacin-p external swab</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate external foam</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate external swab</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dapsone external gel</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ery external pad</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ERYGEL EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>erythromycin external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>erythromycin external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ACNE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>adapalene-benzoyl peroxide external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>BENZAMYCIN EXTERNAL GEL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>benzoil peroxide-erythromycin external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clindamycin-tretinoin external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neuc external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ONEXTON EXTERNAL GEL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>sulfacetamid sod-sulfur wash external liquid</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>TAROXIA EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ACNE PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABSORICA LD ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ABSORICA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>accutane oral capsule 20 mg, 30 mg, 40 mg</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>adapalene external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>adapalene external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>adapalene external pad</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>AKLIEF EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>amnesteem oral capsule</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ARAZLO EXTERNAL LOTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>avita external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>avita external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>bp wash external liquid 2.5 %, 7 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>claravis oral capsule</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>isoretinoin oral capsule</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>myorisan oral capsule</td>
<td>2</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>tretinoin external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tretinoin external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tretinoin microsphere external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tretinoin microsphere pump external gel</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>zenatane oral capsule</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEREGEN EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR FACIAL WRINKLES - RETINOIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>refissa external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RENOVA EXTERNAL CREAM</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RENOVA PUMP EXTERNAL CREAM</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>tretinoin (emollient) external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIBIOTIC STEROID COMBINATIONS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEO-SYNALAR EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIBIOTICS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALTABAX EXTERNAL OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CENTANY EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mupirocin calcium external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mupirocin external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XPEI EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTIFUNGALS - TOPICAL COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clotrimazole-betamethasone external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clotrimazole-betamethasone external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>miconazole-zinc oxide-petrolat external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin-triamcinolone external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VUSION EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIFUNGALS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ciclopirox external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox external shampoo</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ciclopirox olamine external suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LOPROX EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>LOPROX EXTERNAL SHAMPOO</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOPROX EXTERNAL SUSPENSION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>MENTAX EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>naftifine hcl external cream 1 %</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>naftifine hcl external cream 2 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>naftifine hcl external gel</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>NAFTIN EXTERNAL GEL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>nyamyc external powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nystatin external powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTI-INFLAMMATORY AGENTS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium external gel 1%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALCHLOR EXTERNAL GEL</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARAC EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>EFUDEX EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>FLUOROPLEX EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>fluorouracil external cream 0.5%</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>fluorouracil external cream 5%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluorouracil external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICATO EXTERNAL GEL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium external gel 3%</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTINEOPLASTIC RETINOIDS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANRETIN EXTERNAL GEL</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>ANTIPRURITICS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxepin hcl external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIPSORIATICS - SYSTEMIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acitretin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>methoxsalen rapid oral capsule</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>OXSORALEN ULTRA ORAL CAPSULE</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SORIATANE ORAL CAPSULE 10 MG, 25 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ANTIPSORIATICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcipotriene external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CALCIPOTRIENE EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>calcipotriene external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>calcipotriene external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>calcitrene external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcitriol external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DOVONEX EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SORILUX EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tazarotene external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TAZORAC EXTERNAL CREAM 0.05%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TAZORAC EXTERNAL GEL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ANTISEBORRHEIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTISEBORRHEIC PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>selenium sulfide external lotion</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>ANTIVIRAL TOPICAL COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XERESE EXTERNAL CREAM</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ANTIVIRALS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acyclovir external cream</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>acyclovir external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DENAVIR EXTERNAL CREAM</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZOVIRAX EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PEN-Injector</td>
<td>2 SP</td>
<td></td>
</tr>
<tr>
<td>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>2 SP</td>
<td></td>
</tr>
<tr>
<td><em>BURN PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mafenide acetate external packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SILVADENE EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>silver sulfadiazine external cream</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ssd external cream</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLON EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SULFAMYLON EXTERNAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CORTICOSTEROIDS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ala-cort external cream</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alclometasone dipropionate external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amcinonide external cream</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>amcinonide external lotion</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>beser external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate aug external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate aug external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate aug external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone dipropionate external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>betamethasone valerate external foam</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>betamethasone valerate external lotion</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>betamethasone valerate external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clobetasol prop emollient base external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate e external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate emulsion external foam</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external foam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external gel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external liquid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external lotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external ointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external shampoo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clobetasol propionate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>external solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clocortolone pivalate</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>external cream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clodan external shampoo</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desonide external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desonide external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desonide external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desonide external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desoximetasone external cream</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>desoximetasone gel</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>desoximetasone liquid</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>desoximetasone ointment</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>diflorasone dicacetate external cream</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>diflorasone dicacetate external ointment</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>fluocinolone acetonide body external oil</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>fluocinolone acetonide cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide scalp external oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone emulsified base external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

80
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>tovet external foam</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide external aerosol solution</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>triamcinolone acetonide external cream</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide external lotion</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide external ointment 0.05 %</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>triderm external cream</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>DEPIGMENTING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>blanche external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rem emergent hq external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>DEPIGMENTING COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRI-LUMA EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>EMOLLIENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lactic acid e external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>EMOLLIENT/KERATO LYTIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEROVEL EXTERNAL LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>EMOLLIENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ammonium lactate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ammonium lactate external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactic acid external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ENZYMES - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANTYL EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GLABELLAR LINES (FROWN LINES) AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clotrimazole external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clotrimazole external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>econazole nitrate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ECOZA EXTERNAL FOAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ERTACZO EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>EXELDERM EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>EXELDERM EXTERNAL SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>EXTINA EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>JUBLIA EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketoconazole external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoconazole external foam</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ketoconazole external shampoo 2 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>luliconazole external cream</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>LALUZU EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>oxiconazole nitrate external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OXISTAT EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>OXISTAT EXTERNAL LOTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>sulconazole nitrate external cream</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>sulconazole nitrate external solution</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>XOLEGEL EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>IMMUNOMODULATOR S IMIDAZOQUINOLINAMI NES - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDARA EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>imiquimod external cream 3.75 %</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>imiquimod external cream 5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>imiquimod pump external cream</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ZYCLARA EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZYCLARA PUMP EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>KERATOLYTIC/ANTIMITOTIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONDYLOX EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>podofilox external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>LOCAL ANESTHETICS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>glydo external prefilled syringe</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine external ointment 5%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine external patch 5%</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>lidocaine hcl external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl urethral/mucosal external prefilled syringe</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pimecrolimus external cream</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>tacrolimus external ointment</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCENESSE SUBCUTANEOUS IMPLANT</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>MISC. DERMATOLOGICAL PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILIDERM EXTERNAL EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MISC. TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORIC ACID EXTERNAL GRANULES</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QBREXZA EXTERNAL PAD</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VANIQA EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OXABOROLE-RELATED ANTFUNGALS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KERYDIN EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tavaborole external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUCRISA EXTERNAL OINTMENT</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>PHOTODYNAMIC THERAPY AGENTS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMELUZ EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PROSTAGLANDINS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bimatoprost external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LATISSE EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ROSACEA AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelaic acid external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FINACEA EXTERNAL FOAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>METROCREAM EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>metronidazole external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>metronidazole external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>metronidazole external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MIRVASO EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORITATE EXTERNAL CREAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>RHOFAD EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>rosadan external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rosadan external gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SOOLANTRA EXTERNAL CREAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ZILXI EXTERNAL FOAM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

82
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>SCABICIDES &amp; PEDICULICIDES</em>**</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>crotan external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ELIMITE EXTERNAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ivermectin external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lindane external shampoo</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>malathion external lotion</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NATROBA EXTERNAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OVIDE EXTERNAL LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>permethrin external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SKLICE EXTERNAL LOTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spinosad external suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SULFURATED LIME EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>SEBORRHEIC KERATOSIS PRODUCTS</em>*</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ESKATA EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>SKIN CLEANSERS</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ESSENTRA WIPES 9X9&quot; EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>STEROID-LOCAL ANESTHETIC COMBINATIONS</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPIFOAM EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE EXTERNAL CREAM 1-1 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRAMOSONE EXTERNAL LOTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>TAR PRODUCTS</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>coal tar external solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>TISSUE REPLACEMENTS</em>**</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AFFINITY EXTERNAL SHEET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMNIOFIX INJECTION SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>TOPICAL ANESTHETIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLEXIN EXTERNAL PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine-prilocaine external cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine-prilocaine external kit</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREPIV SUPPLY COMBINATION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRILO PATCH II EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TARGRETIN EXTERNAL GEL</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>TOPICAL STEROID COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcipotriene-betameth diprop external ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>calcipotriene-betameth diprop external suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DUOBRII EXTERNAL LOTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ENSTILAR EXTERNAL FOAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TACLONEX EXTERNAL OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TACLONEX EXTERNAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>TYPE II 5-ALPHA REDUCTASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>finasteride oral tablet 1 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROPECIA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>WOUND CARE - GROWTH FACTOR AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REGRANEX EXTERNAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>WOUND DRESSINGS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KENDALL HYDROGEL WOUND DRESS EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEGADERM AG MESH EXTERNAL PAD 2&quot;X2&quot;</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>DIAGNOSTIC PRODUCTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>DIAGNOSTIC TESTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCU-CHEK AVIVA PLUS IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK COMPACT PLUS IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK GUIDE IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK SMARTVIEW IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCUTREN GLUCOSE IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ONETOUC Ultra IN VITRO STRIP</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ONETOUC VERIO IN VITRO STRIP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td><em>DIURETICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CARBONIC ANHYDRASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetazolamide er capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetazolamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>acetazolamide sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KEVEYIS ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>methazolamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*DIURETIC COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDACTAZIDE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amiloride-hydrochlorothiazide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MAXZIDE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXZIDE-25 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spironolactone-hctz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triamterene-hctz oral capsule 37.5-25 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamterene-hctz oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
</tbody>
</table>

*LOOP DIURETICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>bumetanide injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bumetanide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BUMEX ORAL TABLET 0.5 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EDECRIN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ethacrynate sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ethacrynate acid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FUROSEMIDE IN SODIUM CHLORIDE INTRavenous SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>furosemide injection solution 10 mg/ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>furosemide oral solution 10 mg/ml, 8 mg/ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>furosemide oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LASIX ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SODIUM EDECRIN INTRavenous SOLUTION REconstituted</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>torsemide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*OSMOTIC DIURETICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>manni tol intravenous solution 20 %, 25 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>osmitrol intravenous solution 10 %, 15 %, 20 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*POTASSIUM SPARING DIURETICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDACTONE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amiloride hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CAROSPIR ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>spironolactone oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>triamterene oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*THIAZIDES AND THIAZIDE-LIKE DIURETICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlorothiazide sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlorothalidone oral tablet 25 mg, 50 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>DIURIL ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydrochlorothiazide oral capsule</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</td>
<td>1 or 1a*</td>
<td>DO</td>
</tr>
<tr>
<td>hydrochlorothiazide oral tablet 50 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>indapamide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>metolazone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SODIUM DIURIL INTRavenous SOLUTION REconstituted</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*ENDOCRINE AND METABOLIC AGENTS - MISC.*

*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIFEPRERX ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mifepristone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ADENOSINE DEAMINASE SCID TREATMENT - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVCOV INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>BISPHOSPHONATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTONEL ORAL TABLET 150 MG, 35 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>alendronate sodium oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ATELVIA ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BINOSTO ORAL TABLET EFFERVESCENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BONIVA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BONIVA ORAL TABLET 150 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>FOSAMAX ORAL TABLET 70 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FOSAMAX PLUS D ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ibandronate sodium intravenous solution 3 mg/3ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ibandronate sodium oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>pamidronate disodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>RECLAST INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>risedronate sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zoledronic acid intravenous concentrate</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>Zoledronic acid intravenous solution 4 mg/100ml</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>zoledronic acid intravenous solution 5 mg/100ml</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>CALCIMIMETIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cinacalcet hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>PARSABIV INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>SENSIPAR ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>CALCITONINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calcitonin (salmon) nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MIACALCIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CARNITINE REPLENISHER - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARNITOR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARNITOR ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARNITOR ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARNITOR SF ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levocarnitine oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levocarnitine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levocarnitine sf oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CORTICOTROPIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTHAR INJECTION GEL</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>CORTISOL SYNTHESIS INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISTURISA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>DOPAMINE RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cabergoline oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FABRY DISEASE - AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>GALAFOLD ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>GAA DEFICIENCY TREATMENT - AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>GNRH/LHRH ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ORILISSA ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RECEPTOR ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>GROWTH HORMONE RELEASING HORMONES (GHRH)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>GROWTH HORMONES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>paricalcitol intravenous solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>paricalcitol oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ROCALTROL ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ROCALTROL ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZEMPLAR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>HYPOPHOSPHATASIA (HPP) AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STRENSIQ SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS (IGF-1R)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INCRELEX SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>LEPTIN ANALOGUES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>LHRH/GNRH AGONIST ANALOG COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUPANETA PACK COMBINATION KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FENSOLVI (6 MONTH) SUBCUTANEOUS KIT</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SUPPRELIN LA SUBCUTANEOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SYNAREL NASAL SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KANUMA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALDURAZYME INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELAPRASE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIMIZIM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAGLAZYME INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPSEVII INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVULATION STIMULANTS-GONADOTROPINS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GONAL-F INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>2</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>OVIDREL SUBCUTANEOUS INJECTABLE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>OVULATION STIMULANTS-SYNTHETIC</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clomiphene citrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>PARATHYROID HORMONE AND DERIVATIVES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>NATPARA SUBCUTANEOUS CARTRIDGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>PHENYLKETONURIA TREATMENT - AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUVAN ORAL PACKET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>KUVAN ORAL TABLET SOLUBLE</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>sapropterin dihydrochloride oral packet</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>sapropterin dihydrochloride oral tablet soluble</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>RANK LIGAND (RANKL) INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>XGEVA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>SCLEROSTIN INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVISTA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OSPHENA ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>raloxifene hcl oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><strong>SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>JYNARQUE ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>SAMSCA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>tolvaptan oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

89
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>SOMATOSTATIC AGENTS</em>**</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-JECTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYCAPSSA ORAL CAPSULE DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>SIGNIFOR SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>UREA CYCLE DISORDER - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMMONUL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BUPHENYL ORAL POWDER 3 GM/TSP</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>BUPHENYL ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>RAVICTI ORAL LIQUID</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>sod benz-sod phenylacet intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium phenylbutyrate oral powder 3 gm/tsp</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>sodium phenylbutyrate oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAPRISOL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VASOPRESSIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DDAVP INJECTION SOLUTION 4 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DDAVP ORAL TABLET 0.1 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>DDAVP ORAL TABLET 0.2 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DDAVP RHINAL TUBE NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>desmopressin ace spray refrig nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate oral tablet 0.1 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>desmopressin acetate oral tablet 0.2 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>desmopressin acetate spray nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NOCDURNA SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>STIMATE NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VASOSTRICT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRYSVITA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ESTROGENS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ESTROGEN &amp; PROGESTIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVELLA ORAL TABLET 1-0.5 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>amabelz oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ANGELIQ ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BLIJUVA ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>estradiol-norethindrone acet oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FEMHRT LOW DOSE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fyavolv oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>jinteli oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mimvvey oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norethindrone-eth estradiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREFEST ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREMPHASE ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PREMPRO ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGEN-PROGESTIN-GNRH ANTAGONIST</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIAHNN ORAL CAPSULE THERAPY PACK</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ESTROGENS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALORA TRANSDERMAL PATCH TWICE WEEKLY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLIMARA TRANSDERMAL PATCH WEEKLY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DELESTROGEN INTRAMUSCULAR OIL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEPO-ESTRADIOL INTRAMUSCULAR OIL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIVIGEL TRANSDERMAL GEL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dotti transdermal patch twice weekly</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ELESTRIN TRANSDERMAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ESTRADIOL IMPLANT PELLET 6 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>estradiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>estradiol transdermal patch twice weekly</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>levofloxacin intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levofloxacin oral solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>levofloxacin oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>moxifloxacin hcl in nacl intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN HCL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ofloxacin oral tablet 300 mg</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ofloxacin oral tablet 400 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GASTROINTESTINAL AGENTS - MISC.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>BILE ACID SYNTHESIS DISORDER AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOLBAM ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>FARNESOID X RECEPTOR (FXR) AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCALIVA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>GALLSTONE SOLUBILIZING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHENODAL ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>URSO 250 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>URSO FORTE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ursodiol oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ursodiol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GASTROINTESTINAL ANTIALLERGY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium oral concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GASTROCROM ORAL CONCENTRATE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMITIZA ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>lubiprostone oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
</tr>
<tr>
<td><em>GASTROINTESTINAL STIMULANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXPANTHENOL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GIMOTI NASAL SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>metoclopramide hcl injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>METOCLOPRAMIDE HCL ORAL TABLET DISPERISIBLE 10 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>metoclopramide hcl oral tablet dispersible 5 mg</td>
<td>1 or 1a*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>REGLAN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GATTEX SUBCUTANEOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LINZESS ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>IBS AGENT - MU-OPIOID RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIBERZI ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alosetron hcl oral tablet</td>
<td>1 or 1b*</td>
<td>PA: QL</td>
</tr>
<tr>
<td>LOTRONEX ORAL TABLET</td>
<td>3</td>
<td>PA: QL</td>
</tr>
<tr>
<td><em>INFLAMMATORY BOWEL AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AZULFIDINE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>balsalazide disodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CANASA RECTAL SUPPOSITORY</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DELZICOL ORAL CAPSULE DELAYED RELEASE</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>DIPENTUM ORAL CAPSULE</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>mesalamine er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mesalamine oral capsule delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mesalamine oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mesalamine rectal enema</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mesalamine rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mesalamine-cleanser rectal kit</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PENTASA ORAL CAPSULE EXTENDED RELEASE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ROWASA RECTAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SFROWASA RECTAL ENEMA</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfasalazine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sulfasalazine oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>INTEGRIN RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>INTERLEUKIN ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STELARA INTRAVENOUS SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>INTESTINAL ACIDIFIERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>enulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>generlac oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactulose encephalopathy oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alvimopan oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ENTEREG ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOVANTIK ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>RELISTOR ORAL TABLET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>SYMPROIC ORAL TABLET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td><em>PHOSPHATE BINDER AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AURYXIA ORAL TABLET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phos binder) oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>calcium acetate (phos binder) oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>calcium acetate oral tablet 667 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL ORAL PACKET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>lanthanum carbonate oral tablet chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PHOSLYRA ORAL SOLUTION</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>RENVELA ORAL PACKET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>RENVELA ORAL TABLET</td>
<td>3 ST; QL</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sevelamer carbonate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sevelamer hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>TRYPTOPHAN HYDROXYLASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XERMELO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>TUMOR NECROSIS FACTOR ALPHA BLOCKERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>GENERAL ANESTHETICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANESTHETICS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMIDATE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40A INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40H INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANESTHESIA S/I-40S INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>etomidate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KETALAR INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VOLATILE ANESTHETICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>desflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FORANE INHALATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>isoflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sevoflurane inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SUPRANE INHALATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>terral inhalation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ULTANE INHALATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GENITOURINARY AGENTS - MISCELLANEOUS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>5-ALPHA REDUCTASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dutasteride oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>finasteride oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROSCAR ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ALPHA 1-ADRENOCEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alfuzosin hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>silodosin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tamsulosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>ANTI-INFECTIVE GENITOURINARY IRRIGANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin b gu irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CITRATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pot &amp; sod cit-cit ac oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium citrate er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYSTINOSIS AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYSTAGON ORAL CAPSULE</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>PROCYSBI ORAL CAPSULE DELAYED RELEASE</td>
<td>3</td>
<td>ST; QL; LD</td>
</tr>
<tr>
<td>PROCYSBI ORAL PACKET</td>
<td>3</td>
<td>ST; QL; LD</td>
</tr>
<tr>
<td><em>GENITOURINARY IRRIGANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>aminoacetic acid irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>argyle sterile saline irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>curity sterile saline irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>glycine irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>glycine urologic irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RENACIDIN IRRIGATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RESECTISOL IRRIGATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium chloride irrigation solution 0.9 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SORBITOL IRRIGATION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>INTERSTITIAL CYSTITIS AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELMIRON ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RIMSO-50 INTRAVESICAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PHOSPHATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-PHOS NO 2 ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PROSTATIC HYPERTROPHY AGENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dutasteride-tamsulosin hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>JALYN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>URINARY STONE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LITHOSTAT ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THIOLA EC ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>VESICOURETERAL REFUX (VUR) AGENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEFLUX INJECTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>GOUT AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>GOUT AGENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>colchicine-probenecid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>GOUT AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>allopurinol oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>allopurinol sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>colchicine oral tablet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>febuxostat oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>GLOPERBA ORAL SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KRYSTEXXA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZYLOPRIM ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>URICOSURICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>probenecid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>HEMATOLOGICAL AGENTS - MISC.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIVLAARI SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEMLIBRA SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTIHEMOPHILIC PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>AFSTYLA INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BENEFIX INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>CORIFACT INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>JIVI INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>KCENTRA INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KOATE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------</td>
<td>------------------------</td>
</tr>
<tr>
<td>KOATE-DVI</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KOGENATE FS</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS KIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KOVALTRY</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONONINE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOVOEIGHT</td>
<td>2</td>
<td>LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOVOSEVEN RT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUWIQ INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>NUWIQ INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBIZUR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFILNINE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REBINYN</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECOMBINATE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIASTAP</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIXUBIS</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEVENFACT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRETENN</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VONVENDEI</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WILATE INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>XYNTHA</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYNTHA SOLOFUSE INTRAVENOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>ANTI-VON WILLEBRAND FACTOR AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CABLIVI INJECTION KIT</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>BRADYKININ B2 RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRAZYR</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SUBCUTANEOUS SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>icatibant acetate subcutaneous solution</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>C1 INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BERINERT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS KIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CINRYZE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAEGARDA</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>SUBCUTANEOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUCONEST</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>COMPLEMENT INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ULTOMIRIS INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>DIRECT-ACTING P2Y12 INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRILINTA ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>GLYCOPROTEIN IIb/IIIa RECEPTOR INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGGRASTAT INTRAVENOUS CONCENTRATE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 75 MG/100ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>HEMATORHEOLOGIC AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pentoxifylline er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>HEMIN</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN PROTEIN C</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><strong>PHOSPHODIESTERASE III INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cilostazol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PLASMA EXPANDERS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HESPAN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HETASTARCH-NACL INTRAVENOUS SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIRECT-ACTING P2Y12 INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LMD IN D5W INTRAVENOUS SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LMD IN NaCL INTRAVENOUS SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEMATORHEOLOGIC AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pentoxifylline er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>HEMIN</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN PROTEIN C</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><strong>PHOSPHODIESTERASE III INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cilostazol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PLASMA EXPANDERS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HESPAN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>plaSbumin-25 intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>plaSbumin-5 intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PLASMANATE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PLATELET AGGREGATION INHIBITOR COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin-dipyridamole er oral capsule extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>YOSPRALA ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>PLATELET AGGREGATION INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dipyridamole oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>PROTAMINE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>protamine sulfate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZONTIVITY ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>QUINAZOLINE AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGRYLIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>anagrelide hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SPLN TYROSINE KINASE (SYK) INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAVALISSE ORAL TABLET</td>
<td>3</td>
<td>PA: QL; LD</td>
</tr>
<tr>
<td><em>THIENOPYRIDINE DERIVATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clopidogrel bisulfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prasugrel hcl oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>prasugrel hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td><em>THROMBOLOYTIC AGENT - MISC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEFITELIO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>TISSUE PLASMINOGEN ACTIVATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RETAVASE INTRAVENOUS KIT 2 X 10 UNIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TNKASE INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HEMATOPOIETIC AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR GAUCHER DISEASE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERDELGA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>miglustat oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>AMINO ACIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDARI ORAL PACKET</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>COBALAMIN COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIPO-B INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>COBALAMINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyanocobalamin injection solution 1000 mcg/ml</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydroxocobalamin acetate intramuscular solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CXCR4 RECEPTOR ANTAGONIST</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOZOBIL SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>CYTOTOXIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DROXIA ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SIKLOS ORAL TABLET</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>PROCRIT INJECTION SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>FOLIC ACID/FOLATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fa-vitamin b-6-vitamin b-12 oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FOLGARD RX ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>foltabs 800 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>millguard oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>FOLIC ACID/FOLATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cvs folic acid oral tablet 800 mcg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>fa-8 oral capsule</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>fa-8 oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>folate oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>folic acid injection solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>folic acid oral capsule 0.8 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>folic acid oral tablet 1 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>folic acid oral tablet 400 mcg, 800 mcg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

100
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>hm folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kp folic acid oral tablet 800 mcg</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>px folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>qc folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>yl folic acid oral tablet</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

**GRANULOCYTE/MACRophage COLONY-STIMULATING FACTOR(GM-CSF)***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXBYRTA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>foltrin oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*IRON***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERAHHEME INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FERRLECTT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INFED INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INJECTAFER INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MONOFERRIC INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRIFERIC HEMODIALYSIS PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRIFERIC HEMODIALYSIS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VENOFER INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*SELECTIN BLOCKERS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAKVEO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>THROMBOPOIETIN (TPO) RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPTELET ORAL TABLET 20 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MULPLETA ORAL TABLET</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET 12.5 MG</td>
<td>3</td>
<td>PA; DO; QL; LD; SP</td>
</tr>
<tr>
<td>PROMACTA ORAL PACKET 25 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 12.5 MG, 25 MG</td>
<td>3</td>
<td>PA; DO; QL; LD; SP</td>
</tr>
<tr>
<td>PROMACTA ORAL TABLET 50 MG, 75 MG</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>HEMOSTATICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>HEMOSTATIC COMBINATIONS - TOPOCAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTISS EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBI-GEL 10 EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBI-GEL 100 EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBI-GEL 40 EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBI-PAD EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TISSEEL EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TISSEEL EXTERNAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HEMOSTATICS - SYSTEMIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMICAR ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMICAR ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>aminocaproic acid intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>aminocaproic acid oral solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aminocaproic acid oral tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LYSTEDA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tranexamic acid intravenous solution 1000 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tranexamic acid oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HEMOSTATICS - TOPICAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTIFOAM COLLAGEN SPONGE EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AVITENE EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AVITENE FLOUR EXTERNAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENDO AVITENE EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GEL-FLOW NT EXTERNAL PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM COMPRESSED SIZE 100 EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM DENTAL PACK SIZE 4 EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM MOUTH/THROAT POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM SPONGE EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM SPONGE SIZE 100 EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM SPONGE SIZE 200 EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GELFOAM SPONGE SIZE 50 EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INSTAT EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTERCEED (TC7) EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTERCEED EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

102
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECOTHROM EXTERNAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SURGICEL FIBRILLAR EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SURGICEL NU-KNIT EXTERNAL PAD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SYRINGE AVITENE EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TACHOSIL EXTERNAL PATCH</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBIN-JMI EPISTAXIS EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBIN-JMI EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBOGEN EXTERNAL KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 8X25X1CM EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>HYPNOTICS/SEDATIVE/SLEEP DISORDER AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEMBUTAL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenobarbital sodium injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenobarbital oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenobarbital oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>BENZODIAZEPINE HYPNOTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DORAL ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>estazolam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>flurazepam hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>HALCION ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>midazolam hcl oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 5-0.9 MG/5ML-%, 55-0.9 MG/55ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>quazepam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>RESTORIL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>temazepam oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triazolam oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>HYPNOTICS - TRICYCLIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>doxepin hcl oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILENOR ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDLUAR SUBLINGUAL TABLET SUBLINGUAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>eszopiclone oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zaleplon oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zolpidem tartrate er oral tablet extended release</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>zolpidem tartrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zolpidem tartrate sublingual tablet sublingual</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ZOLPIMIST ORAL SOLUTION</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>OREXIN RECEPTOR ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELSOMRA ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DAYVIGO ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dexametomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dexametomidine hcl intravenous solution 200 mcg/2ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>SELECTIVE MELATONIN RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HETLIOZ ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>ramelteon oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>LAXATIVES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLENPIQ ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>gavilyte-c oral solution reconstituted</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>gavilyte-g oral solution reconstituted</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>gavilyte-h oral kit</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>gavilyte-n with flavor pack oral solution reconstituted</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOVIPREP ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>peg-3350/electrolytes oral solution reconstituted</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>peg-3350/electrolytes/ascorbate oral solution reconstituted</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>peg-kcl-nacl-nasulf-naasc-c oral solution reconstituted</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>peg-prep oral kit</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>PLENVU ORAL SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUPREP BOWEL PREP KIT ORAL SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>LAXATIVES - MISCELLANEOUS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>constulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cvs purelax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>cvs purelax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gavelax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gentlelax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>glycolax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp clearlax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>healthylax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm clearlax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kls laxaclear oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>KRISTALOSE ORAL PACKET</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>LACTULOSE ORAL PACKET</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactulose oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mm clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>peg 3350 oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>peg 3350 oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>polyethylene glycol 3350 oral packet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>polyethylene glycol 3350 oral powder</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>qc natura-lax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra laxative oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sb polyethylene glycol 3350 oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm clearlax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>smooth lax oral packet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>smooth lax oral powder</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>LUBRICANT LAXATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mineral oil heavy oral oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SALINE LAXATIVE MIXTURES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSMOPREP ORAL TABLET</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><em>SALINE LAXATIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>citrate of magnesia oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>citroma oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs citrate of magnesia oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>dulcolax milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>dulcolax oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>magnesium citrate oral solution 1.745 gm/30ml</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>milk of magnesia concentrate oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>phillips milk of magnesia oral suspension 400 mg/5ml</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>px milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>qe magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>qe milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sb magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sb milk of magnesia oral suspension</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm magnesium citrate oral solution</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm milk of magnesia oral suspension 1200 mg/15ml</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STIMULANT LAXATIVES</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alophen oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>bisacodyl ec oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><strong>CASCARA SAGRADA ORAL FLUID EXTRACT</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>correctol oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs bisacodyl oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs c-lax laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs gentle laxative womens oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ducodyl oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ex-lax ultra oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>feenamint oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp bis-a-lax oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp womens gentle laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp womens laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense bisacodyl ec oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense Womens laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm laxative oral tablet delayed release</td>
<td>1 or 1a*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

* *LOCAL ANESTHETICS-PARENTERAL*

* *LOCAL ANESTHETIC & SYMPATHOMIMETIC**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>articadent dental injection solution cartridge</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% - 1:100000</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:100000</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CITANEST FORTE DENTAL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine-epinephrine injection solution 0.5 % - 1:200000, 1 % - 1:100000, 1.5 % - 1:200000, 2 % - 1:100000, 2 % - 1:50000</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MARCAINE/EPINEPHRINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCAINE/EPINEPHRINE PF INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ORABLOC INJECTION SOLUTION CARTRIDGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sensorcaine/epinephrine injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% - 1:200000</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>xylocaine dental injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE/EPINEPHRINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>LOCAL ANESTHETIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POINT OF CARE LM-2.5 INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>LOCAL ANESTHETICS - AMIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE FISIOPHARMA INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bupivacaine hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine hcl injection solution 0.25 %, 0.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bupivacaine in dextrose intrathecal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>bupivacaine spinal intrathecal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CARBOCAINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CITANEST PLAIN DENTAL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl injection solution 0.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lidocaine hcl intradermal jet-injector</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LIDOCAINE IN DEXTROSE SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCAINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCAINE PRESERVATIVE FREE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MARCAINE SPINAL INTRATHECAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MONOJECT BONE MARROW BIOPSY INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NAROPIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>polocaine injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>polocaine-mpf injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sensorcaine injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sensorcaine-mpf injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZINGO INTRADERMAL JET-INJECTOR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>LOCAL ANESTHETICS - ESTERS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chloroprocaine hcl (pf) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLOROTEKAL INTRATHECAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NESACAINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NESACAINE-MPF INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MACROLIDES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AZITHROMYCIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azithromycin intravenous solution reconstituted 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>azithromycin oral packet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>azithromycin oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>azithromycin oral tablet 250 mg, 500 mg, 600 mg</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZITHROMAX ORAL PACKET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZITHROMAX ORAL TABLET 250 MG, 500 MG</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZITHROMAX TRI-PAK ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>ZITHROMAX Z-PAK ORAL TABLET</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td><em>CLARITHROMYCIN</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clarithromycin er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clarithromycin oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ERYTHROMYCINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.e.s. 400 oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ery-tab oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td><em>GLUCOSE MONITORING TEST SUPPLIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IST TIER UNILET COMFORTOUCH</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK FASTCLIX LANCET KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ACCU-CHEK FASTCLIX LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK MULTICLIX LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK SAFE-T PRO LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACCU-CHEK SOFTCLIX LANCET DEV KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ACCU-CHEK SOFTCLIX LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACTI-LANCE 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACTI-LANCE LITE LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACTI-LANCE SPECIAL LANCETS 17G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ACTI-LANCE UNIVERSAL 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ADJUSTABLE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ADVANCED MOBILE LANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ADVOCATE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ADVOCATE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ADVOCATE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ADVOCATE RAPID-SAFE LANCING</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ADVOCATE SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ADVOCATE SAFETY LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AGAMATRIX ULTRA-THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AIMSCO TWIST LANCETS 32G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AIMSCO TWIST LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AQUALANCE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE COMFORT LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE HAEMOLANCE PLUS HIGH</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE HAEMOLANCE PLUS LOW</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE HAEMOLANCE PLUS MICRO</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE HAEMOLANCE PLUS NORMAL</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE HAEMOLANCE PLUS PED</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE LANCE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE LANCE LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE LANCE PLUS SAFETY 25G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE LANCE PLUS SAFETY 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ASSURE LANCE SAFETY LANCET 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AURORA LANCET SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AURORA LANCET THIN 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>AUTO-LANCET</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTO-LANCET MINI</td>
<td>2</td>
<td>OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTOLET II CLINISAFE KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET LITE CLINISAFE KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET LITE STARTER PACK KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET MINI</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET PLATFORMS</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>AUTOLET PLUS</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>BD LANCET ULTRAFINE 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>BD LANCET ULTRAFINE 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>BD MICROTAINER LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARDIOCOM LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>CAREONE ADVANCED LANCING DEV</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>CAREONE LANCET SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CAREONE LANCET THIN 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARESENS LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH LANCING/EJECTOR</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>CARETOUCH SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH SAFETY LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH TWIST LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH TWIST LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH TWIST LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CLEANLET LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CLEVER CHEK LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CLEVER CHOICE LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CLEVER CHOICE LANCETS 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>CLEVER CHOICE LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DROPLET GENTEE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>DROPLET LANCETS ULTRA THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DROPLET LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>DROPLET PERSONAL LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DRUG MART LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DRUG MART LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>DRUG MART ON-THE-GO LANCET 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DRUG MART UNILET LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DRUG MART UNILET LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>DRUG MART UNILET LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY COMFORT LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY COMFORT LANCETS TWIST TOP</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY MINI EJECT LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>EASY MINI LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 28G/TWIST</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 30G/TWIST</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 32G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 32G/TWIST</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS 33G/TWIST</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>EASY TOUCH SAFETY LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH SAFETY LANCETS 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH SAFETY LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH SAFETY LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EMBRACE LANCETS ULTRA THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EMBRACE LANCING DEVICE/EJECTOR</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>EQL COLOR LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EQL COLOR LANCETS MICRO 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EQL SUPER THIN LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EQL THIN LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EVERSENSE SENSOR/HOLDER</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>EVERSENSE SMART TRANSMITTER</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>E-Z JECT LANCET MICRO-THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>E-Z JECT LANCET SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>E-Z JECT LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>E-Z JECT LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EZ-LETS LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EZ-LETS LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EZ-LETS LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>EZ-LETS LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FIFTY50 SAFETY SEAL LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FIFTY50 UNILET LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FINE 30</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FINGERSTIX LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FORA LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORA LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>FRED'S PHARMACY AUTOLET LANCING</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>FRED'S PHARMACY UNILET LANC 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FRED'S PHARMACY UNILET LANC 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FREESTYLE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 14 DAY READER DEVICE</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 14 DAY SENSOR</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 2 SENSOR</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE LIBRE 2 READER DEVICE</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE LIBRE READER DEVICE</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE LIBRE SENSOR SYSTEM</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>FREESTYLE UNISTICK II LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GENTEEL BUTTERFLY TOUCH LANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (BLUE)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (CLEAR)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (GREEN)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (ORANGE)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (RAINBOW)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (VIOLET)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL CONTACT TIPS (YELLOW)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL LANCING KIT (BLUE) KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL NOZZLES</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL PLUS LANCING (BLACK)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL PLUS LANCING (PURPLE)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL PLUS LANCING (WHITE)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL PLUS LANCING DEV (BLUE)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTEEL PLUS LANCING DEV (PINK)</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GENTLE-LET GP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GENTLE-LET LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GENTLE-LET PLATFORMS</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GLOBAL INJECT EASE LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GLOBAL INJECT EASE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GLOBAL LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GLUCOCOM LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GLUCOCOM LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GLUCOCOM LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS MICRO THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP MICRO THIN LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GNP SUPER THIN LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOJJI LANCING DEVICE/CLEAR CAP</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GOJJI STERILE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE COLOR LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE LANCETS 26G UNIV</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE LANCETS 30G UNIV</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODSENSE LANCETS 33G UNIV</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>GUARDIAN CONNECT TRANSMITTER</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GUARDIAN LINK 3 TRANSMITTER</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GUARDIAN REAL-TIME REPLACE PED DEVICE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GUARDIAN SENSOR (3)</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GUARDIAN SENSOR 3</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>HAEMOLANCE</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE LOW FLOW LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE PLUS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE PLUS HIGH FLOW</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE PLUS LOW FLOW</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE PLUS MAX FLOW</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HAEMOLANCE PLUS PEDIATRIC FLOW</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HEALTH CARE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HEALTHY ACCENTS LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HEALTHY ACCENTS UNILET LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>H-E-B INCONTROL ADV LANCING</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>H-E-B INCONTROL LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>H-E-B INCONTROL LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>H-E-B INCONTROL LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HYPOLANCE AST LANCING KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>HY-VEE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>HY-VEE THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>IN TOUCH LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>IN TOUCH STERILE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KINNEY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KINNEY THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER AUTOLET LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>KROGER HEALTHPRO LANCET 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS MICRO THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS SUPER THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCETS ULTRATHIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>KROGER LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LANCET DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LANCET DEVICE WITH EJECTOR</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LANCET TRANSPORTER CASE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS MICRO THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS SUPER THIN 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS ULTRA THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCETS ULTRA THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LANZO</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LEADER ADVANCED LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LIBERTY MEDICAL LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LIBERTY MINI LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LIFESCAN UNISTIK 2</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LIFESCAN UNISTIK II LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LITE TOUCH LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITE TOUCH LANCING PEN</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LITETOUCH LANCETS</td>
<td>2</td>
<td>OTC; OTC</td>
</tr>
<tr>
<td>LIVE BETTER ADV LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>LIVE BETTER LANCET SUPER THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LIVE BETTER LANCET ULTRA THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LITETOUCH LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>LITETOUCH LANCETS ULTRA THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDICHOICE SAFETY LANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDICHOICE SAFETY LANCET EXTRA</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDICHOICE SAFETY LANCET NORM</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDISENSE THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE EXTRA 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE LITE 25G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS EXTRA 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS LITE 25G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS SPECIAL 0.8MM</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS SUPERLITE 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE PLUS UNIVERSAL 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEDLANCE UNIVERSAL 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER LANCETS UNIVERSAL 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER LANCETS UNIVERSAL 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER LANCETS UNIVERSAL 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>MEIJER SUPER THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONETOUCH FINEPOINT LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ONETOUCH SURESOFT LANCING DEV</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ONETOUCH ULTRASOFT LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PC LANCETS SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PENLET II BLOOD SAMPLER KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>PENLET II REPLACEMENT CAP</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>PERFECT LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PERFECT LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PHARMACIST CHOICE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PHARMACY COUNTER LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PIP LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PIP LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRECISION THINS GP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PREFERRED PLUS LANCETS COLORED</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PREFERRED PLUS LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRESSURE ACTIVAT SAFETY LANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRO COMFORT LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRO COMFORT LANCETS 31G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRODIGY LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRODIGY LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>PRODIGY SAFETY LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PRODIGY TWIST TOP LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PSS SELECT GP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PSS SELECT PLATFORMS</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>PSS SELECT SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>PUSH BUTTON SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

115
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>REXALL LANCETS ULTRA THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>RIGHTEST ALTERNATE SITE ADAPT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>RIGHTEST GD500 LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>RIGHTEST GL300 LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFE-T-LANCE</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFE-T-LANCE PLUS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCET 21G/PRESSURE ACT</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCET 23G/PRESSURE ACT</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCET 28G/PRESSURE ACT</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCET 30G/PRESSURE ACT</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAFETY LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAPS HEALTH TWIST TOP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAPS TWIST TOP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SAPSCARE TWIST TOP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SB LANCETS THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SB LANCETS ULTRA THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SELECT-LITE DEVICE/LANCETS KIT</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SELECT-LITE LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SHOPKO AUTOLET LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SHOPKO ON-THE-GO LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SHOPKO UNILET LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SHOPKO UNILET LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SIDE BUTTON SAFETY LANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SIMPLE DIAGNOSTICS LANCING DEV</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SINGLE-LET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SM LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SM TRUEDRAW LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SMART DIABETES VANTAGE LANCING</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SMART SENSE COLOR LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SMART SENSE STANDARD LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SMART SENSE SUPER THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SMART SENSE THIN LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SMARTTEST LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SOLUS V2 LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SOLUS V2 LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SOLUS V2 TWIST LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>STERILANCE PA</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>STERILANCE TL</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SUPER THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCETS 18G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCETS 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCETS 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE COMFORT LANCING PEN</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SURE-LANCE FLAT LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE-LANCE LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE-LANCE THIN LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE-LANCE ULTRA THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURELITE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>SURE-PEN</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>SURE-TOUCH LANCETS UNIVERSAL</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TECHLITE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TECHLITE LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TECHLITE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TGT LANCET MICRO THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TGT LANCET THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TGT LANCET ULTRA THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TGT LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>THINLETS GP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH THIN LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH THIN LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TOPCARE LANCETS MICRO-THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRAVEL LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRAVEL LANCETS ADVANCED 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUE COMFORT TWIST TOP LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS LANCETS 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS SAFETY LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTI-LANCE AUTOMATIC</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>ULTILET CLASSIC LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTILET LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTILET SAFETY LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTILET SAFETY LANCETS 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTRA THIN LANCETS 31G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTRA-CARE LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II AUTOLANCET</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNISTIK TOUCH SAFETY LANC 23G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>UNISTIK TOUCH SAFETY LANC 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>UNISTIK TOUCH SAFETY LANC 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>UNIVERSAL 1 LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>UNIVERSAL 1 LANCETS THIN 33G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>UNIVERSAL 1 LANCETS ULTRA THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VALUE PLUS LANCET STANDARD 21G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VALUE PLUS LANCETS SUPER THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VALUE PLUS LANCETS THIN 26G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VALUE PLUS LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>VALUMARK LANCET SUPER THIN 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VALUMARK LANCET ULTRA THIN 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VIDA MIA AUTOLET LANCING DEV</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>VIDA MIA UNILET LANCETS 28G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VIDA MIA UNILET LANCETS 30G</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VIVAGUARD LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>VIVAGUARD LANCING DEVICE</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>WALGREENS ADV TRAVEL LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>WALGREENS LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>WALGREENS LANCETS MICRO THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>WALGREENS LANCETS SUPER THIN</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>WALGREENS THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td>WALGREENS ULTRA THIN LANCETS</td>
<td>2</td>
<td>QL; OTC</td>
</tr>
<tr>
<td><em>MISC. DEVICES</em>**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 1/2&quot; 0.3 ML, 30G X 1/2&quot; 0.5 ML, 31G X 5/16&quot; 0.5 ML</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD PEN NEEDLE MICRO U/F</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD PEN NEEDLE MINI U/F</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD PEN NEEDLE NANO 2ND GEN</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD PEN NEEDLE NANO U/F</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>BD PEN NEEDLE SHORT U/F</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 30G X 5/16&quot; 0.5 ML, 31G X 15/64&quot; 0.5 ML, 31G X 5/16&quot; 0.3 ML</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64&quot; 0.3 ML</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64&quot; 1 ML</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>BD SAFETY-LOK INSULIN SYRINGE</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD VEO INSULIN SYR U/F 1/2UNIT</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD VEO INSULIN SYRINGE U/F 31G X 15/64&quot; 0.3 ML, 31G X 15/64&quot; 0.5 ML</td>
<td>2</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>BD VEO INSULIN SYRINGE U/F 31G X 15/64&quot; 1 ML</td>
<td>2</td>
<td>OTC</td>
</tr>
<tr>
<td>CAREFINE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CAREONE INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CAREONE UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CAREONE UNIFINE PENTIPS PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CARETOUCH PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CLEVER CHOICE COMFORT EZ</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>CLICKFINE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT ASSIST INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT EZ INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT EZ MICRO PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT EZ PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT EZ SHORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>COMFORT TOUCH INSULIN PEN NEED</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>DIATHRIVE PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>DROPLET INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 1/2&quot; 0.3 ML, 30G X 1/2&quot; 0.5 ML, 30G X 1/2&quot; 1 ML, 30G X 15/64&quot; 0.3 ML, 30G X 15/64&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>DROPLET INSULIN SYRINGE 30G X 15/64&quot; 0.5 ML</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>DROPLET MICRON</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>DROPLET PEN NEEDLES 30G X 8 MM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DROPSAFE SAFETY PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG MART UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>DRUG MART UNIFINE PENTIPS PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY COMFORT INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY COMFORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY GLIDE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH FLIPLOCK INSULIN SY</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH INSULIN SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH SAFETY PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EASY TOUCH SHEATHLOCK SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EQL INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EXEL COMFORT POINT INSULIN SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>EXEL COMFORT POINT PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>FIFTY50 PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>FIFTY50 SUPERIOR COMFORT SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>FRED'S PHARMACY UNIFINE PENTIP+</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>FRED'S PHARMACY UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>FREESTYLE PRECISION INS SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GLOBAL EASE INJECT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GLOBAL EASY GLIDE INSULIN SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GLOBAL EASY GLIDE INSULIN SYR</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>GLOBAL INJECT EASE INSULIN SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GLOBAL INSULIN SYRINGES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GLUCOPRO INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GNP CLICKFINE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GNP INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GNP ULTICARE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GNP ULTRA COM INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE CLICKFINE PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>GOODSENSE PEN NEEDLE PENFINE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE INSULIN SYR/NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE MICRON PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE MINI PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE SHORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHWISE UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HEALTHY ACCENTS UNIFINE PENTIP</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HM ULTICARE INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HM ULTICARE MINI PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>HM ULTICARE SHORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSULIN SYRINGE 27G X 1/2&quot; 0.5 ML, 27G X 1/2&quot; 1 ML, 28G X 1/2&quot; 0.5 ML, 28G X 1/2&quot; 1 ML, 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML, 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 0.5 ML, 31G X 5/16&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSULIN SYRINGE/NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSULIN SYRINGE-NEEDLE U-100</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSUPEN PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSUPEN SENSITIVE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>KINRAY INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>KMART VALU INSULIN SYRINGE 29G</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>KMART VALU INSULIN SYRINGE 30G</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>KROGER INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML, 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 0.5 ML, 31G X 5/16&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>KROGER PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>LEADER INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>LEADER UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>LEADER UNIFINE PENTIPS PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LITETOUCH INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>LITETOUCH PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>LONGS INSULIN SYRINGE 31G X 5/16&quot; 0.5 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MAGELLAN INSULIN SAFETY SYR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>MARATHON MEDICAL PENTIPS</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>MAXICOMFORT II PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MAXI-COMFORT INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MAXI-COMFORT SAFETY PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MAXICOMFORT SYR 27G X 1/2&quot;</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MEDIC INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MEDICINE SHOPPE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MEIJER PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MICRODOT PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MM INSULIN SYRINGE/NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MM PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MONOJECT INSULIN SYRINGE 25G X 5/8&quot; 1 ML, 31G X 5/16&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>MONOJECT INSULIN SYRINGE 27G X 1/2&quot; 1 ML, 28G X 1/2&quot; 0.5 ML, 28G X 1/2&quot; 1 ML, 29G X 1/2&quot; 0.3 ML, 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML, U-100</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2&quot; 0.5 ML, 28G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONOJECT ULTRA COMFORT SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>29G X 1/2” 0.3 ML, 29G X 1/2” 0.5 ML, 29G X 1/2” 1 ML, 31G X 5/16” 0.3 ML, 31G X 5/16” 0.5 ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>31G X 5/16” 0.3 ML, 31G X 5/16” 0.5 ML, 31G X 5/16” 1 ML</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOVOFINE 32G X 6 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>NOVOFINE AUTOCOVER</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>NOVOFINE PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>NOVOTWIST 32G X 5 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PC UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PEN NEEDLES 1/2”</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PEN NEEDLES 5/16” 31G X 8 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PENTIPS 29G X 12MM, 31G X 5 MM, 31G X 8 MM, 32G X 4 MM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PENTIPS 31G X 6 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PRECISION SUREDOSE PLUS SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PRECISION SURE-DOSE SYRINGE 28G X 1/2” 0.5 ML, 28G X 1/2” 1 ML, 29G X 1/2” 0.5 ML, 30G X 5/16” 0.3 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PRECISION SURE-DOSE SYRINGE 30G X 3/8” 0.5 ML</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>PREFERRED PLUS INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PREFERRED PLUS UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PREVENT SAFETY PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PRO COMFORT INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>PRO COMFORT PEN NEEDLES 31G X 8 MM, 32G X 4 MM, 32G X 5 MM</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRO COMFORT PEN NEEDLES 32G X 6 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TECHLITE INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TECHLITE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH MINI PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TODAYS HEALTH SHORT PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TOPCARE CLICKFINE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TOPCARE ULTRA COMFORT INS SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUE COMFORT INS SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUE COMFORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUE COMFORT PRO INS SYR</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUE COMFORT PRO PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS 5-BEVEL PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>TRUEPLUS PEN NEEDLES 31G X 6 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTCARE INSULIN SAFETY SYR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ULTCARE INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTCARE MICRO PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTCARE MINI PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTCARE PEN NEEDLES 29G X 12.7MM, 31G X 5 MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTCARE SHORT PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTIGUARD SAFEPACK PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ULCLET INSULIN SYRINGE 30G X 1/2&quot; 0.5 ML, 30G X 1/2&quot; 1 ML, 30G X 5/16&quot; 0.3 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML, 31G X 1/4&quot; 0.3 ML, 31G X 1/4&quot; 1 ML, 31G X 15/64&quot; 0.5 ML, 31G X 5/16&quot; 0.3 ML, 31G X 5/16&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULCLET INSULIN SYRINGE 31G X 15/64&quot; 0.3 ML</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ULCLET INSULIN SYRINGE SHORT</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULCLET PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA COMFORT INSULIN SYRINGE 30G X 5/16&quot; 0.3 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA FLO INSULIN SYRINGE 29G X 1/2&quot; 0.3 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA THIN PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRACARE INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRACARE PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-COMFORT INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II INS SYR SHORT</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II INSULIN SYRINGE 29G X 1/2&quot; 0.5 ML, 29G X 1/2&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II MINI PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II PEN NEEDLE SHORT</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>ULTRA-THIN II PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>UNIFINE PENTIPS PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>UNIFINE SAFECOM CONTROL PEN NEEDLE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>VALUE HEALTH INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALUMARK PEN NEEDLES</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>VANISHPOINT INSULIN SYRINGE 29G X 1/2&quot; 1 ML, 29G X 5/16&quot; 1 ML, 30G X 1/2&quot; 0.5 ML, 30G X 5/16&quot; 0.5 ML, 30G X 5/16&quot; 1 ML</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>VANISHPOINT INSULIN SYRINGE 30G X 3/16&quot; 0.5 ML, 30G X 3/16&quot; 1 ML</td>
<td>3</td>
<td>OTC</td>
</tr>
<tr>
<td>VIDA MIA UNIFINE PENTIPS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>VP INSULIN SYRINGE</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td>WEGMANS UNIFINE PENTIPS PLUS</td>
<td>3</td>
<td>ST; QL; OTC</td>
</tr>
<tr>
<td><em>MIGRAINE PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NURTEC ORAL TABLET DISPERSIBLE</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ERGOT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ergotamine-caffeine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>migergot rectal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MIGRAINE PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dihydroergotamine mesylate injection solution</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sumatriptan-naproxen sodium oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SELECTIVE SEROTONIN AGONISTS 5-HT(1)</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>almotriptan malate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>eletriptan hydrobromide oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>frovatriptan succinate oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>naratriptan hcl oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>rizatriptan benzoate oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan nasal solution</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate refill subcutaneous solution cartridge</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>zolmitriptan nasal solution</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>zolmitriptan oral tablet</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>zolmitriptan oral tablet dispersible</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td><em>MINERALS &amp; ELECTROLYTES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>BICARBONATES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>THAM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>CALCIUM COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1-0.675 GM/50ML-%, 2-0.675 GM/100ML-%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ELECTROLYTES &amp; DEXTROSE</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dextrose in lactated ringers intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5-0.225 %, 5-0.3 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dextrose-sodium chloride intravenous solution 5-0.45 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>5-0.9 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELLIOTTS B INTRATHecal SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IONOSOL-MB IN D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>ELECTROLYTES PARENTERAL</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KCL (IN NAQL 0.9%) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORMOSOL-M IN D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PLASMA-LYTE 148 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PLASMA-LYTE A INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ringers intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>FLUORIDE COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLORIVA ORAL LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>FLUORIDE</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoritab oral solution</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nafrinse drops oral solution</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>nafrinse oral tablet chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>sodium fluoride oral solution</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>sodium fluoride oral tablet</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td>sodium fluoride oral tablet chewable</td>
<td>1 or 1a*</td>
<td>$0</td>
</tr>
<tr>
<td><strong>MAGNESIUM</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>MANGANESE</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>manganese chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PHOSPHATE</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K-PHOS ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>K-PHOS-NEUTRAL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phosphorous oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phospho-trin 250 neutral oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOL/5ML, 150 MMOL/50ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>potassium phosphates intravenous solution 45 mmole/15ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium phosphates(66 meq k) intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium phosphates intravenous solution 15 mmole/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>virt-phos 250 neutral oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>POTASSIUM</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>klor-con 10 oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>klor-con m10 oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>klor-con m15 oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>klor-con m20 oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>klor-con oral packet 20 meq</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>klor-con oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>K-TAB ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>potassium acetate intravenous solution 2 meq/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride crys er oral tablet extended release</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er oral capsule extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride er oral tablet extended release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML, 40 MEQ/1000ML</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>potassium chloride intravenous solution 2 meq/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride oral packet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>SODIUM</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>monoject flush syringe intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>monoject sodium chloride flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>normal saline flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>saline flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>saline flush zr intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium chloride flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>swabflush saline flush intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>TRACE MINERAL COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE LIQUILIFT TRACE INTRAVENOUS KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRALEMENT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>TRACE MINERALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chromic chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cupric chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SELENIOUS ACID INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ZINC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GALZIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WILZIN ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>zinc chloride intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MISCELLANEOUS THERAPEUTIC CLASSES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTILEPROTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THALOMID ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>CHELATING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clovique oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>DEPEN TITRATABS ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>EDEDATE DISODIUM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>penicillamine oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>penicillamine oral tablet</td>
<td>1 or 1b*</td>
<td>PA; QL</td>
</tr>
<tr>
<td>trientine hcl oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><em>CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOXILLUM B22K4/0 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHOXILLUM BK4/2.5 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRISMASOL BGK 4/0/1.2 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYCLOSPORINE ANALOGS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine intravenous solution</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>cyclosporine modified oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine modified oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclosporine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gengraf oral capsule 100 mg, 25 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gengraf oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NEORAL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NEORAL ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>SANDIMMUNE ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SANDIMMUNE ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ENZYMES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHADASE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HYLENEX INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VITRASE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XIAFLEX INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>FECAL INCONTINENCE BULKING AGENT - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLESTA INJECTION GEL</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><em>IMMUNE GLOBULIN IMMUNOSUPPRESSANT S</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATGAM INTRAVENOUS INJECTABLE</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>THYMOMUCGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REVLIMID ORAL CAPSULE</td>
<td>2</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>INOSINE MONOPHOSPHATE DEHYDRGENASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>CELLCEPT ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CELLCEPT ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil hcl intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>mycophenolate mofetil oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate mofetil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>mycophenolate sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MYFORTIC ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>INTERLEUKIN-6 (IL-6) ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>IRRIGATION SOLUTIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>argyle sterile water irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>lactated ringers irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>physiolyte irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>physiosol irrigation irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ringers irrigation irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sterile water for irrigation irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tis-u-sol irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>water for irrigation, sterile irrigation solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>MACROLIDE IMMUNOSUPPRESSANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROGRAF INTRAVENOUS SOLUTION</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>PROGRAF ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROGRAF ORAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAPAMUNE ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAPAMUNE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sirolimus oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sirolimus oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tacrolimus oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZORTRESS ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MISCELLANEOUS THERAPEUTIC CLASSES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXAVIR INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

129
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EXTRANEA INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>POTASSIUM REMOVING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOKELMA ORAL PACKET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium polystyrene sulfonate oral powder</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sps oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VELTASSA ORAL PACKET</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>PROSTAGLANDINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprostadil injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROSTIN VR INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTISEPTICS - MOUTH/THROAT</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlorhexidine gluconate mouth/throat solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>paroex mouth/throat solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><strong>PERIDEX MOUTH/THROAT SOLUTION</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>periogard mouth/throat solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><strong>DENTAL PRODUCTS - COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoridex sensitivity relief dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PREVIDENT 5000 SENSITIVE DENTAL PASTE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 enamel dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 sensitive dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>FLUORIDE DENTAL PRODUCTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cavarest dental gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>clinpro 5000 dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>denta 5000 plus dental cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dentagel dental gel</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>easygel dental gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoridex daily renewal mouth/throat concentrate</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoridex dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluoridex enhanced whitening dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED</strong></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

---

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREVIDENT 5000 DRY MOUTH DENTAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREVIDENT 5000 PLUS DENTAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>PREVIDENT DENTAL GEL</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sf 5000 plus dental cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sf dental gel</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 plus dental cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 ppm dental cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride 5000 ppm dental paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride dental cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sodium fluoride dental gel</td>
<td>1.1 % 1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>SALIVA STIMULANTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cevimeline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EVOXAC ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>SALAGEN ORAL TABLET</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>STEROIDS - MOUTH/THROAT/DENTAL</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>oralone mouth/throat paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>triamcinolone acetonide mouth/throat paste</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>MULTIVITAMINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B-COMPLEX VITAMINS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b complex-b12 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><strong>B-COMPLEX INJECTION INJECTABLE</strong></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-complex/b-12 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra b-complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra b-complex with b-12 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>vitamin b complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>vitamin b-complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>vitamin-b complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>B-COMPLEX W/ C &amp; CALCIUM</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gnp b-complex plus vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>qc b-complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>B-COMPLEX W/ C &amp; FOLIC ACID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b complex-c-folic acid oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-complex balanced oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>dialyvite 800 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>equ super b complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>FULL SPECTRUM B/VITAMIN C ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm super vitamin b complex/c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm vitamin b complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kp b complex-c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nephro vitamins oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>px b complex/vitamin c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>renal multivitamin formula oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>renal vitamin oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>renal-vite oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>rena-vite oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm b super vitamin complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>SM B-COMPLEX/VITAMIN C ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>stress formula oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>super b complex/fa/vit c oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>super b complex/vit c/fa oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

**Effective 04/01/2021**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-100 complex cr oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-100 tr oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-50 complex oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>balance b-50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>balanced b complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>balanced b-100 oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>balanced b-50/fa oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-compleet-100 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-compleet-50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>big 100 (biotin) oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>big 100 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>complex b-50 prolonged release oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>endur-b oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql b complex 50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql b-100 complex oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp b-100 complex oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp b-50 balanced oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp b-50 complex oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm vitamin b100 complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm vitamin b50 complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>qc b50 prolonged release oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>quin b strong b-25 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra balanced b-100 cr oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra balanced b-100 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra balanced b-50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra balanced b-50 tr oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm b100 complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm b-complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>super b-100 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>super b-50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>stress b complex/iron oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>stress formula/iron oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>tab-a-vite/iron oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>MULTIPLE VITAMINS W/ MINERALS &amp; CALCIUM-FOLIC ACID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOLGARD OS ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MULTIPLE VITAMINS W/ MINERALS &amp; FLUORIDE-IRON-FOLIC ACID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUFLORA FE ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MULTIPLE VITAMINS W/ MINERALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>one daily multivitamin adult oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>tab-a-vite oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>VENEXA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VITRANOL FE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZYZVANA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MULTIVITAMINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anti-oxidant oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily multiple vitamins oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily value multivitamin oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily vitamin oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily vitamins oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily vite oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily vites oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily-vitamin oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily-vite multivitamin oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>daily-vite oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ESTROFACTORS ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp essential one daily oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>healthy hair/skin/nails oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

134
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>tab-a-vite/beta carotene oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>THERA ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>thera-mill oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>thera-tabs oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>THEREMS ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>vit e-vit c-beta carotene oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>viatalee oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>PED MULTI VITAMINS W/FL &amp; FE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>multi-vit/iron/fluoride oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>multi-vitamin/fluoride/iron oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>POLY-VI-FLOR/IRON ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUFLORA FE PEDIATRIC ORAL LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PED MV W/ FLUORIDE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLORIVA PLUS ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>multivitamin/fluoride oral solution</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>multivitamin/fluoride oral solution</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>multivitamin/fluoride oral tablet</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>POLY-VI-FLOR ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>POLY-VI-FLOR ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUFLORA GUMMIES ORAL TABLET CHEWABLE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>QUFLORA PEDIATRIC ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUFLORA PEDIATRIC ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADC/F (0.5mg/ml) ORAL SOLUTION</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>tri-vite/fluoride oral solution</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td>vitamins acd-fluoride oral solution</td>
<td>1 or 1b*</td>
<td>$0</td>
</tr>
<tr>
<td><em>PEDIATRIC MULTIPLE VITAMINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>M.V.I. PEDIATRIC INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>PRENATAL MV &amp; MIN W/FE-FA</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATABEX EC ORAL TABLET DELAYED RELEASE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ATABEX OB ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AZESCHEW PRENATAL/POSTNATAL ORAL TABLET CHEWABLE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>AZESCO ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL B-CALM ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CITRANATAL BLOOM ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL RX ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CLASSIC PRENATAL ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>C-NATE DHA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO-NATAL FA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CONCEPT DHA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CONCEPT OB ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CVS PRENATAL ORAL TABLET 27-0.8 MG</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>DUET DHA 400 ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DUET DHA BALANCED ORAL 25-1 &amp; 267 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ENBRACE HR ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>EQL PRENATAL FORMULA ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>GNP PRENATAL ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>GOODSENSE PRENATAL VITAMINS ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>HM ONE DAILY PRENATAL ORAL</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>HM PRENATAL ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>inatal gt oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>KOSHER PRENATAL PLUS IRON ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>KP PRENATAL MULTIVITAMINS ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>KPN PRENATAL ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>M-NATAL PLUS ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MULTI PRENATAL ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>MYNATAL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MYNATAL PLUS ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>MYNATAL-Z ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREGENNA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENARA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>prenats Rx oral tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRENATAL 19 ORAL TABLET 29-1 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prenatal 19 oral tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL COMPLETE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRE-NATAL FORMULA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL FORTE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL LOW IRON ORAL TABLET 27-0.8 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL ONE DAILY ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL ORAL TABLET 27-0.8 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL ORAL TABLET 27-1 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL ORAL TABLET 28-0.8 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL PLUS IRON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL VITAMIN AND MINERAL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL VITAMIN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL VITAMINS ORAL TABLET 28-0.8 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL/IRON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENATAL-U ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>trinate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>TRINAZ ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VINATE DHA RF ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VINATE II ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VINATE ONE ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VIRT-C DHA ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIRT-NATE DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VIRT-PN PLUS ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL GUMMIES ORAL TABLET CHEWABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VITAFOL-NANO ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL-OB ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAPEarl ORAL CAPSULE EXTENDED RELEASE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITATHELY WITH GINGER ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VIVA DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VP-PNV-DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>WESTAB PLUS ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZALVIT ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>PRENATAL MV &amp; MIN W/FE-FA-DHA</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL BLOOM DHA ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL DHA ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL ESSENCE ORAL THERAPY PACK</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>CITRANATAL MEDLEY ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ENFAMIL EXPECTA ORAL</td>
<td>2</td>
<td>OTC; S0</td>
</tr>
<tr>
<td>NEONATAL + DHA ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>NESTABS ONE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>OBSTETRIX ONE ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pnv-dha oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PNV-DHA+DOCUSATE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PREGEN DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENA 1 TRUE ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRENAISSANCE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENAISSANCE PLUS ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATAL MULTIVITAMIN + DHA ORAL</td>
<td>2</td>
<td>OTC; S0</td>
</tr>
<tr>
<td>PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE ENHANCE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE PIXIE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE RESTORE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SELECT-OB+DHA ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>TARON-PREX ORAL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRISTART DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>TRISTART ONE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIRT-PN DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL FE+ ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL ULTRA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL-OB+DHA ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL-ONE ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITATRUE ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>WESTGEL DHA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

*PRENATAL MV & MINERALS W/FA WITHOUT IRON***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRENATE ORAL TABLET CHEWABLE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

*PRENATAL VITAMINS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEONATAL 19 ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PREMESISRX ORAL TABLET</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENAI ORAL TABLET CHEWABLE</td>
<td>2</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PRENATE AM ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>VITAFOL STRIPS ORAL FILM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VITAMEDMD REDICHEW RX ORAL CHEWABLE 1.4 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

*VITAMINS A & D***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD LIVER OIL ORAL OIL</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

*VITAMINS W/ LIPOTROPICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIFLOVIT EAR HEALTH ORAL TABLET</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-100 complex oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-100 cr oral tablet extended release</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-100 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>b-50 oral tablet</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

**MUSCULOSKELETAL THERAPY AGENTS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>baclofen intrathecal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>baclofen oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>carisoprodol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>chlorzoxazone oral tablet 375 mg, 750 mg</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>chlorzoxazone oral tablet 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cyclobenzaprine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fexmid oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

**CENTRAL MUSCLE RELAXANTS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GABLOFEN INTRATHecal SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIORESAL INTRATHecal SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>lorzone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>metaxalone oral tablet</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>methocarbamol injection solution 1000 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methocarbamol oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>orphenadrine citrate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ROBAXIN INJECTION SOLUTION 1000 MG/10ML</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ROBAXIN-750 ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SKEKAXIN ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SOMA ORAL TABLET 250 MG</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>SOMA ORAL TABLET 350 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tizanidine hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZANAFLEX ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>ZANAFLEX ORAL TABLET</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dantrolene sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td><em>NASAL AGENTS - SYSTEMIC AND TOPICAL</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTIHISTAMINE-STEROID</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine-fluticasone nasal suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DYMISTA NASAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>NASAL ANESTHETICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOPRELTO NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NUMBRINO NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>NASAL ANTICHOLINERGICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ipratropium bromide nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>NASAL ANTIHISTAMINES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine hcl nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>olopatadine hcl nasal solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PATANASE NASAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>NASAL STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>flunisolide nasal solution 25 mcg/act (0.025%)</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>fluticasone propionate nasal suspension</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>mometasone furoate nasal suspension</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PROPEL MINI NASAL IMPLANT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROPEL NASAL IMPLANT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>NEUROMUSCULAR AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>BENZATHIAZOLES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RILUTEK ORAL TABLET</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>riluzole oral tablet</td>
<td>1 or 1b*</td>
<td>SP</td>
</tr>
<tr>
<td>TIGLUTIK ORAL SUSPENSION</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td><em>DEPOLARIZING MUSCLE RELAXANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANECTINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>QUELICIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SUCCINYLCHELINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MUSCULAR DYSTROPHY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXONDYS 51 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>VILTEPSO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>VYONDYS 53 INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTOX INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>MYOBLOC INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>NONDEPOLARIZING MUSCLE RELAXANTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cisatracurium besylate (pf) intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cisatracurium besylate intravenous solution 20 mg/10ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pancuronium bromide intravenous solution 1 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rocuronium bromide intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>vecuronium bromide intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>SPINAL MUSCULAR ATROPHY-SMN2 SPlicingModifiers</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVRYSDI ORAL SOLUTION RECONSTITUTED</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td><em>NUTRIENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINO ACID MIXTURES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMINOPROTECT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN-PF INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>NUTRIENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINO ACID MIXTURES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMINOPROTECT INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMINOSYN-PF INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMASOL INTRAVENOUS SOLUTION 10 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROCALAMINE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROSOL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRAVASOL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TROPHAMINE INTRAVENOUS SOLUTION 10 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARGinine HCL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ELCYS INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTATHIONE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLUTATHIONE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYCINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LYSINE HCL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>n-acetyl-l-cysteine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TAURINE INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLINOLIPID INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DOJOLVI ORAL LIQUID</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INTRALIPID INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NUTRILIPID INTRAVENOUS EMULSION 20 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OMEGAVEN INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SMOFLIPID INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIPO INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LIPO-C INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TRI-AMINO INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>KABIVEN INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PERIKABIVEN INTRAVENOUS EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SIMBRINZA OPHTHALMIC SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>COMBIGAN OPHTHALMIC SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal ph ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl-timolol mal ph ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>BETA-BLOCKERS - OPHTHALMIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>betaxolol hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BETIMOL OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BETOPTIC-S OPHTHALMIC SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>carteolol hcl ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levobunolol hcl ophthalmic solution 0.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophthalmic gel forming solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>timolol maleate ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>timolol maleate pf ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYCLOPLEGIC MYDRIATIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYCLOMYDRIL OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>CYCLOPLEGIC MYDRIATICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>altafrin ophthalmic solution 10 %, 2.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>atropine sulfate ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ATROPINE SULFATE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYCLOGYL OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>cyclopentolate hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ISOPTO ATROPINE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MYDRIACYL OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tropicamide ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XIIDRA OPHTHALMIC SOLUTION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>MIOTICS - CHOLINESTERASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>MIOTICS - DIRECT ACTING</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISOPTO CARPINE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MIOSTAT INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC ADRENERGIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>OPHTHALMIC ANTIALLERGIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>azelastine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cromolyn sodium ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>epinastine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC ANTIBIOTICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZASITE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bacitracin ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BESIVANCE OPHTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN OPHTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CILOXAN OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>erythromycin ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>gatifloxacin ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>gentak ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>gentamicin sulfate ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levoflaxacin ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MITOMYCIN INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MITOSOL OPHTHALMIC KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MOXEZA OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl (2x day) ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MOXIFLOXACIN HCL INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>moxifloxacin hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OCUFLOX OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ofloxacin ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>TOBREX OPHTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBREX OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VIGAMOX OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZYMAXID OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC ANTI-INFECTIVE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ak-poly-bac ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>neomycin-bacitracin zn-polymyx ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neo-polycin ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>polycin ophthalmic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>polymyxin b-trimethoprim ophthalmic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>POLYTRIM OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPHTHALMIC ANTISEPTICS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETADINE OPHTHALMIC PREP</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OPHTHALMIC SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC ANTI-VIRALS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>trifluridine ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ZIRGAN OPHTHALMIC GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZOPT OPHTHALMIC SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>dorzolamide hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TRUSOPT OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>OPHTHALMIC DIAGNOSTIC PRODUCTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ak-fluor intravenous solution 10 %</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>AK-FLUOR INTRAVENOUS SOLUTION 25 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>altafluor benox ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluorescein-benoxinate ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLUORESCITE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluor-i-strips a.t. ophthalmic strip</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FLURA-SAFE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PAREMYD OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>proparacaine-fluorescein ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>OPHTHALMIC NERVE GROWTH FACTORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXERVATE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACULAR LS OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACULAR OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACUVAIL OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>bromfenac sodium (once-daily) ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BROMSITE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LLEVRO OPHTHALMIC SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ketorolac tromethamine ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NEVANAC OPHTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PROLENSA OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>*OPHTHALMIC PHOTOREX A VISCOS KIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXERVATE OPHTHALMIC SOLUTION PRE-filled SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC RHO KINASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RHOPRESSA OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALPHAGAN P OPHTHALMIC SOLUTION 0.1%</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ALPHAGAN P OPHTHALMIC SOLUTION 0.15%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>apraclonidine hcl ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BROMSIDONE OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>diclofenac sodium ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>IOPIDINE OPHTHALMIC SOLUTION 1 %</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC STEROID COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bacitra-neomycin-polymyxin-hc ophthalmic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE OPHTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE-MOXIFLOXacin INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>MAXITROL OPHTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAXITROL OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexameth ophthalic ointment</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-dexameth ophthalic suspension 3.5-10000-0.1</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc ophthalic suspension 3.5-10000-1</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neo-polycin hc ophthalic ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PRED-G OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PRED-G S.O.P. OPTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide-prednisolone ophthalic solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX OPTHALMIC OINTMENT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>TOBRADEX ST OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>tobramycin-dexamethasone ophthalic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZYLET OPTHALMIC SUSPENSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALREX OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dexamethasone sodium phosphate ophthalic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DEXTENZA OPTHALMIC INSERT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEXYCU INTRAOCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DUREZOL OPTHALMIC EMULSION</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FLAREX OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>fluorometholone ophthalic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>FML FORTE OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML LIQUIFILM OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FML OPHTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ILUVIEN INTRAVITREAL IMPLANT</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>INVELTYS OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPTHALMIC GEL</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPTHALMIC OINTMENT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX ST OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LOTEMAX SM OPTHALMIC GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophthalic gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>loteprednol etabonate ophthalic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OZURDEX INTRAVITREAL IMPLANT</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>PRED MILD OPTHALMIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>prednisolone acetate ophthalic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETISERT INTRAVITREAL IMPLANT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>TRIENSE INTRAOCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>YUTIQ INTRAVITREAL IMPLANT</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>OPHTHALMIC SULFONAMIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLEPH-10 OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophthamlc ointment</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sulfacetamide sodium ophthamlc solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC SURGICAL AIDS - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISCOVISC INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DUOVISC INTRAOCULAR KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OMDRIA INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VISOroat INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMIC SURGICAL AIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMVISC INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AMVISC PLUS INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIOLOm INTRAOCULAR SOLUTION</td>
<td>3</td>
<td>LD</td>
</tr>
<tr>
<td>CELLUGEL INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEALON GV INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HEALON INTRAOCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OPHTHALMICS - BLEPHAROPTOSIS AGENTS</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPNEEQ OPHTHALMIC SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>OPHTHALMICS - CYSTINOSIS AGENTS</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYSTADROPS OPHTHALMIC SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>CYSTARAN OPHTHALMIC SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>PROSTAGLANDINS - OPHTHALMIC</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bimatoprost ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>DURYSTA INTRAOCULAR IMPLANT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>travoprost (bak free) ophthalmic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>VYZULTA OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>XELPROS OPHTHALMIC EMULSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZIOPTAN OPHTHALMIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VASCULAR ENDOHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEOVU INTRAVITREAL SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EYLEA INTRAVITREAL SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE</td>
<td>3 PA; QL; LD</td>
<td></td>
</tr>
<tr>
<td>LUCENTIS INTRAVITREAL SOLUTION</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td>LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE</td>
<td>3 PA; QL; LD; SP</td>
<td></td>
</tr>
<tr>
<td><em>OTIC AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>OTIC AGENTS - MISCELLANEOUS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acetic acid otic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OTIC ANALGESIC COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRAMOTIC OTIC LIQUID</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OTIC ANTI-INFECTIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETRAXAL OTIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ciprofloxacin hcl otic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ofloxacin otic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OTIC STEROID-ANTI-INFECTIVE COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIPRO HC OTIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX OTIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX OTIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CIPROFLOXACIN-FLUCINOLONE OTIC SOLUTION</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN-TC OTIC SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>neomycin-polymyxin-hc otic suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OTOVEL OTIC SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>OTIC STEROIDS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMOTIC OTIC OIL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>flac otic oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>fluocinolone acetonide otic oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>hydrocortisone-acetic acid otic solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>OXYTOCICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methergine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>methylergonovine maleate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>methylergonovine maleate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxytocin injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 20-0.9 UNIT/L-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PITOCIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PASSIVE IMMUNIZING AND TREATMENT AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTITOXINS-ANTIVENINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTIVENIN LATRODECTUS MACTANS INJECTION KIT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CROFAB INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ANTIVIRAL MONOCLONAL ANTIBODIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYNAGIS INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>BACTERIAL MONOCLONAL ANTIBODIES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZINPLAVA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>HYPER RAB INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>HYPER RAB S/D INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>HYPER RHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>HYPER TET S/D INTRAMUSCULAR INJECTABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IMOGAM RABIES-HT INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>KEDRAB INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>NABI-HB INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>PANZYGA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>PRIVIGEN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td>VARIZIG INTRAMUSCULAR SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>WINRHO SDF INJECTION SOLUTION</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>XEMBIFY SUBCUTANEOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYQVIA SUBCUTANEOUS KIT</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>PENICILLINS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AMINOPENICILLINS</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral suspension reconstituted</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin oral tablet chewable 125 mg, 250 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ampicillin oral capsule 500 mg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ampicillin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>NATURAL PENICILLINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICILLIN L-A INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>penicillin g potassium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>penicillin g sodium injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium oral solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>penicillin v potassium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pfizerpen injection solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PENICILLIN COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>amoxicillin-pot clavulanate oral tablet chewable</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>ampicillin-sulbactam sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>AUGMENTIN ORAL TABLET 500-125 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BICILLIN C-R INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>piperacillin sod-tazobactam so intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ZOSYN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PENICILLINASE-RESISTANT PENICILLINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dicloxacillin sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxacillin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxacillin sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>PROGESTINS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AYGESTIN ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>hydroxyprogesterone caproate intramuscular oil</td>
<td>1 or 1b*</td>
<td>PA: QL; SP</td>
</tr>
<tr>
<td>MAKENA INTRAMUSCULAR OIL</td>
<td>3</td>
<td>PA: QL; LD; SP</td>
</tr>
<tr>
<td>MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA: QL; LD; SP</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

153
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>medroxyprogesterone acetate oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>megestrol acetate oral suspension 625 mg/5ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>progesterone intramuscular oil</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>progesterone micronized oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>PROVERA ORAL TABLET</td>
<td>3</td>
<td><em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em></td>
</tr>
<tr>
<td><em>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AGENTS FOR OPIOID WITHDRAWAL</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUCEMYRA ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>ALCOHOL DETERRENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acamprosate calcium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>disulfiram oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ANTI-CATAPLECTIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYREM ORAL SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>ANTIDEMENTIA AGENT COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><em>ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>BENZODIAZEPINES &amp; TRICYCLIC AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>chlordiazepoxide-amitriptyline oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>CHOLINOMIMETICS - ACHE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARICEPT ORAL TABLET 10 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ARICEPT ORAL TABLET 5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>donepezil hcl oral tablet 10 mg, 23 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>donepezil hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>donepezil hcl oral tablet dispersible</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EXELON TRANSDERMAL PATCH 24 HOUR</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>galantamine hydrobromide oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>galantamine hydrobromide oral tablet 12 mg, 8 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>galantamine hydrobromide oral tablet 4 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>rivastigmine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>FIBROMYALGIA AGENT - SNRIS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAVELLA ORAL TABLET</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>SAVELLA TITRATION PACK ORAL</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>MELANOCORTIN RECEPTOR AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><em>MOVEMENT DISORDER DRUG THERAPY</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUSTEDO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 40 MG</td>
<td>3</td>
<td>PA; DO; QL; LD</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE 80 MG</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>INGREZZA ORAL CAPSULE THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td>tetrabenazine oral tablet 1 or 1b*</td>
<td>PA; QL; SP</td>
<td></td>
</tr>
<tr>
<td>XENAZINE ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUBAGIO ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>dalfampridine er oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td><strong>MULTIPLE SCLEROSIS AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><strong>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>memantine hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>memantine hcl oral tablet 5 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>NAMENDA ORAL TABLET 10 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NAMENDA ORAL TABLET 5 MG</td>
<td>3</td>
<td>DO</td>
</tr>
<tr>
<td>NAMENDA TITRATION PAK ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>PHENOTHIAZINES &amp; TRICYCLIC AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>perphenazine-amitriptyline oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GRALISE ORAL TABLET 300 MG</td>
<td>2</td>
<td>PA; DO; QL</td>
</tr>
<tr>
<td>GRALISE ORAL TABLET 600 MG</td>
<td>2</td>
<td>PA; QL</td>
</tr>
<tr>
<td>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG</td>
<td>3</td>
<td>PA; DO; QL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LYTECA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd) oral tablet 10 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>fluoxetine hcl (pmdd) oral tablet 20 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>PSEUDOBULBAR AFFECT AGENT COMBINATIONS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUEDEXTA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ergoloid mesylates oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pimozide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>RESTLESS LEG SYNDROME (RLS) AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HORIZANT ORAL TABLET EXTENDED RELEASE</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDYI ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><strong>SMALL INTERFERING RIBONUCLEAR ACID (SIRNA) AGENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONPATTRO INTRAVENOUS SOLUTION</td>
<td>3</td>
<td>PA; QL; LD</td>
</tr>
<tr>
<td><strong>SMOKING DETERRENTS</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>bupropion hcl er (smoking det) oral tablet extended release 12 hour</td>
<td>1 or 1b*</td>
<td>PA; QL; $0</td>
</tr>
<tr>
<td>CHANTIX CONTINUING MONTH PAK ORAL TABLET</td>
<td>3</td>
<td>PA; QL; $0</td>
</tr>
<tr>
<td>CHANTIX ORAL TABLET</td>
<td>3</td>
<td>PA; QL; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANTIX STARTING MONTH PAK ORAL TABLET</td>
<td>3</td>
<td>PA; QL; $0</td>
</tr>
<tr>
<td>cvs nicotine mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs nicotine mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>cvs nicotine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq nicotine mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq nicotine step 3 transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>eql nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp nicotine mini mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp nicotine mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>gnp nicotine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense nicotine mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>goodsense nicotine mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>habitrol transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>hm nicotine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kls quit2 mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kls quit4 mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>kls quit4 mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICODERM CQ TRANSDERMAL PATCH 24 HOUR</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicorelief mouth/throat gum 2 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICORETTE MINI MOUTH/THROAT LOZENGE</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICORETTE MOUTH/THROAT GUM</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICORETTE MOUTH/THROAT LOZENGE</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICORETTE STARTER KIT MOUTH/THROAT GUM</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine mini mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine step 1 transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine step 2 transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine step 3 transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICOTINE TRANSDERMAL KIT</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>nicotine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>NICOTROL INHALATION INHALER</td>
<td>3</td>
<td>PA; QL; $0</td>
</tr>
<tr>
<td>NICOTROL NS NASAL SOLUTION</td>
<td>3</td>
<td>PA; QL; $0</td>
</tr>
<tr>
<td>px stop smoking aid mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>px stop smoking aid mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra mini nicotine mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra nicotine gum mouth/throat gum 2 mg, 4 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ra nicotine mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>ra nicotine transdermal patch 24 hour 14 mg/24hr</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm nicotine mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm nicotine mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm nicotine polacrilex mouth/throat gum</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm nicotine polacrilex mouth/throat lozenge</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>sm nicotine transdermal patch 24 hour</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>thrive mouth/throat gum 2 mg</td>
<td>1 or 1b*</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>SPHINGOSINE 1-PHOSPHATE (SIP) RECEPTOR MODULATORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GILENYA ORAL CAPSULE 0.5 MG</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>MAYZENT ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZEPOSIA 7-DAY STARTER PACK ORAL capsule THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZEPOSIA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ZEPOSIA STARTER KIT ORAL capsule THERAPY PACK</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>THIENBENZODIAZEPINES &amp; SSRIS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</td>
<td>1 or 1b*</td>
<td>DO</td>
</tr>
<tr>
<td>SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>HYDROLYTIC ENZYMES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PULMOZYME INHALATION SOLUTION</td>
<td>3</td>
<td>LD; SP</td>
</tr>
<tr>
<td><em>PLEURAL SCLEROSING AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCLEROSOL INTRAPLEURAL AEROSOL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>STERITALC INTRAPLEURAL POWDER</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFEV ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>PULMONARY FIBROSIS AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESBRIET ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td>ESBRIET ORAL TABLET</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>RESPIRATORY AGENTS - MISC.</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INFASURF INTRATRACHEAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SURVANTA INTRATRACHEAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>SULFONAMIDES</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>SULFONAMIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SULFADIAZINE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Drug Name                                      | Tier | Notes                  |
-----------------------------------------------|------|------------------------|
*TETRACYCLINES***                              |      |                        |
*AMINOMETHYLCYCLINES***                        |      |                        |
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED      | 3    | LD                     |
NUZYRA ORAL TABLET 150 MG                      | 3    | PA; QL; LD             |
*FLUOROCYCLINES***                             |      |                        |
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED      | 3    |                        |
*GLYCYLCYCLINES***                             |      |                        |
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED | 3    |                        |
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED     | 3    |                        |
*TETRACYCLINES***                              |      |                        |
coremino oral tablet extended release 24 hour  | 1 or 1b* | ST; QL |
demeclocycline hcl oral tablet                 | 1 or 1b* |       |
doxy 100 intravenous solution reconstituted    | 1 or 1b* |       |
doxycycline hyclate intravenous solution reconstituted | 1 or 1b* |       |
doxycycline hyclate oral capsule               | 1 or 1b* |       |
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 1 or 1b* |       |
doxycycline hyclate oral tablet 150 mg, 75 mg  | 1 or 1b* | ST; QL |
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | 1 or 1b* | ST; QL |
doxycycline monohydrate oral capsule           | 1 or 1b* |       |
doxycycline monohydrate oral suspension reconstituted | 1 or 1b* |       |
doxycycline monohydrate oral tablet            | 1 or 1b* |       |

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
<tr>
<td>minocycline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>minocycline hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>monodoxe nl oral capsule 100 mg, 75 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>morgidox oral capsule 100 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tetracycline hcl oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>THYROID AGENTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANTITHYROID AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>methimazole oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>propylthiouracil oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TAPAZOLE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>THYROID HORMONES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMOUR THYROID ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYTOMEL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>euthyrox oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levo-t oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levoxyl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>liothyronine sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>liothyronine sodium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>THYROID HORMONES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMOUR THYROID ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CYTOMEL ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>euthyrox oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levo-t oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>levothyroxine sodium oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>levoxyl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>liothyronine sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>liothyronine sodium oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUADRACEL</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>INTRAMUSCULAR SUSPENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TDVAX</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>INTRAMUSCULAR SUSPENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENIVAC</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>INTRAMUSCULAR INJECTABLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TETANUS-DIPHTHERIA TOXOIDS TD</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>INTRAMUSCULAR SUSPENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAXELIS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTRAMUSCULAR SUSPENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAXELIS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide-clidinium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>LIBRAX ORAL CAPSULE</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phenobarbital-belladonna alk oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenohydro oral elixir</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phenohydro oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*ANTISPASMODICS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENTYL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTRAMUSCULAR SOLUTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl intramuscular solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl oral solution</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>dicyclomine hcl oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
</tbody>
</table>

*BELLADONNA ALKALOIDS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATROPEN</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>INTRAMUSCULAR SOLUTION AUTO-INJECTOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATROPINE SULFATE INTRAMUSCULAR INJECTABLE 3 $0

*ANTICHOLINERGIC COMBINATIONS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide-clidinium oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

**ATROPINE SULFATE INTRAMUSCULAR INJECTABLE 3 $0**

ATROPINE SULFATE INTRAMUSCULAR SUSPENSION 3

**ATROPINE SULFATE INTRAMUSCULAR INJECTABLE 3 $0**

*H-2 ANTAGONISTS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>cimetidine hcl oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>cimetidine oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>famotidine oral suspension reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>famotidine oral tablet 20 mg, 40 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>famotidine premixed intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nizatidine oral capsule</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>nizatidine oral solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

*PROTON PUMP INHIBITORS***

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARAFATE ORAL SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CARAFATE ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>sucralfate oral suspension</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>sucralfate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

DEXILANT ORAL CAPSULE DELAYED RELEASE 2 ST; QL

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>esomeprazole sodium intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>omeprazole oral capsule delayed release</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>pantoprazole sodium intravenous solution reconstituted</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>pantoprazole sodium oral tablet delayed release</td>
<td>1 or 1b*</td>
<td>QL</td>
</tr>
<tr>
<td>PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>QUATERNARY ANTICHOLINERGICS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUVPOSA ORAL SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYCATE ORAL TABLET</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>glycopyrrolate injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>glycopyrrolate oral tablet 1 mg, 2 mg</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>GLYCOPPYRROLATE ORAL TABLET 1.5 MG</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td>GLYCOPPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYRX-PF INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>methscopolamine bromide oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HELIDAC THERAPY ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>PYLERA ORAL CAPSULE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amoxicill-clarithro-lansopraz oral</td>
<td>1 or 1b*</td>
<td>ST; QL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMECLAMOX-PAK ORAL</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td>TALICIA ORAL CAPSULE DELAYED RELEASE</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>ULCER DRUGS - PROSTAGLANDINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYTOTEC ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>misoprostol oral tablet</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td><em>URINARY ANTISPASMODICS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>darifenacin hydrobromide er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride er oral tablet extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride oral syrup</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>oxybutynin chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>solifenacin succinate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tolterodine tartrate er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>tolterodine tartrate oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>trospium chloride er oral capsule extended release 24 hour</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>trospium chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URINARY ANTAGONISTS - CHOLINERGIC AGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bethanechol chloride oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>URINARY ANTAGONICS - DIRECT MUSCLE RELAXANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>flavoxate hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><strong>VACCINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BACTERIAL VACCINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>BCG VACCINE INJECTION INJECTABLE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>BIOTHRAX INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>HIBERIX INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>MENACTRA INTRAMUSCULAR INJECTABLE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>MENQUADFI INTRAMUSCULAR INJECTABLE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>PEDVAX HIB INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>PNEUMOVAX 23 INJECTION INJECTABLE</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>PREVNAR 13 INTRAMUSCULAR SUSPENSION</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td><strong>VIRAL IMMUNIZATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VIRAL VACCINE COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-M-R II INJECTION SOLUTION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td><strong>VIRAL VACCINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLUAD QUADRIVALENT INTRAMUSCULAR SUSPENSION</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLUMIST QUADRIVALENT NASAL SUSPENSION</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</td>
<td>2</td>
<td>QL; $0</td>
</tr>
<tr>
<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</td>
<td>2</td>
<td>$0</td>
</tr>
<tr>
<td>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</td>
<td>3</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMOVAX RABIES INTRAMUSCULAR INJECTABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IPOL INJECTION INJECTABLE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>IXIARO INTRAMUSCULAR SUSPENSION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>ROTARIX ORAL SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>ROTATEQ ORAL SOLUTION</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>STAMARIL INJECTION SUSPENSION RECONSTITUTED</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>VARIVAX SUBCUTANEOUS INJECTABLE</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>YF-VAX SUBCUTANEOUS INJECTABLE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VAGINAL AND RELATED PRODUCTS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>IMIDAZOLE-RELATED ANTIFUNGALS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GYNAZOLE-1 VAGINAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>miconazole 3 vaginal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>terconazole vaginal suppository</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>MISCELLANEOUS VAGINAL PRODUCTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTRAROSA VAGINAL INSERT</td>
<td>3</td>
<td>ST; QL</td>
</tr>
<tr>
<td><em>SPERMICIDES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENCORE VAGINAL SUPPOSITORY</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>SHUR-SEAL CONTRACEPTIVE VAGINAL GEL</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>TODAY SPONGE VAGINAL</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>VCF VAGINAL CONTRACEPTIVE VAGINAL FILM</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td>VCF VAGINAL CONTRACEPTIVE VAGINAL GEL</td>
<td>2</td>
<td>OTC; $0</td>
</tr>
<tr>
<td><em>VAGINAL ANTI-INFECTIVES</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEOCIN VAGINAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CLEOCIN VAGINAL SUPPOSITORY</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>clindamycin phosphate vaginal cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>CLINDESSE VAGINAL CREAM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>metronidazole vaginal gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NUVESSA VAGINAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>vandazole vaginal gel</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHEXXI VAGINAL GEL</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VAGINAL ESTROGENS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>estradiol vaginal cream</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>estradiol vaginal tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Tier</td>
<td>Notes</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>ESTRING VAGINAL RING</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FEMRING VAGINAL RING</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IMVEXXY MAINTENANCE PACK VAGINAL INSERT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IMVEXXY STARTER PACK VAGINAL INSERT</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PREMARIN VAGINAL CREAM</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>yuvafem vaginal tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>VAGINAL PROGESTINS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRINONE VAGINAL GEL 4 %</td>
<td>3</td>
<td>SP</td>
</tr>
<tr>
<td>CRINONE VAGINAL GEL 8 %</td>
<td>3</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>ENDOMETRIN VAGINAL INSERT</td>
<td>3</td>
<td>PA; QL</td>
</tr>
<tr>
<td><em>VASOPRESSORS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>ANAPHYLAXIS THERAPY AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADRENALIN INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>epinephrine (anaphylaxis) injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>epinephrine injection solution auto-injector</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE</td>
<td>2</td>
<td>QL</td>
</tr>
<tr>
<td><em>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>droxidopa oral capsule</td>
<td>1 or 1b*</td>
<td>PA; QL; SP</td>
</tr>
<tr>
<td>NORTHERA ORAL CAPSULE</td>
<td>3</td>
<td>PA; QL; LD; SP</td>
</tr>
<tr>
<td><em>VASOPRESSORS</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AKOVAZ INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIORPHEN INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>dobutamine hcl intravenous solution 250 mg/20ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>dobutamine in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dopamine hcl intravenous solution 40 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>dopamine in d5w intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>EMERPHED INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPHEDRINE SULFATE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPHEDRINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/10ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>EPINEPHRINE-NAACL INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>GIAPREZA INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LEVOPED INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>midodrine hcl oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>norepinephrine bitartrate intravenous solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/500ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 20-0.9 MG/50ML-%</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>VAZCULEP INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VITAMINS</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN A</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML, 50000 UNIT/ML</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN B-1</em>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thiamine hcl injection solution</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN B-6</em>***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PYRIDOXINE HCL INJECTION SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN C</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASCOR INTRAVENOUS SOLUTION</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><em>VITAMIN D</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRISDOL ORAL CAPSULE</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ergocalciferol oral capsule</td>
<td>1 or 1a*</td>
<td></td>
</tr>
<tr>
<td>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</td>
<td>1 or 1a*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021

166
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>VITAMIN K</em>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPHYTON ORAL TABLET</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>phytonadione oral tablet</td>
<td>1 or 1b*</td>
<td></td>
</tr>
<tr>
<td>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</td>
<td>1 or 1b*</td>
<td></td>
</tr>
</tbody>
</table>

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

Effective 04/01/2021
* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 04/01/2021
Most plans include our convenient home delivery program at no extra cost to you. Find out more at anthem.com or call 833-236-6196.

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

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