

National Direct Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

If you have questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.



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National Direct Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

When I search the list, I see that each drug is on a tier. What are the tiers for?

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.
- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know if my drug is covered and how much will it cost?

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.



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If my medicine isn't on the drug list, what are my options?

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

What's the difference between brand-name and generic drugs?

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

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

Does the drug list change, and how will I know if it does?

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

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com](https://www.anthem.com).

Does my plan cover preventive drugs?

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

Key terms

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

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

AL = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents.

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

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

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

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

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

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

Online Pharmacy Resources

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

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

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

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National Direct Drug List

Four Tier

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Four Tier

CURRENT AS OF 1/1/2025

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT S		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***		
atomoxetine hcl oral capsule	1 or 1b*	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; DO
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST
STRATTERA ORAL CAPSULE 10 MG, 25 MG, 40 MG	4	PA
STRATTERA ORAL CAPSULE 100 MG, 18 MG, 60 MG, 80 MG	4	
*AMPHETAMINE MIXTURES***		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	DO
ADDERALL ORAL TABLET 20 MG, 30 MG	4	QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	4	DO

Drug Name	Tier	Notes
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	4	QL
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour	1 or 1b*	PA; QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL
*AMPHETAMINES***		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	4	ST; QL
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
DESOXYN ORAL TABLET	4	QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	4	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
DYANA VEL XR ORAL SUSPENSION EXTENDED RELEASE	4	ST; QL
DYANA VEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 5 MG	4	ST; DO
DYANA VEL XR ORAL TABLET EXTENDED RELEASE 15 MG, 20 MG	4	ST; QL
EVEKEO ORAL TABLET 10 MG	4	PA; QL
EVEKEO ORAL TABLET 5 MG	4	PA; DO
lisdexamfetamine dimesylate oral capsule 10 mg	1 or 1b*	PA
lisdexamfetamine dimesylate oral capsule 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1 or 1b*	PA; QL
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methamphetamine hcl oral tablet	4	QL
PROCENTRA ORAL SOLUTION	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL
XELSTRYM TRANSDERMAL PATCH	4	ST; QL
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	1 or 1b*	PA; QL
ZENZEDI ORAL TABLET 2.5 MG, 5 MG	1 or 1b*	PA; DO

Drug Name	Tier	Notes
*ANALEPTICS***		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
caffeine-sodium benzoate injection solution	4	
DOPRAM INTRAVENOUS SOLUTION	3	
*ANOREXIANT COMBINATIONS***		
PLENITY ORAL CAPSULE	4	BE
PLENITY WELCOME KIT ORAL CAPSULE	4	BE
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; BE; QL
*ANOREXIANTS NON-AMPHETAMINE***		
ADIPEX-P ORAL TABLET	3	PA; BE; QL
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; BE; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; BE; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; BE; QL
LOMAIRA ORAL TABLET	3	PA; BE; QL
phendimetrazine tartrate er oral capsule extended release 24 hour	3	PA; BE; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; BE; QL
phentermine hcl oral capsule	1 or 1b*	PA; BE; QL
phentermine hcl oral tablet	1 or 1b*	PA; BE; QL
*ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS***		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL

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

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Drug Name	Tier	Notes
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; BE; QL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; BE; QL
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	4	PA; BE; QL
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
WAKIX ORAL TABLET 17.8 MG	3	PA; LD; QL; SP
WAKIX ORAL TABLET 4.45 MG	3	PA; LD; DO; SP
*LIPASE INHIBITORS***		
orlistat oral capsule	1 or 1b*	PA; BE; QL
XENICAL ORAL CAPSULE	4	BE; QL
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS***		
IMCIVREE SUBCUTANEOUS SOLUTION	3	PA; LD; BE; QL
*STIMULANT COMBINATIONS***		
AZSTARYS ORAL CAPSULE	3	PA; QL

Drug Name	Tier	Notes
*STIMULANTS - MISC.***		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG	4	DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG	4	QL
armodafinil oral tablet	1 or 1b*	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	4	DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	4	QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	4	ST; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR	4	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR	4	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG	4	QL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	4	DO

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

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Drug Name	Tier	Notes
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	4	DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG	4	QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG	4	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4	ST; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG	4	PA; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE 40 MG, 50 MG, 60 MG	4	PA; QL
METHYLIN ORAL SOLUTION	4	ST; QL
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (1a) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (1a) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg	1 or 1b*	ST; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO

Drug Name	Tier	Notes
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
NUVIGIL ORAL TABLET	4	PA; QL
PROVIGIL ORAL TABLET 100 MG	4	PA; DO
PROVIGIL ORAL TABLET 200 MG	4	PA; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	4	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG	4	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	4	ST; DO

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

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Drug Name	Tier	Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	4	ST; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG	4	DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG	4	QL
RITALIN ORAL TABLET 10 MG, 5 MG	4	DO
RITALIN ORAL TABLET 20 MG	4	QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
*ALLERGENIC EXTRACTS***		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; LD; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; LD; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; LD; QL
PALFORZIA INITIAL ESCALATION ORAL	3	PA; LD; QL

Drug Name	Tier	Notes
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
*MIXED ALLERGENIC EXTRACTS***		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ALTERNATIVE MEDICINES		
*ALTERNATIVE MEDICINE - AL'S***		
aloe vera leaf juice oral liquid	1 or 1b*	
*ALTERNATIVE MEDICINE - BO'S***		
boswellia oral tablet	2	
*ALTERNATIVE MEDICINE - CH'S***		
vitex fruit oral capsule	2	
*ALTERNATIVE MEDICINE - GO'S***		
goldenseal root oral capsule 333 mg	2	
*ALTERNATIVE MEDICINE - GR'S***		
grape seed oral capsule 100 mg	2	
*ALTERNATIVE MEDICINE - LA'S**		
CALMAID ORAL CAPSULE	1 or 1b*	
*ALTERNATIVE MEDICINE - MA'S***		
maca root oral capsule	2	
*ALTERNATIVE MEDICINE - ME'S***		
ft melatonin extra strength oral tablet dispersible	1 or 1b*	
MAX SLEEP JUNIOR ORAL LIQUID	1 or 1b*	
*ALTERNATIVE MEDICINE - SA'S***		
saw palmetto berries oral capsule 585 mg	2	

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

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Drug Name	Tier	Notes
*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS***		
gnp cranberry plus prob w/vitc oral tablet	2	
AMEBICIDES		
*AMEBICIDES***		
SOLOSEC ORAL PACKET	3	PA; QL
AMINOGLYCOSIDES		
*AMINOGLYCOSIDES***		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	3	PA; LD; QL
BETHKIS INHALATION NEBULIZATION SOLUTION	3	LD; QL; SP
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE	3	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION	4	LD; QL; SP
neomycin sulfate oral tablet	1 or 1a*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION	4	LD; QL; SP
TOBI PODHALER INHALATION CAPSULE	3	LD; QL; SP
tobramycin inhalation nebulization solution	1 or 1b*	LD; QL; SP
tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml, 80 mg/2ml	1 or 1b*	QL

Drug Name	Tier	Notes
tobramycin sulfate injection solution 10 mg/ml	3	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
OLUMIANT ORAL TABLET	4	PA; LD; QL; SP
RINVOQ LQ ORAL SOLUTION	3	PA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP
XELJANZ ORAL SOLUTION	3	PA; QL; SP
XELJANZ ORAL TABLET	3	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP
*ANTIRHEUMATIC ANTIMETABOLITES***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; QL; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; QL; SP
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP

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

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Drug Name	Tier	Notes
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-aaty (1 pen) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-aaty (2 pen) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit	4	PA; QL; SP
adalimumab-adaz subcutaneous solution auto-injector	4	PA; QL; SP
adalimumab-adaz subcutaneous solution prefilled syringe	4	PA; QL; SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	3	SP
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	3	PA; QL; SP
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit	3	PA; QL; SP
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit	3	PA; QL; SP
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit	3	PA; QL; SP
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit	4	PA; QL; SP
adalimumab-ryvk (2 pen) subcutaneous auto-injector kit	4	PA; QL; SP
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	4	PA; QL

Drug Name	Tier	Notes
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	PA; QL; SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL; SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP

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

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Drug Name	Tier	Notes
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	3	PA; QL; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; QL; SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	3	PA; QL; SP
HUMIRA- PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	3	PA; QL; SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP

Drug Name	Tier	Notes
IDACIO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	QL; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL; SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	4	PA; QL; SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP

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

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Drug Name	Tier	Notes
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
CELEBREX ORAL CAPSULE	4	ST; QL
celecoxib oral capsule	1 or 1b*	QL
*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE	2	QL
*INTERLEUKIN-1 BLOCKERS***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL
*INTERLEUKIN-1BETA BLOCKERS***		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
TOFIDENCE INTRAVENOUS SOLUTION	4	PA; LD; SP

Drug Name	Tier	Notes
TYENNE INTRAVENOUS SOLUTION	4	PA; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
ARTHROTEC ORAL TABLET DELAYED RELEASE	4	ST; QL
COMBOGESIC INTRAVENOUS SOLUTION	3	
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	QL
DUEXIS ORAL TABLET	4	ST; QL
ibuprofen-famotidine oral tablet	4	ST; QL
KETOROCAINE-L INJECTION KIT	4	
KETOROCAINE-LM INJECTION KIT	4	
ketorolac-bupiv-ketamine injection solution prefilled syringe	4	
ketorolac-ropiv-ketamine injection solution prefilled syringe	4	
naproxen-esomeprazole mg oral tablet delayed release	4	ST; QL
VIMOVO ORAL TABLET DELAYED RELEASE	4	ST; QL
ZYNRELEF INJECTION SOLUTION	4	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
ANAPROX DS ORAL TABLET	3	QL
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	

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

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Drug Name	Tier	Notes
COXANTO ORAL CAPSULE	4	QL
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral capsule	4	ST; QL
diclofenac potassium oral tablet 25 mg	4	ST; QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	4	
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
fenoprofen calcium oral capsule	4	ST; QL
fenoprofen calcium oral tablet	4	ST; QL
FLANAX ORAL TABLET	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	QL
IBU ORAL TABLET	1 or 1a*	QL
IBUPAK ORAL KIT	4	
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
INDOCIN ORAL SUSPENSION	4	ST; QL
INDOCIN RECTAL SUPPOSITORY	4	ST; QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin oral suspension	4	ST; QL
indomethacin rectal suppository 100 mg	4	

Drug Name	Tier	Notes
indomethacin rectal suppository 50 mg	4	ST; QL
indomethacin sodium intravenous solution reconstituted	3	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketoprofen oral capsule 25 mg	4	QL
ketoprofen oral capsule 50 mg	4	ST; QL
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 30 mg/ml	4	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
KIPROFEN ORAL CAPSULE	4	QL
LODINE ORAL TABLET	3	QL
LOFENA ORAL TABLET	4	ST; QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral capsule	4	ST; QL
meloxicam oral suspension	4	ST; QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
NALFON ORAL CAPSULE 400 MG	4	ST; QL
NALFON ORAL TABLET	4	ST; QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	4	QL
NAPROSYN ORAL SUSPENSION	4	QL
NAPROSYN ORAL TABLET 500 MG	4	QL
naproxen dr oral tablet delayed release 500 mg	1 or 1b*	
naproxen oral suspension	4	QL
naproxen oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	4	QL
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral capsule	4	QL
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
RELAFEN DS ORAL TABLET	4	ST; QL
SPRIX NASAL SOLUTION	4	ST; QL
sulindac oral tablet	1 or 1b*	QL
TOLECTIN 600 ORAL TABLET	4	ST
tolmetin sodium oral capsule	1 or 1b*	QL
ZIPSOR ORAL CAPSULE	4	ST; QL
*NSAID-DIETARY MANAGEMENT COMBINATIONS***		
PRASTERA ORAL KIT	4	
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET 30 MG	3	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	3	PA; QL; SP
*PYRIMIDINE SYNTHESIS INHIBITORS***		
ARAVA ORAL TABLET	3	QL
leflunomide oral tablet	1 or 1b*	QL
*SELECTIVE COSTIMULATION MODULATORS***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL; SP

Drug Name	Tier	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
acetaminophen intravenous solution	1 or 1b*	
acetaminophen intravenous solution prefilled syringe	4	
LOTREXONE ORAL CAPSULE	4	
NALTREX ORAL CAPSULE	4	
*ANALGESICS-SEDATIVES***		
ALLZITAL ORAL TABLET	4	QL
BAC ORAL TABLET	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-300 mg	4	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	4	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL

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

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Drug Name	Tier	Notes
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
ESGIC ORAL CAPSULE	4	QL
ESGIC ORAL TABLET	4	QL
FIORICET ORAL CAPSULE	4	QL
TENCON ORAL TABLET 50-325 MG	1 or 1b*	QL
*SALICYLATES***		
aspirin 81 oral tablet chewable	1 or 1a*	\$0
aspirin 81 oral tablet delayed release	1 or 1a*	\$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	\$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
aspirin childrens oral tablet chewable	1 or 1a*	\$0
aspirin ec adult low dose oral tablet delayed release	1 or 1a*	\$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
aspirin low dose oral tablet chewable	1 or 1a*	\$0
aspirin low dose oral tablet delayed release	1 or 1a*	\$0
aspirin oral tablet chewable	1 or 1a*	\$0
aspirin oral tablet delayed release 81 mg	1 or 1a*	\$0
aspirin regimen oral tablet delayed release	1 or 1a*	\$0
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
BAYER LOW DOSE ORAL TABLET CHEWABLE	1 or 1a*	\$0
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
childrens aspirin oral tablet chewable	1 or 1a*	\$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	\$0

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

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

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Drug Name	Tier	Notes
ra aspirin adult low dose oral tablet chewable	1 or 1a*	\$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	\$0
ra aspirin childrens oral tablet chewable	1 or 1a*	\$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	\$0
ra aspirin ec oral tablet delayed release 81 mg	1 or 1a*	\$0
salsalate oral tablet	4	
sb childrens aspirin oral tablet chewable	1 or 1a*	\$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	\$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin low dose oral tablet chewable	1 or 1a*	\$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	\$0
sm childrens aspirin oral tablet chewable	1 or 1a*	\$0
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	1 or 1a*	\$0
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
acetaminophen-codeine oral solution 120-12 mg/5ml	1 or 1a*	AL; QL
acetaminophen-codeine oral tablet	1 or 1a*	AL; QL
ASCOMP-CODEINE ORAL CAPSULE	1 or 1b*	AL; QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	AL; QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	AL; QL

Drug Name	Tier	Notes
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	4	AL; QL
*DIHYDROCODEINE COMBINATIONS***		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	1 or 1b*	QL
*FENTANYL COMBINATIONS***		
fentanyl-bupivacaine-nacl injection solution	4	
*HYDROCODONE COMBINATIONS***		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
*OPIOID AGONISTS***		
codeine sulfate oral tablet 15 mg, 60 mg	3	AL; QL
codeine sulfate oral tablet 30 mg	1 or 1b*	AL; QL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; QL
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	
duramorph injection solution	1 or 1b*	

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

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Drug Name	Tier	Notes
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution 50 mcg/ml	3	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg	1 or 1b*	PA; QL
fentanyl citrate injection solution 1500 mcg/30ml	4	
fentanyl citrate injection solution prefilled syringe 100 mcg/2ml, 250 mcg/5ml	4	
fentanyl citrate intravenous solution	4	
fentanyl citrate intravenous solution prefilled syringe	4	
fentanyl citrate pf injection solution prefilled syringe	3	
fentanyl citrate-nacl injection solution 1-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%	4	
fentanyl citrate-nacl intravenous solution 1-0.9 mg/100ml-%, 1.25-0.9 mg/250ml-%, 2-0.9 mg/100ml-%, 2.5-0.9 mg/100ml-%, 2.5-0.9 mg/250ml-%	4	
fentanyl citrate-nacl intravenous solution prefilled syringe 10-0.9 mcg/2ml-%, 10-0.9 mcg/ml-%, 100-0.9 mcg/10ml-%, 1000-0.9 mcg/50ml-%, 2500-0.9 mcg/50ml-%, 5-0.9 mcg/ml-%, 500-0.9 mcg/50ml-%, 550-0.9 mcg/55ml-%	4	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL

Drug Name	Tier	Notes
hydromorphone hcl injection solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml, 2 mg/ml	4	
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	
hydromorphone hcl intravenous solution	4	
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	3	
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	
hydromorphone hcl rectal suppository	4	
hydromorphone hcl-nacl injection solution 10-0.9 mg/50ml-%, 100-0.9 mg/100ml-%, 20-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	4	
hydromorphone hcl-nacl injection solution prefilled syringe	4	
hydromorphone hcl-nacl intravenous solution 10-0.9 mg/50ml-%, 100-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 50-0.9 mg/50ml-%, 6-0.9 mg/30ml-%	4	
hydromorphone hcl-nacl intravenous solution prefilled syringe 0.2-0.9 mg/0.2ml-%, 0.5-0.9 mg/0.5ml-%, 1-0.9 mg/5ml-%, 1-0.9 mg/ml-%, 10-0.9 mg/50ml-%, 15-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 25-0.9 mg/50ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%, 6-0.9 mg/30ml-%	4	

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

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Drug Name	Tier	Notes
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	4	PA; QL
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
levorphanol tartrate oral tablet 2 mg	4	PA; QL
levorphanol tartrate oral tablet 3 mg	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
methadone hcl injection solution	3	PA; QL
METHADONE HCL INTENSOL ORAL CONCENTRATE	1 or 1b*	PA; QL
methadone hcl intravenous solution prefilled syringe	4	
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
methadone hcl-nacl intravenous solution prefilled syringe	4	
methadone hcl-sodium chloride intravenous solution prefilled syringe	4	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	PA; QL
METHADOSE ORAL TABLET SOLUBLE	1 or 1b*	PA; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL
MITIGO INJECTION SOLUTION	1 or 1b*	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1 or 1b*	QL

Drug Name	Tier	Notes
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	
morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	3	
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
morphine sulfate injection solution 1 mg/ml	4	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	
morphine sulfate intravenous solution 0.5 mg/ml, 1 mg/ml	4	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	1 or 1b*	
morphine sulfate intravenous solution 50 mg/ml	3	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
morphine sulfate rectal suppository	4	
morphine sulfate-nacl intravenous solution 1-0.9 mg/ml-%, 100-0.9 mg/100ml-%, 250-0.9 mg/50ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%	4	
morphine sulfate-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%, 150-0.9 mg/30ml-%, 2-0.9 mg/ml-%, 30-0.9 mg/30ml-%, 4-0.9 mg/ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%	4	

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

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Drug Name	Tier	Notes
MS CONTIN ORAL TABLET EXTENDED RELEASE	4	PA; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	PA; QL
NUCYNTA ORAL TABLET	3	QL
OLINVYK INTRAVENOUS SOLUTION	3	
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
oxycodone hcl oral tablet abuse-deterrent 15 mg	3	QL
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
QDOLO ORAL SOLUTION	3	AL; QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	3	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	3	PA; QL
sufentanil citrate intravenous solution	1 or 1b*	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED	4	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL

Drug Name	Tier	Notes
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl oral solution	3	AL; QL
tramadol hcl oral tablet 100 mg, 50 mg	1 or 1b*	AL; QL
tramadol hcl oral tablet 25 mg	1 or 1b*	PA; AL; QL
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	PA; QL
*OPIOID COMBINATIONS***		
APADAZ ORAL TABLET	3	QL
benzhydrocodone-acetaminophen oral tablet	3	QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1 or 1b*	QL
nalocet oral tablet	4	QL
oxycodone-acetaminophen oral solution 10-300 mg/5ml	4	QL
oxycodone-acetaminophen oral solution 5-325 mg/5ml	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	4	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL
PROLATE ORAL SOLUTION	4	QL
PROLATE ORAL TABLET	4	QL
*OPIOID PARTIAL AGONISTS***		
BELBUCA BUCCAL FILM	3	PA; QL
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; QL

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

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Drug Name	Tier	Notes
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL
butorphanol tartrate injection solution	1 or 1b*	
butorphanol tartrate nasal solution	1 or 1b*	QL
BUTRANS TRANSDERMAL PATCH WEEKLY	4	PA; QL
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
SUBOXONE SUBLINGUAL FILM	4	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	2	QL
*TRAMADOL COMBINATIONS***		
SEGLENTIS ORAL TABLET	4	AL; QL
tramadol-acetaminophen oral tablet	1 or 1b*	AL; QL
ANDROGENS- ANABOLIC		
*ANDROGENS***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	PA; QL
AVEED INTRAMUSCULAR SOLUTION	4	PA; LD; SP
danazol oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	1 or 1b*	PA
ec-rx testosterone transdermal cream	4	
JATENZO ORAL CAPSULE	3	PA; QL
KYZATREX ORAL CAPSULE	4	PA; QL
methitest oral tablet	4	PA
methyltestosterone oral capsule	4	PA
NATESTO NASAL GEL	3	PA; QL
TESTIM TRANSDERMAL GEL	4	PA; QL
TESTONE CIK INTRAMUSCULAR KIT	4	
TESTOPEL IMPLANT PELLET	3	PA; LD
testosterone cypionate injection solution 200 mg/ml	4	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone implant pellet 100 mg, 200 mg, 25 mg, 37.5 mg, 50 mg, 87.5 mg	4	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL
TLANDO ORAL CAPSULE	4	PA; QL
VOGELXO PUMP TRANSDERMAL GEL	4	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	4	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA

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

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Drug Name	Tier	Notes
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
budesonide rectal foam	1 or 1b*	QL
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	4	QL
*NITRATE VASODILATING AGENTS***		
nitroglycerin rectal ointment	1 or 1b*	QL
RECTIV RECTAL OINTMENT	3	QL
*RECTAL ANESTHETIC/STEROIDS ***		
ANA-LEX RECTAL KIT	4	
ANALPRAM HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
hydrocortisone ace-pramoxine rectal suppository	4	
hydrocort-pramoxine (perianal) external cream	4	
lidocaine-hydrocort (perianal) external cream	4	
lidocaine-hydrocortisone ace rectal gel	4	
lidocaine-hydrocortisone ace rectal kit	4	
LIDOCORT EXTERNAL CREAM	4	
PROCORT EXTERNAL CREAM	4	
PROCTOFOAM HC EXTERNAL FOAM	3	

Drug Name	Tier	Notes
*RECTAL LOCAL ANESTHETICS***		
eq hemorrhoid relief external cream	1 or 1b*	
*RECTAL PRODUCTS - MISC.***		
BARRIGEL RECTAL GEL	4	
*RECTAL STEROIDS***		
anucort-hc rectal suppository	4	
ANUSOL-HC EXTERNAL CREAM	3	
ANUSOL-HC RECTAL SUPPOSITORY	4	
HEMMOREX-HC RECTAL SUPPOSITORY	4	
hydrocortisone (perianal) external cream	1 or 1b*	
hydrocortisone acetate rectal suppository	4	
PROCTOCORT EXTERNAL CREAM	1 or 1b*	
PROCTOCORT RECTAL SUPPOSITORY	4	
PROCTO-MED HC EXTERNAL CREAM	1 or 1b*	
PROCTOSOL HC EXTERNAL CREAM	1 or 1b*	
PROCTOZONE-HC EXTERNAL CREAM	1 or 1b*	
ANTHELMINTICS		
*ANTHELMINTICS***		
albendazole oral tablet	1 or 1b*	PA; QL
benznidazole oral tablet	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	QL
praziquantel oral tablet	1 or 1b*	
STROMEKTOL ORAL TABLET	3	QL
ANTIANGINAL AGENTS		
*ANTIANGINALS-OTHER***		
ASPRUZYO SPRINKLE ORAL PACKET	3	PA; QL

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

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Drug Name	Tier	Notes
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
*NITRATES***		
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
nitroglycerin intravenous solution	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE	4	
ANTIANSXIETY AGENTS		
*ANTIANSXIETY AGENTS - MISC.***		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	

Drug Name	Tier	Notes
droperidol intravenous solution prefilled syringe	4	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	
*BENZODIAZEPINES***		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
ATIVAN INJECTION SOLUTION	4	
ATIVAN ORAL TABLET	4	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam injection solution 5 mg/ml	4	
DIAZEPAM INTENSOL ORAL CONCENTRATE	1 or 1a*	QL
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
LORAZEPAM INTENSOL ORAL CONCENTRATE	1 or 1b*	QL

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

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Drug Name	Tier	Notes
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	4	ST; DO
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	4	ST; QL
oxazepam oral capsule	1 or 1b*	QL
VALIUM ORAL TABLET	4	QL
XANAX ORAL TABLET	4	QL
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	DO
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	4	QL
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS - MISC.**		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A**		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
NORPACE ORAL CAPSULE	3	
procainamide hcl injection solution	1 or 1b*	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 60 mg/3ml	4	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	

Drug Name	Tier	Notes
lidocaine hcl (cardiac) pf intravenous solution	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 2-5 mg/ml-%	4	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-C**		
flecainide acetate oral tablet	1 or 1b*	QL
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
*ANTIARRHYTHMICS TYPE III**		
amiodarone hcl in dextrose intravenous solution 450-5 mg/250ml-%, 900-5 mg/500ml-%	4	
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	QL
NEXTERONE INTRAVENOUS SOLUTION	3	
PACERONE ORAL TABLET 100 MG, 400 MG	1 or 1b*	
PACERONE ORAL TABLET 200 MG	1 or 1b*	QL
TIKOSYN ORAL CAPSULE	4	

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

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Drug Name	Tier	Notes
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-LIPOXYGENASE INHIBITORS***		
zileuton er oral tablet extended release 12 hour	4	PA; QL
ZYFLO ORAL TABLET	4	PA; QL
*ADRENERGIC COMBINATIONS***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	4	ST; QL
ADVAIR HFA INHALATION AEROSOL	4	ST; QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL
AIRSUPRA INHALATION AEROSOL	2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL
BEVESPI AEROSPHERE INHALATION AEROSOL	4	ST; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	1 or 1b*	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	QL
BREYNA INHALATION AEROSOL	1 or 1b*	QL

Drug Name	Tier	Notes
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL
DULERA INHALATION AEROSOL	4	ST; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	4	QL
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	4	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT INHALATION AEROSOL	4	ST; QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1 or 1b*	QL

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

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Drug Name	Tier	Notes
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*ANTI-INFLAMMATORY AGENTS***		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
*BETA ADRENERGICS***		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution	1 or 1b*	QL
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
BROVANA INHALATION NEBULIZATION SOLUTION	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
isoproterenol-sodium chloride intravenous solution	4	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL

Drug Name	Tier	Notes
PERFORMIST INHALATION NEBULIZATION SOLUTION	3	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	4	QL
XOPENEX HFA INHALATION AEROSOL	4	QL
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	QL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	4	ST; QL
ipratropium bromide inhalation solution	1 or 1b*	QL
SPIRIVA HANDIHALER INHALATION CAPSULE	1 or 1b*	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
tiotropium bromide monohydrate inhalation capsule	4	QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	QL
YUPELRI INHALATION SOLUTION	3	ST; QL

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

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Drug Name	Tier	Notes
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS SOLUTION	3	PA; LD; SP
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
ACCOLATE ORAL TABLET	3	QL
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
SINGULAIR ORAL PACKET	4	QL
SINGULAIR ORAL TABLET	4	QL
SINGULAIR ORAL TABLET CHEWABLE	4	QL
zafirlukast oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
*PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS***		
OHTUVAYRE INHALATION SUSPENSION	3	PA; QL; SP
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
DALIRESPI ORAL TABLET	4	PA; QL
roflumilast oral tablet	1 or 1b*	PA; QL
*STEROID INHALANTS***		
ALVESCO INHALATION AEROSOL SOLUTION	4	ST; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST; QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	ST; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST; QL
ASMANEX HFA INHALATION AEROSOL	4	ST; QL
budesonide inhalation suspension	1 or 1b*	QL
fluticasone propionate diskus inhalation aerosol powder breath activated	2	QL

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

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Drug Name	Tier	Notes
fluticasone propionate hfa inhalation aerosol	2	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
PULMICORT INHALATION SUSPENSION	4	QL
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
*XANTHINES***		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	1 or 1b*	QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral elixir	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL
ANTICOAGULANTS		
*ANTICOAGULANTS - MISC.***		
sodium citrate lock flush intravenous solution prefilled syringe	4	

Drug Name	Tier	Notes
*COUMARIN ANTICOAGULANTS***		
JANTOVEN ORAL TABLET	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL
ELIQUIS ORAL TABLET	2	QL
SAVAYSA ORAL TABLET	4	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO ORAL TABLET	2	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*	
heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	3	
heparin (porcine) in nacl intravenous solution 2500-0.9 ut/500ml-%, 30000-0.9 unit/l-%, 4000-0.9 unit/l-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%	4	
heparin (porcine) in nacl intravenous solution prefilled syringe 20-0.9 unt/20ml-%, 50-0.9 unt/50ml-%	4	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%	3	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution prefilled syringe	3	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	1 or 1b*	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	
*IN VITRO/LOCK ANTICOAGULANT COMBINATIONS***		
sodium citrate-gentamicin sulf intravenous solution	4	
*LOW MOLECULAR WEIGHT HEPARINS***		
enoxaparin sodium injection solution 300 mg/3ml	1 or 1b*	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	3	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
LOVENOX INJECTION SOLUTION	4	QL
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	4	QL

Drug Name	Tier	Notes
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
ARIXTRA SUBCUTANEOUS SOLUTION	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
*THROMBIN INHIBITORS - HIRUDIN TYPE***		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
bivalirudin trifluoroacetate intravenous solution	1 or 1b*	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE***		
argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%	3	
argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml	3	
dabigatran etexilate mesylate oral capsule	4	QL
PRADAXA ORAL CAPSULE	4	QL
PRADAXA ORAL PACKET	4	QL
ANTICONVULSANTS		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL
*ANTICONVULSANTS - BENZODIAZEPINES***		
clobazam oral suspension	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
clonazepam oral tablet dispersible	1 or 1b*	QL
diazepam rectal gel	1 or 1b*	QL
KLONOPIN ORAL TABLET	4	QL
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG	4	PA; QL
LIBERVANT BUCCAL FILM 5 MG, 7.5 MG	4	PA
NAYZILAM NASAL SOLUTION	4	PA; QL
ONFI ORAL SUSPENSION	4	QL
ONFI ORAL TABLET 10 MG, 20 MG	4	QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA; QL
*ANTICONVULSANTS - MISC.***		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET 200 MG	3	DO
BANZEL ORAL TABLET 400 MG	3	QL
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	QL
BRIVIACT ORAL TABLET	3	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL

Drug Name	Tier	Notes
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL
carbamazepine oral suspension 100 mg/5ml	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	QL
DIACOMIT ORAL CAPSULE 250 MG	3	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG	3	PA; LD; QL
DIACOMIT ORAL PACKET 250 MG	3	PA; LD; DO
DIACOMIT ORAL PACKET 500 MG	3	PA; LD; QL
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
EPIDIOLEX ORAL SOLUTION	3	PA; LD; SP
EPITOL ORAL TABLET	1 or 1b*	QL
EPRONTIA ORAL SOLUTION	4	QL
FANATREX FUSEPAQ ORAL SUSPENSION	4	
FINTEPLA ORAL SOLUTION	3	PA; LD; QL
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet 25 mg, 50 mg	4	
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL
KEPPRA INTRAVENOUS SOLUTION	4	
KEPPRA ORAL SOLUTION	4	QL
KEPPRA ORAL TABLET 1000 MG	4	QL
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG	4	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL
lacosamide intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
lacosamide oral solution	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL
LAMICTAL ODT ORAL KIT	4	QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG	4	QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG	4	DO
LAMICTAL ORAL TABLET	4	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	4	QL
LAMICTAL STARTER ORAL KIT	4	QL
LAMICTAL XR ORAL KIT	4	QL
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	4	QL
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL

Drug Name	Tier	Notes
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet 1000 mg	1 or 1b*	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
LYRICA ORAL CAPSULE	4	QL
LYRICA ORAL SOLUTION	4	QL
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	DO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	QL
MYSOLINE ORAL TABLET	4	QL
NEURONTIN ORAL CAPSULE	4	DO
NEURONTIN ORAL SOLUTION	4	QL
NEURONTIN ORAL TABLET	4	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG	3	QL
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG	3	DO
ROWEEPRA ORAL TABLET 500 MG	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	QL
SUBVENITE ORAL TABLET	1 or 1b*	DO
SUBVENITE STARTER KIT-BLUE ORAL KIT	1 or 1b*	QL
SUBVENITE STARTER KIT-GREEN ORAL KIT	1 or 1b*	QL
SUBVENITE STARTER KIT-ORANGE ORAL KIT	1 or 1b*	QL
TEGRETOL ORAL SUSPENSION	4	QL
TEGRETOL ORAL TABLET	4	QL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	QL
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG	4	DO
TOPAMAX ORAL TABLET 200 MG	4	QL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	4	QL
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg	1 or 1b*	QL

Drug Name	Tier	Notes
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL
TRILEPTAL ORAL SUSPENSION	4	QL
TRILEPTAL ORAL TABLET	4	QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG	4	QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG	4	DO
VIMPAT INTRAVENOUS SOLUTION	4	
VIMPAT ORAL SOLUTION	4	QL
VIMPAT ORAL TABLET	4	QL
ZONEGRAN ORAL CAPSULE	4	QL
ZONISADE ORAL SUSPENSION	4	QL
zonisamide oral capsule	1 or 1b*	QL
ZTALMY ORAL SUSPENSION	3	LD; QL
*CARBAMATES***		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
FELBATOL ORAL TABLET	4	QL
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI ORAL TABLET THERAPY PACK	3	QL

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

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Drug Name	Tier	Notes
*GABA MODULATORS***		
SABRIL ORAL PACKET	4	LD; QL; SP
SABRIL ORAL TABLET	4	LD; QL; SP
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; QL; SP
vigabatrin oral tablet	1 or 1b*	LD; QL; SP
VIGADRONE ORAL PACKET	1 or 1b*	LD; QL
VIGADRONE ORAL TABLET	1 or 1b*	LD; QL; SP
VIGPODER ORAL PACKET	1 or 1b*	LD; QL
*HYDANTOINS***		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
DILANTIN-125 ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	1 or 1b*	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE	1 or 1b*	
phenytoin oral suspension 125 mg/5ml	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
*SUCCINIMIDES***		
CELONTIN ORAL CAPSULE	3	QL
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
methsuximide oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
ZARONTIN ORAL CAPSULE	4	QL
ZARONTIN ORAL SOLUTION	4	QL
*VALPROIC ACID***		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL
DEPAKOTE ORAL TABLET DELAYED RELEASE	4	QL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	QL
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution 250 mg/5ml	1 or 1b*	
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS***		
AUVELITY ORAL TABLET EXTENDED RELEASE	4	ST; QL

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

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Drug Name	Tier	Notes
*ANTIDEPRESSANTS - MISC.***		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG	3	ST; QL
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL
bupropion hcl oral tablet 100 mg	1 or 1b*	QL
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	4	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	4	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	ST; DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	ST; QL
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO INTRAVENOUS SOLUTION	3	PA; LD; SP

Drug Name	Tier	Notes
ZURZUVAE ORAL CAPSULE	3	PA; LD; QL
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR	3	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR	3	DO
MARPLAN ORAL TABLET	3	QL
NARDIL ORAL TABLET	3	QL
PARNATE ORAL TABLET	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; LD; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; LD; QL
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
CELEXA ORAL TABLET	4	ST
citalopram hydrobromide oral capsule	4	ST
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet	1 or 1b*	
fluoxetine hcl oral capsule	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	

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

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Drug Name	Tier	Notes
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
fluoxetine hcl oral tablet 60 mg	3	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
LEXAPRO ORAL TABLET	4	ST
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	
paroxetine hcl oral tablet	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	4	ST
PROZAC ORAL CAPSULE	4	ST
sertraline hcl oral capsule	4	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
ZOLOFT ORAL CONCENTRATE	4	
ZOLOFT ORAL TABLET	4	ST
*SEROTONIN MODULATORS***		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
TRINTELLIX ORAL TABLET 10 MG, 5 MG	2	DO
TRINTELLIX ORAL TABLET 20 MG	2	QL
VIIBRYD ORAL TABLET 10 MG, 20 MG	4	ST; DO
VIIBRYD ORAL TABLET 40 MG	4	ST; QL

Drug Name	Tier	Notes
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	QL
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	4	PA; QL
desvenlafaxine er oral tablet extended release 24 hour 100 mg	4	ST; QL
desvenlafaxine er oral tablet extended release 24 hour 50 mg	4	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	DO
duloxetine hcl oral capsule delayed release particles	1 or 1b*	QL
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	ST; DO
venlafaxine besylate er oral tablet extended release 24 hour	4	ST; QL

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

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Drug Name	Tier	Notes
venlafaxine hcl er oral capsule extended release 24 hour	1 or 1b*	QL
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	4	ST; QL
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL
venlafaxine hcl oral tablet	1 or 1b*	QL
*TRICYCLIC AGENTS***		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1a*	DO
amitriptyline hcl oral tablet 100 mg, 150 mg	1 or 1a*	QL
amoxapine oral tablet 100 mg, 150 mg	1 or 1b*	QL
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG	4	DO
ANAFRANIL ORAL CAPSULE 50 MG, 75 MG	4	QL
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO

Drug Name	Tier	Notes
nortriptyline hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
nortriptyline hcl oral solution	1 or 1b*	QL
PAMELOR ORAL CAPSULE 10 MG, 25 MG	3	DO
PAMELOR ORAL CAPSULE 50 MG, 75 MG	3	QL
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule	1 or 1b*	QL
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL
*ANTIDIABETIC - ALLOGENEIC CELLULAR THERAPY***		
LANTIDRA INTRAVENOUS SUSPENSION	4	LD
*ANTIDIABETIC - AMYLIN ANALOGS***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
*ANTIDIABETIC-ANTI-CD3 ANTIBODIES***		
TZIELD INTRAVENOUS SOLUTION	3	PA; LD
*BIGUANIDES***		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
metformin hcl er (mod) oral tablet extended release 24 hour	4	ST; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	4	ST; QL

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

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Drug Name	Tier	Notes
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
metformin hcl oral tablet 625 mg	4	PA; QL
metformin hcl oral tablet 850 mg	1 or 1b*	\$0; QL
RIOMET ORAL SOLUTION	3	PA; QL
*DIABETIC OTHER***		
BAQSIMI ONE PACK NASAL POWDER	3	QL
BAQSIMI TWO PACK NASAL POWDER	3	QL
diazoxide oral suspension	1 or 1b*	
glucagon emergency injection kit	1 or 1b*	QL
glucagon emergency injection solution reconstituted	3	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE KIT SUBCUTANEOUS SOLUTION	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL

Drug Name	Tier	Notes
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
ONGLYZA ORAL TABLET 5 MG	4	ST; QL
saxagliptin hcl oral tablet	4	ST; QL
sitagliptin oral tablet	4	ST; QL
TRADJENTA ORAL TABLET	4	ST; QL
ZITUVIO ORAL TABLET	4	ST; QL
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
JENTADUETO ORAL TABLET	4	ST; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
saxagliptin-metformin er oral tablet extended release 24 hour	4	ST; QL
sitagliptin base-metformin hcl oral tablet	4	ST; QL
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL
*HUMAN INSULIN***		
ADMELOG INJECTION SOLUTION	4	QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL

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

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Drug Name	Tier	Notes
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	4	QL
APIDRA INJECTION SOLUTION	4	QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
FIASP INJECTION SOLUTION	2	QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL
HUMALOG INJECTION SOLUTION	4	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	4	QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	4	QL

Drug Name	Tier	Notes
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	4	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	4	QL
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	4	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
HUMULIN N SUBCUTANEOUS SUSPENSION	4	QL
HUMULIN R INJECTION SOLUTION	4	QL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
insulin asp prot & asp flexpen subcutaneous suspension pen-injector	4	QL
insulin aspart flexpen subcutaneous solution pen-injector	4	QL
insulin aspart injection solution	4	QL
insulin aspart penfill subcutaneous solution cartridge	4	QL

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

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Drug Name	Tier	Notes
insulin aspart prot & aspart subcutaneous suspension	4	QL
insulin degludec flextouch subcutaneous solution pen-injector	4	ST; QL
insulin degludec subcutaneous solution	4	ST; QL
insulin glargine max solostar subcutaneous solution pen-injector	4	ST; QL
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	4	ST; QL
insulin glargine-yfgn subcutaneous solution	4	ST; QL
insulin glargine-yfgn subcutaneous solution pen-injector	4	ST; QL
insulin lispro (1 unit dial) subcutaneous solution pen-injector	4	ST; QL
insulin lispro injection solution	4	ST; QL
insulin lispro junior kwikpen subcutaneous solution pen-injector	4	QL
insulin lispro prot & lispro subcutaneous suspension pen-injector	4	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL
LANTUS SUBCUTANEOUS SOLUTION	4	ST; QL
LYUMJEV INJECTION SOLUTION	4	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL
MYXREDLIN INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	4	QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	4	QL
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	4	QL
NOVOLIN N SUBCUTANEOUS SUSPENSION	4	QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	4	QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	4	QL
NOVOLIN R INJECTION SOLUTION	4	QL
NOVOLIN R RELION INJECTION SOLUTION	4	QL
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	QL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL

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

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Drug Name	Tier	Notes
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	QL
NOVOLOG INJECTION SOLUTION	4	QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	4	QL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	4	QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	4	QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	QL
NOVOLOG RELION INJECTION SOLUTION	4	QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	2	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL

Drug Name	Tier	Notes
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)***		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; QL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR	4	PA; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; QL
liraglutide subcutaneous solution pen-injector	1 or 1b*	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML	2	PA; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML	2	PA; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA; QL
RYBELSUS ORAL TABLET	2	PA; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; QL

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

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Drug Name	Tier	Notes
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
*MEGLITINIDE ANALOGUES***		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
*PROGESTERONE RECEPTOR ANTAGONISTS***		
KORLYM ORAL TABLET	4	PA; LD; QL
mifepristone oral tablet 300 mg	1 or 1b*	PA; LD; QL
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI ORAL TABLET	2	ST; QL
QTERN ORAL TABLET	4	ST; QL
STEGLUJAN ORAL TABLET	4	ST; QL
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
bexagliflozin oral tablet	4	ST; QL
BRENZAVVY ORAL TABLET	4	ST; QL
dapagliflozin propanediol oral tablet	4	ST; QL
FARXIGA ORAL TABLET	2	ST; QL
INVOKANA ORAL TABLET	4	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL

Drug Name	Tier	Notes
STEGLATRO ORAL TABLET	4	ST; QL
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
dapagliflozin pro-metformin er oral tablet extended release 24 hour	4	ST; QL
INVOKAMET ORAL TABLET	4	ST; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
SEGLUROMET ORAL TABLET	4	ST; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
*SULFONYLUREAS***		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	4	QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***		
ACTOPLUS MET ORAL TABLET 15-850 MG	4	ST; QL
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONES ***		
ACTOS ORAL TABLET	4	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
bilac oral capsule	4	
DERMACINRX PROBISOL ORAL CAPSULE	4	
DERMACINRX PROBITRAN ORAL CAPSULE	4	
eq stomach relief oral tablet	1 or 1b*	
eq stomach relief oral tablet chewable	1 or 1b*	
FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE	2	
LACTEROL ORAL CAPSULE	4	
PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE	1 or 1b*	
PROBINATE ORAL CAPSULE	4	
probioflexx oral capsule	2	

Drug Name	Tier	Notes
promella in prebiotic oral capsule	4	
surebiotic probiotic support oral capsule	3	
VISBIOME ORAL PACKET	4	
wellpro 31 oral capsule	4	
xybiotic oral capsule	4	
zelac oral capsule	4	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
probichew oral tablet chewable	4	
RESTORA RX ORAL CAPSULE	4	
*ANTIPERISTALTIC AGENTS***		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	QL
MOTOFEN ORAL TABLET	3	
opium oral tincture	4	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTE COMBINATIONS***		
NITHIODOLE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
*ANTIDOTES - CHELATING AGENTS***		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	1 or 1b*	PA; LD; SP
deferasirox oral packet	1 or 1b*	PA; LD; SP

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

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Drug Name	Tier	Notes
deferasirox oral tablet	1 or 1b*	PA; LD; SP
deferasirox oral tablet soluble	1 or 1b*	PA; LD; SP
deferiprone oral tablet	1 or 1b*	PA; LD
dimercaptopropane-sulfonate injection solution	4	
EXJADE ORAL TABLET SOLUBLE	4	PA; LD; SP
FERRIPROX ORAL SOLUTION	3	PA; LD
FERRIPROX ORAL TABLET	4	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET	3	PA; LD
JADENU ORAL TABLET	4	PA; LD; SP
JADENU SPRINKLE ORAL PACKET	4	PA; LD; SP
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
edetate calcium disodium injection solution	3	

Drug Name	Tier	Notes
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue (antidote) intravenous solution	1 or 1b*	
methylene blue intravenous solution 50 mg/10ml	1 or 1b*	
methylene blue intravenous solution prefilled syringe	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
sodium nitrite intravenous solution	3	
sodium thiosulfate intravenous solution 250 mg/ml	1 or 1b*	
sugammadex sodium intravenous solution prefilled syringe 200 mg/2ml	4	
VISTOGARD ORAL PACKET	3	PA; LD; QL
*BENZODIAZEPINE ANTAGONISTS***		
flumazenil intravenous solution	1 or 1b*	
*OPIOID ANTAGONISTS***		
KLOXXADO NASAL LIQUID	2	QL
nalmefene hcl injection solution	3	QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe 0.4 mg/ml	3	QL
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1 or 1b*	QL

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

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Drug Name	Tier	Notes
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
OPVEE NASAL SOLUTION	2	QL
REXTOVY NASAL LIQUID	2	QL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
ANZEMET ORAL TABLET 50 MG	3	QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1 or 1b*	
ondansetron hcl injection solution prefilled syringe	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron oral tablet dispersible	1 or 1b*	QL
palonosetron hcl intravenous solution 0.25 mg/2ml	3	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA
SANCUSO TRANSDERMAL PATCH	3	QL
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
*ANTIEMETIC COMBINATIONS***		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION	3	PA; LD; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
AKYNZEO ORAL CAPSULE	3	LD; QL
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
DICLEGIS ORAL TABLET DELAYED RELEASE	4	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
*ANTIEMETICS - ANTICHOLINERGIC***		
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
dimenhydrinate injection solution	3	
meclizine hcl oral tablet 25 mg	1 or 1a*	
meclizine hcl oral tablet 50 mg	1 or 1b*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	4	
trimethobenzamide hcl oral capsule	1 or 1b*	
*ANTIEMETICS - ANTIDOPAMINERGIC**		
*		
BARHEMSYS INTRAVENOUS SOLUTION	3	
*ANTIEMETICS - MISCELLANEOUS***		
dronabinol oral capsule	1 or 1b*	QL
MARINOL ORAL CAPSULE	3	QL

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

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Drug Name	Tier	Notes
SYNDROS ORAL SOLUTION	3	QL
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***		
APONVIE INTRAVENOUS EMULSION	3	
aprepitant oral	1 or 1b*	QL
aprepitant oral capsule	1 or 1b*	QL
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	PA; QL
EMEND ORAL CAPSULE 80 MG	4	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK ORAL CAPSULE	4	QL
focinvez intravenous solution	3	PA; QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL
ANTIFUNGALS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	QL
caspofungin acetate intravenous solution reconstituted	3	QL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
micafungin sodium intravenous solution reconstituted	3	

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

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

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Drug Name	Tier	Notes
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	QL
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFIL INTRAVENOUS SOLUTION	4	
NOXAFIL ORAL PACKET	3	PA; QL
NOXAFIL ORAL SUSPENSION	4	PA; QL
NOXAFIL ORAL TABLET DELAYED RELEASE	4	PA; QL
posaconazole intravenous solution	1 or 1b*	
posaconazole oral suspension	1 or 1b*	PA; QL
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
tolsura oral capsule	3	PA; QL
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	4	
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET 50 MG	3	PA; QL

Drug Name	Tier	Notes
voriconazole intravenous solution reconstituted	4	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
brompheniramine maleate intramuscular solution	4	
eq allergy relief oral tablet 4 mg	1 or 1b*	
RYCLORA ORAL SOLUTION	4	ST
*ANTIHISTAMINES - ETHANOLAMINES***		
carbinoxamine maleate er oral suspension extended release	1 or 1b*	QL
carbinoxamine maleate oral solution	1 or 1b*	ST
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	ST
carbinoxamine maleate oral tablet 6 mg	4	ST; QL
clemastine fumarate oral syrup	3	ST; QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	ST; QL
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	4	
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	4	ST; QL
RYVENT ORAL TABLET	4	ST; QL
*ANTIHISTAMINES - NON-SEDATING***		
cetirizine hcl oral solution	1 or 1b*	QL
CLARINEX ORAL TABLET	3	ST; QL
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL

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

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Drug Name	Tier	Notes
eq allergy relief childrens oral suspension	1 or 1b*	
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
mm allergy relief 24 hour oral tablet	1 or 1b*	
QUZYTIR INTRAVENOUS SOLUTION	3	
*ANTIHISTAMINES - PHENOTHIAZINES***		
PHENERGAN INJECTION SOLUTION	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral tablet	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL
PROMETHEGAN RECTAL SUPPOSITORY	1 or 1b*	QL
*ANTIHISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
ANTHYPERLIPIDEMI CS		
*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET	3	PA; QL
*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***		
EVKEEZA INTRAVENOUS SOLUTION	3	PA; LD
*ANTHYPERLIPIDEMI CS - MISC.***		
icosapent ethyl oral capsule	4	QL
LOVAZA ORAL CAPSULE	4	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	1 or 1b*	PA; QL
*ANTHYPERLIPIDEMI CS MISC. COMBINATIONS***		
sure result o3d3 system oral kit	4	
*BILE ACID SEQUESTRANTS***		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID ORAL GRANULES	3	QL
COLESTID ORAL TABLET	3	QL
colestipol hcl oral granules	1 or 1b*	QL
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
PREVALITE ORAL PACKET	1 or 1b*	QL
PREVALITE ORAL POWDER	1 or 1b*	QL
QUESTRAN LIGHT ORAL POWDER	3	QL
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL

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

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Drug Name	Tier	Notes
WELCHOL ORAL PACKET	4	QL
WELCHOL ORAL TABLET	4	QL
*FIBRIC ACID DERIVATIVES***		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE	4	ST; QL
*HMG COA REDUCTASE INHIBITORS***		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	4	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	4	ST; QL
ATORVALIQ ORAL SUSPENSION	4	ST; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL

Drug Name	Tier	Notes
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; DO
CRESTOR ORAL TABLET 40 MG	4	ST; QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	4	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	4	ST; QL
flolipid oral suspension	4	ST; QL
fluvastatin sodium er oral tablet extended release 24 hour	4	ST; QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; DO
LIPITOR ORAL TABLET 80 MG	4	ST; QL
LIVALO ORAL TABLET 1 MG, 2 MG	4	ST; DO
LIVALO ORAL TABLET 4 MG	4	ST; QL
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0; QL
pitavastatin calcium oral tablet 1 mg, 2 mg	4	ST; DO
pitavastatin calcium oral tablet 4 mg	4	ST; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 40 mg	1 or 1b*	\$0; QL

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

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Drug Name	Tier	Notes
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG	4	ST; DO
ZOCOR ORAL TABLET 40 MG	4	ST; QL
ZYPITAMAG ORAL TABLET 2 MG	4	ST; DO
ZYPITAMAG ORAL TABLET 4 MG	4	ST; QL
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
VYTORIN ORAL TABLET	4	ST; QL
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet	1 or 1b*	QL
ZETIA ORAL TABLET	4	ST; QL
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
*NICOTINIC ACID DERIVATIVES***		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
NIACOR ORAL TABLET	1 or 1b*	ST; QL
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL

Drug Name	Tier	Notes
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS***		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; QL
*ANTIHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	QL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1 or 1b*	DO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	QL
PRESTALIA ORAL TABLET 14-10 MG	3	QL
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***		
ACCURETIC ORAL TABLET 10-12.5 MG	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG	3	QL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1 or 1b*	QL
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
captopril-hydrochlorothiazide oral tablet	1 or 1b*	QL
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
fosinopril sodium-hctz oral tablet 10-12.5 mg	1 or 1b*	DO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1 or 1b*	QL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	QL
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
VASERETIC ORAL TABLET	3	QL
ZESTORETIC ORAL TABLET 10-12.5 MG	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG	3	QL
*ACE INHIBITORS***		
ACCUPRIL ORAL TABLET 10 MG, 5 MG	4	DO
ACCUPRIL ORAL TABLET 20 MG, 40 MG	4	QL
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG	4	DO
ALTACE ORAL CAPSULE 10 MG, 5 MG	4	QL
benazepril hcl oral tablet 10 mg, 5 mg	1 or 1a*	DO
benazepril hcl oral tablet 20 mg, 40 mg	1 or 1a*	QL
captopril oral tablet 100 mg, 50 mg	1 or 1b*	QL
captopril oral tablet 12.5 mg, 25 mg	1 or 1b*	DO

Drug Name	Tier	Notes
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
enalapril maleate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
enalaprilat intravenous solution	1 or 1b*	
EPANED ORAL SOLUTION	3	QL
fosinopril sodium oral tablet 10 mg	1 or 1b*	DO
fosinopril sodium oral tablet 20 mg, 40 mg	1 or 1b*	QL
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 20 mg, 30 mg, 40 mg	1 or 1a*	QL
LOTENSIN ORAL TABLET 10 MG	3	DO
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	QL
moexipril hcl oral tablet 15 mg	1 or 1b*	QL
moexipril hcl oral tablet 7.5 mg	1 or 1b*	DO
perindopril erbumine oral tablet 2 mg, 4 mg	1 or 1b*	DO
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL
QBRELIS ORAL SOLUTION	3	QL
quinapril hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
quinapril hcl oral tablet 20 mg, 40 mg	1 or 1b*	QL
ramipril oral capsule 1.25 mg, 2.5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg, 5 mg	1 or 1b*	QL
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
VASOTEC ORAL TABLET 10 MG, 20 MG	4	QL
VASOTEC ORAL TABLET 2.5 MG, 5 MG	4	DO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	DO

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

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Drug Name	Tier	Notes
ZESTRIL ORAL TABLET 20 MG, 30 MG, 40 MG	4	QL
*AGENTS FOR PHEOCHROMOCYTOM A***		
DEMSEER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***		
amlodipine besylate-valsartan oral tablet	1 or 1b*	QL
amlodipine-olmesartan oral tablet	1 or 1b*	QL
AZOR ORAL TABLET	4	QL
EXFORGE ORAL TABLET	4	QL
telmisartan-amlodipine oral tablet	1 or 1b*	QL
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
ATACAND HCT ORAL TABLET	4	QL
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	4	QL
BENICAR HCT ORAL TABLET	4	QL
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
DIOVAN HCT ORAL TABLET	4	QL
EDARBYCLOR ORAL TABLET	4	QL
HYZAAR ORAL TABLET	4	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
losartan potassium-hctz oral tablet	1 or 1b*	QL
MICARDIS HCT ORAL TABLET	4	QL
olmesartan medoxomil-hctz oral tablet	1 or 1b*	QL
telmisartan-hctz oral tablet	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
ATACAND ORAL TABLET 16 MG, 32 MG	4	QL
ATACAND ORAL TABLET 4 MG, 8 MG	4	DO
AVAPRO ORAL TABLET 150 MG, 75 MG	4	DO
AVAPRO ORAL TABLET 300 MG	4	QL
BENICAR ORAL TABLET 20 MG, 5 MG	4	DO
BENICAR ORAL TABLET 40 MG	4	QL
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG, 50 MG	4	QL
COZAAR ORAL TABLET 25 MG	4	DO
DIOVAN ORAL TABLET 160 MG, 320 MG	4	QL
DIOVAN ORAL TABLET 40 MG, 80 MG	4	DO
EDARBI ORAL TABLET 40 MG	4	DO
EDARBI ORAL TABLET 80 MG	4	QL
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet 100 mg, 50 mg	1 or 1b*	QL
losartan potassium oral tablet 25 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
MICARDIS ORAL TABLET 20 MG, 40 MG	4	DO
MICARDIS ORAL TABLET 80 MG	4	QL
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
valsartan oral solution	1 or 1b*	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***		
amlodipine-valsartan-hctz oral tablet	1 or 1b*	QL
EXFORGE HCT ORAL TABLET	4	QL
olmesartan-amlodipine-hctz oral tablet	1 or 1b*	QL
TRIBENZOR ORAL TABLET	4	QL
*ANTIADRENERGICS - CENTRALLY ACTING***		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
clonidine er oral tablet extended release 24 hour	4	ST; QL
clonidine hcl oral tablet 0.1 mg	1 or 1a*	DO
clonidine hcl oral tablet 0.2 mg, 0.3 mg	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	QL

Drug Name	Tier	Notes
guanfacine hcl oral tablet 2 mg	1 or 1b*	
methyl dopa oral tablet 250 mg	1 or 1b*	DO
methyl dopa oral tablet 500 mg	1 or 1b*	QL
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
CARDURA ORAL TABLET	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
*ANTIHYPERTENSIVES - MISC.***		
VECAMYL ORAL TABLET	3	
*BETA BLOCKER & DIURETIC COMBINATIONS***		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
TENORETIC 100 ORAL TABLET	3	QL
TENORETIC 50 ORAL TABLET	3	QL
*DIRECT RENIN INHIBITORS***		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
TEKTURNA ORAL TABLET 150 MG	4	DO
TEKTURNA ORAL TABLET 300 MG	4	QL

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

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Drug Name	Tier	Notes
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***		
eplerenone oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
*VASODILATORS***		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-%	3	
nitroprusside sodium intravenous solution	1 or 1b*	
nitroprusside sodium-nacl intravenous solution	1 or 1b*	
sodium nitroprusside intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	4	
FLAGYL ORAL CAPSULE	3	
IMPAVIDO ORAL CAPSULE	3	PA; QL
LIKMEZ ORAL SUSPENSION	4	PA
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED	4	
metronidazole intravenous solution 500 mg/100ml	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	

Drug Name	Tier	Notes
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	1 or 1b*	
tinidazole oral tablet	1 or 1b*	QL
trimethoprim oral tablet	1 or 1a*	
XIFAXAN ORAL TABLET	3	PA; QL
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
SULFATRIM PEDIATRIC ORAL SUSPENSION	1 or 1a*	
*ANTIPROTOZOAL AGENTS***		
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET	3	
MEPRON ORAL SUSPENSION	3	
nitazoxanide oral tablet	1 or 1b*	QL
*BETA-LACTAMASE INHIBITOR - COMBINATIONS**		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
*CARBAPENEM COMBINATIONS***		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CARBAPENEMS***		
ertapenem sodium injection solution reconstituted	1 or 1b*	
meropenem intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*	
meropenem intravenous solution reconstituted 2 gm	3	
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	3	
*CHLORAMPHENICALS ***		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
*CYCLIC LIPOPEPTIDES***		
daptomycin intravenous solution reconstituted	3	
daptomycin-sodium chloride intravenous solution	3	
*GLYCOPEPTIDES***		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL

Drug Name	Tier	Notes
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN ORAL CAPSULE	3	PA; QL
vancomycin hcl in dextrose intravenous solution 1.25-5 gm/250ml-%, 1.5-5 gm/250ml-%	4	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	3	QL
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	3	QL
vancomycin hcl in nacl intravenous solution 1-0.9 gm/250ml-%, 1.25-0.9 gm/250ml-%, 1.5-0.9 gm/250ml-%, 1.5-0.9 gm/500ml-%, 1.75-0.9 gm/250ml-%, 1.75-0.9 gm/500ml-%, 2-0.9 gm/500ml-%, 750-0.9 mg/150ml-%, 750-0.9 mg/250ml-%	4	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	3	QL
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg	3	QL
vancomycin hcl intravenous solution reconstituted 100 gm	1 or 1b*	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL
vancomycin hcl oral solution reconstituted	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
VANCOMYCIN+SYRSPE ND SF ORAL SUSPENSION	4	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
*LEPROSTATICS***		
dapsone oral tablet	1 or 1b*	
*LINCOSAMIDES***		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
clindamycin phosphate in nacl intravenous solution	3	
clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
*MONOBACTAMS***		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	LD; QL; SP
*OXAZOLIDINONES***		
linezolid in sodium chloride intravenous solution	3	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL

Drug Name	Tier	Notes
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
*POLYMYXINS***		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
*URINARY ANTI- INFECTIVES***		
fosfomicin tromethamine oral packet	1 or 1b*	
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate oral tablet	4	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1 or 1b*	
nitrofurantoin oral suspension 50 mg/5ml	3	

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

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Drug Name	Tier	Notes
*URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS***		
me/naphos/mb/hyo1 oral tablet	4	
URELLE ORAL TABLET	4	
URETRON D/S ORAL TABLET 81.6 MG	4	
URIBEL ORAL TABLET	4	
URIMAR-T ORAL CAPSULE	4	
urin ds oral tablet 81.6 mg	4	
urneva oral capsule	4	
UROGESIC-BLUE ORAL TABLET	4	
uro-mp oral capsule	4	
VILAMIT MB ORAL CAPSULE	4	
VILEVEV MB ORAL TABLET	4	
ANTIMALARIALS		
*ANTIMALARIAL COMBINATIONS***		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	
pyrimethamine-leucovorin oral capsule	4	
*ANTIMALARIALS***		
ARAKODA ORAL TABLET	3	QL
artesunate intravenous solution reconstituted	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET	3	PA; QL
hydroxychloroquine sulfate oral tablet	1 or 1b*	QL
KRINTAFEL ORAL TABLET	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
PLAQUENIL ORAL TABLET	4	QL

Drug Name	Tier	Notes
primaquine phosphate oral tablet 26.3 (15 base) mg	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
SOVUNA ORAL TABLET	4	QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	3	PA; LD; QL
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	3	
neostigmine methylsulfate intravenous solution 3 mg/3ml, 5 mg/5ml	4	
neostigmine methylsulfate intravenous solution prefilled syringe	4	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION	3	
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	

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

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Drug Name	Tier	Notes
isoniazid oral tablet	1 or 1a*	
pretomanid oral tablet	3	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION	4	
SIRTURO ORAL TABLET	3	
TRECTOR ORAL TABLET	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; LD; SP
bendamustine hcl intravenous solution	3	PA; LD; SP
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA; LD; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; LD; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
carboplatin intravenous solution	1 or 1b*	SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	SP
cisplatin intravenous solution reconstituted	3	SP
MYLERAN ORAL TABLET	2	
oxaliplatin intravenous solution	1 or 1b*	SP

Drug Name	Tier	Notes
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
vivimusta intravenous solution	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
abiraterone acetate oral tablet	1 or 1b*	PA; LD; QL; SP
YONSA ORAL TABLET	2	PA; LD; QL; SP
ZYTIGA ORAL TABLET	4	PA; LD; QL; SP
*ANTIADRENALS***		
LYSODREN ORAL TABLET	2	LD; QL
*ANTIANDROGENS***		
bicalutamide oral tablet	1 or 1b*	QL
CASODEX ORAL TABLET	3	QL
ERLEADA ORAL TABLET	2	PA; LD; QL; SP
EULEXIN ORAL CAPSULE	3	
NILANDRON ORAL TABLET	4	QL
nilutamide oral tablet	1 or 1b*	QL
NUBEQA ORAL TABLET	2	PA; LD; QL; SP
XTANDI ORAL CAPSULE	2	PA; LD; QL; SP
XTANDI ORAL TABLET	2	PA; LD; QL; SP
*ANTIESTROGENS***		
FARESTON ORAL TABLET	3	QL

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

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Drug Name	Tier	Notes
SOLTAMOX ORAL SOLUTION	2	\$0
tamoxifen citrate oral tablet	1 or 1b*	\$0
toremifene citrate oral tablet	1 or 1b*	QL
*ANTIMETABOLITES***		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ARRANON INTRAVENOUS SOLUTION	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; LD; SP
capecitabine oral tablet	1 or 1b*	PA; LD; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
floxuridine injection solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 50 mg/2ml	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
flurouracil intravenous solution	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION	3	SP
gemcitabine hcl intravenous solution	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
JYLAMVO ORAL SOLUTION	3	PA
mercaptopurine oral tablet	1 or 1b*	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	

Drug Name	Tier	Notes
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
nelarabine intravenous solution	1 or 1b*	SP
ONUREG ORAL TABLET	3	PA; LD; QL; SP
pemetrexed disodium intravenous solution	3	PA; SP
pemetrexed disodium intravenous solution reconstituted	1 or 1b*	PA; SP
pemetrexed ditromethamine intravenous solution reconstituted	3	PA; SP
pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml	3	PA; SP
pemetrexed intravenous solution 500 mg/20ml	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION	3	PA; SP
PURIXAN ORAL SUSPENSION	3	PA; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	ST
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; LD; SP
XATMEP ORAL SOLUTION	3	PA
XELODA ORAL TABLET	4	PA; LD; SP
*ANTINEOPLASTIC - AKT INHIBITORS***		
TRUQAP ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - ALK INHIBITORS***		
ALECENSA ORAL CAPSULE	2	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
ALUNBRIG ORAL TABLET	2	PA; LD; QL
ALUNBRIG ORAL TABLET THERAPY PACK	2	PA; LD; QL
LORBRENA ORAL TABLET	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE	3	PA; LD; QL; SP
XALKORI ORAL CAPSULE SPRINKLE	3	PA; LD; QL; SP
ZYKADIA ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - ALLOGENEIC CELLULAR IMMUNOTHERAPY***		
OMISIRGE INTRAVENOUS SUSPENSION	4	
*ANTINEOPLASTIC - ANTIBODY COMBINATIONS***		
OPDUALAG INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES***		
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES***		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX***		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; LD; SP

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

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

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Drug Name	Tier	Notes
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***		
IMJUDO INTRAVENOUS SOLUTION	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***		
DANYELZA INTRAVENOUS SOLUTION	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION	3	LD
*ANTINEOPLASTIC - ANTI-HER2 AGENTS***		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
MARGENZA INTRAVENOUS SOLUTION	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
TUKYSA ORAL TABLET	3	PA; LD; QL

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

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

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Drug Name	Tier	Notes
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY***		
ABECMA INTRAVENOUS SUSPENSION	4	LD
AMTAGVI INTRAVENOUS SUSPENSION	4	LD
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML	4	LD
CARVYKTI INTRAVENOUS SUSPENSION	4	LD
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS	4	LD
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	4	LD
TECARTUS INTRAVENOUS SUSPENSION	4	LD
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS	4	LD
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	3	PA; LD; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
BOSULIF ORAL CAPSULE	2	PA; QL; SP
BOSULIF ORAL TABLET	2	PA; QL; SP
GLEEVEC ORAL TABLET	4	PA; QL; SP
ICLUSIG ORAL TABLET	3	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; QL; SP
SCEMBLIX ORAL TABLET	3	PA; LD; QL

Drug Name	Tier	Notes
SPRYCEL ORAL TABLET	4	PA; QL; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
COLUMVI INTRAVENOUS SOLUTION	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA; LD
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; QL; SP
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; LD; QL
OJEMDA ORAL TABLET 100 MG	3	PA; LD; QL
TAFINLAR ORAL CAPSULE	3	PA; LD; QL; SP
TAFINLAR ORAL TABLET SOLUBLE	3	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
ZELBORAF ORAL TABLET	2	PA; LD; QL; SP
*ANTINEOPLASTIC - BTK INHIBITORS***		
BRUKINSA ORAL CAPSULE	3	PA; LD; QL
CALQUENCE ORAL TABLET	2	PA; LD; QL
IMBRUVICA ORAL CAPSULE	2	PA; LD; QL
IMBRUVICA ORAL SUSPENSION	2	PA; LD; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; LD; QL
JAYPIRCA ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - EGFR INHIBITORS***		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
gefitinib oral tablet	1 or 1b*	PA; LD; QL; SP
GILOTRIF ORAL TABLET	3	PA; LD; QL
IRESSA ORAL TABLET	3	PA; LD; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
TAGRISSO ORAL TABLET	3	PA; LD; QL; SP
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; LD; QL; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; LD; SP
VIZIMPRO ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
BALVERSA ORAL TABLET	3	PA; LD; QL; SP
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL

Drug Name	Tier	Notes
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; LD; QL
PEMAZYRE ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS***		
OGSIVEO ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - GENE THERAPY AGENTS***		
ADSTILADRIN INTRAVESICAL SUSPENSION	4	LD
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***		
DAURISMO ORAL TABLET	3	PA; LD; QL; SP
ERIVEDGE ORAL CAPSULE	2	PA; LD; QL; SP
ODOMZO ORAL CAPSULE	3	PA; LD; QL; SP
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS***		
WELIREG ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; LD; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP

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

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Drug Name	Tier	Notes
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
AKEEGA ORAL TABLET	3	PA; LD; QL
leuprolide acetate-bupivacaine intramuscular solution	4	
*ANTINEOPLASTIC - IMMUNOMODULATORS***		
POMALYST ORAL CAPSULE	3	PA; LD; QL; SP
*ANTINEOPLASTIC - KRAS INHIBITORS***		
KRAZATI ORAL TABLET	3	PA; LD; QL
LUMAKRAS ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - MEK INHIBITORS***		
COTELLIC ORAL TABLET	3	PA; LD; QL; SP
KOSELUGO ORAL CAPSULE	3	PA; LD; QL
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
MEKINIST ORAL TABLET	3	PA; LD; QL; SP
MEKTOVI ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - MET INHIBITORS***		
TABRECTA ORAL TABLET	3	PA; QL; SP
TEPMETKO ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
TAZVERIK ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	PA; SP

Drug Name	Tier	Notes
AFINITOR ORAL TABLET	4	PA; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; SP
everolimus oral tablet soluble	1 or 1b*	PA; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD
temsirolimus intravenous solution	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; SP
TORPENZ ORAL TABLET	1 or 1b*	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
CABOMETYX ORAL TABLET	2	PA; LD; QL; SP
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; LD; QL; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; LD; QL; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; LD; QL; SP
FOTIVDA ORAL CAPSULE	3	PA; LD; QL
lapatinib ditosylate oral tablet	1 or 1b*	PA; LD; QL; SP
NERLYNX ORAL TABLET	3	PA; LD; QL; SP
NEXAVAR ORAL TABLET	3	PA; LD; QL; SP
pazopanib hcl oral tablet	1 or 1b*	PA; LD; QL; SP
QINLOCK ORAL TABLET	3	PA; LD; QL
RYDAPT ORAL CAPSULE	3	PA; QL; SP
sorafenib tosylate oral tablet	1 or 1b*	PA; LD; QL; SP
STIVARGA ORAL TABLET	2	PA; LD; QL; SP
sunitinib malate oral capsule	1 or 1b*	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
SUTENT ORAL CAPSULE	3	PA; LD; QL; SP
TURALIO ORAL CAPSULE 125 MG	3	PA; LD; QL
TYKERB ORAL TABLET	4	PA; LD; QL; SP
VANFLYTA ORAL TABLET	3	PA; LD; QL
VOTRIENT ORAL TABLET	4	PA; LD; QL; SP
XOSPATA ORAL TABLET	3	PA; LD; QL; SP
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***		
RYBREVA NT INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***		
AYVAKIT ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - PROTEASOME INHIBITORS***		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	PA; SP
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NINLARO ORAL CAPSULE	3	PA; LD; QL; SP
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
*ANTINEOPLASTIC - RET INHIBITORS***		
GAVRETO ORAL CAPSULE	3	PA; LD; QL
RETEVMO ORAL CAPSULE	3	PA; LD; QL; SP
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
AUGTYRO ORAL CAPSULE	3	PA; LD; QL; SP

Drug Name	Tier	Notes
ROZLYTREK ORAL CAPSULE	2	PA; LD; QL; SP
ROZLYTREK ORAL PACKET	2	PA; LD; QL; SP
VITRAKVI ORAL CAPSULE	2	PA; LD; QL; SP
VITRAKVI ORAL SOLUTION	2	PA; LD; QL; SP
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; LD; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; LD; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
*ANTINEOPLASTIC ANTIBIOTICS***		
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
daunorubicin hcl intravenous solution	3	SP
DOXIL INTRAVENOUS SUSPENSION	3	PA; SP

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

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Drug Name	Tier	Notes
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous suspension	1 or 1b*	PA; SP
ELLECE INTRAVENOUS SOLUTION	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	SP
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION	3	LD; SP
*ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY***		
ZEVALIN Y-90 INTRAVENOUS KIT	3	PA; LD
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES***		
ELAHERE INTRAVENOUS SOLUTION	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

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

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

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

Drug Name	Tier	Notes
AROMASIN ORAL TABLET	3	QL
exemestane oral tablet	1 or 1b*	\$0; QL
FEMARA ORAL TABLET	3	QL
letrozole oral tablet	1 or 1b*	\$0; QL
*CARBOXYPEPTIDASE ENZYME AGENTS***		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
*CARDIAC PROTECTIVE AGENTS***		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS***		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	3	SP
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	2	PA; LD; QL; SP
IBRANCE ORAL TABLET	2	PA; LD; QL; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; QL; SP

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

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

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

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Drug Name	Tier	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	2	QL; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; QL; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
*MITOTIC INHIBITORS***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; SP
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	3	PA; SP
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	3	PA; LD; SP
DOCIVYX INTRAVENOUS SOLUTION	3	PA; LD; SP
eribulin mesylate intravenous solution	1 or 1b*	PA; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
HALAVEN INTRAVENOUS SOLUTION	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; LD; SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
paclitaxel protein-bound part intravenous suspension reconstituted	3	PA; LD; SP

Drug Name	Tier	Notes
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution	1 or 1b*	SP
*MYELOPROTECTIVE AGENTS***		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/10ml, 2 gm/4ml, 500 mg/ml	3	
cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml	3	SP
cyclophosphamide oral capsule	1 or 1b*	SP
cyclophosphamide oral tablet	3	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 3 gm	3	SP
LEUKERAN ORAL TABLET	2	

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

Drug Name	Tier	Notes
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL TABLET	3	PA; LD; QL; SP
RUBRACA ORAL TABLET	3	PA; LD; QL; SP
TALZENNA ORAL CAPSULE	3	PA; LD; QL; SP
ZEJULA ORAL TABLET	3	PA; LD; QL; SP
*PROGESTINS-ANTINEOPLASTIC***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
*RETINOIDS***		
tretinoin oral capsule	1 or 1b*	
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS***		
ORSERDU ORAL TABLET	3	PA; LD; QL
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
TARGRETIN ORAL CAPSULE	4	PA; QL; SP
*TETRAHYDROISOQUINOLINES***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX***		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
*TOPOISOMERASE I INHIBITORS***		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP

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

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Drug Name	Tier	Notes
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE	3	LD; SP
topotecan hcl intravenous solution	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
*URINARY TRACT PROTECTIVE AGENTS***		
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***		
ALYMSYS INTRAVENOUS SOLUTION	4	PA; SP
AVASTIN INTRAVENOUS SOLUTION	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; LD; SP
FRUZAQLA ORAL CAPSULE	3	PA; LD; QL
INLYTA ORAL TABLET	2	PA; LD; QL; SP
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP

Drug Name	Tier	Notes
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	2	PA; LD; QL; SP
MVASI INTRAVENOUS SOLUTION	3	PA; LD; SP
VEGZELMA INTRAVENOUS SOLUTION	4	PA; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LD; SP
ZIRABEV INTRAVENOUS SOLUTION	4	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ADENOSINE RECEPTOR ANTAGONIST***		
NOURIANZ ORAL TABLET	3	PA; LD; QL; SP
*ANTIPARKINSON ANTICHOLINERGICS***		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS***		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	3	PA; LD; QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
*CENTRAL/PERIPHERAL COMT INHIBITORS***		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
*DECARBOXYLASE INHIBITORS***		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	
*LEVODOPA COMBINATIONS***		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	

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

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

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Drug Name	Tier	Notes
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule 150 mg, 300 mg	1 or 1a*	DO
lithium carbonate oral capsule 600 mg	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	DO
lithium oral solution	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE	4	QL
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	DO; AL
CAPLYTA ORAL CAPSULE 42 MG	3	AL; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	AL; QL
GEODON ORAL CAPSULE 20 MG, 40 MG	4	ST; DO
GEODON ORAL CAPSULE 60 MG, 80 MG	4	ST; QL
LATUDA ORAL TABLET 120 MG, 80 MG	4	AL; QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	4	DO; AL
lurasidone hcl oral tablet 120 mg	1 or 1b*	AL
lurasidone hcl oral tablet 20 mg, 40 mg	1 or 1b*	DO; AL
lurasidone hcl oral tablet 60 mg, 80 mg	1 or 1b*	AL; QL
NUPLAZID ORAL CAPSULE	3	PA; LD; QL; SP
NUPLAZID ORAL TABLET 10 MG	3	PA; LD; QL; SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	2	DO; AL

Drug Name	Tier	Notes
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	2	AL; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO; AL
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	AL; QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	AL; QL
*BENZISOXAZOLES***		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	4	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	4	ST; QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	AL; QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	AL; QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO; AL
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	AL; QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	AL; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	AL; QL

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

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Drug Name	Tier	Notes
RISPERDAL ORAL SOLUTION	4	ST; QL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG	4	ST; QL
risperidone microspheres er intramuscular suspension reconstituted er	1 or 1b*	AL; QL
risperidone oral solution	1 or 1b*	AL; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	AL; QL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	AL; QL
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	AL; QL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	AL; QL
*BUTYROPHENONES***		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	4	AL; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML	4	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	AL; QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	AL
haloperidol lactate oral concentrate 2 mg/ml	1 or 1b*	AL; QL
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO; AL
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	AL; QL
*DIBENZODIAZEPINES**		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL

Drug Name	Tier	Notes
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO; AL
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	AL; QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO; AL
CLOZARIL ORAL TABLET 100 MG	4	QL
CLOZARIL ORAL TABLET 25 MG	4	DO
VERSACLOZ ORAL SUSPENSION	3	AL; QL
*DIBENZO-OXEPINO PYRROLES***		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	AL; QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO; AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	4	ST; QL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	4	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
*DIBENZOTHIAZEPINE S***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO; AL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	AL; QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg	1 or 1b*	AL; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	ST; DO
SEROQUEL ORAL TABLET 300 MG, 400 MG	4	ST; QL

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

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Drug Name	Tier	Notes
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	4	ST; QL
*DIBENZOXAZEPINES**		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	AL
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO; AL
loxapine succinate oral capsule 50 mg	1 or 1b*	AL; QL
*DIHYDROINDOLONES**		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO; AL
molindone hcl oral tablet 25 mg	1 or 1b*	AL; QL
*PHENOTHIAZINES***		
chlorpromazine hcl injection solution	1 or 1b*	AL
chlorpromazine hcl oral concentrate	1 or 1b*	AL; QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	AL; QL
COMPRO RECTAL SUPPOSITORY	1 or 1b*	AL
fluphenazine decanoate injection solution	1 or 1b*	AL
fluphenazine hcl injection solution	1 or 1b*	AL
fluphenazine hcl oral concentrate	1 or 1b*	AL; QL
fluphenazine hcl oral elixir	1 or 1b*	AL; QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1 or 1b*	DO; AL
fluphenazine hcl oral tablet 10 mg	1 or 1b*	AL; QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	AL; QL
perphenazine oral tablet 2 mg	1 or 1b*	DO; AL

Drug Name	Tier	Notes
prochlorperazine edisylate injection solution 10 mg/2ml	1 or 1b*	AL
prochlorperazine maleate oral tablet	1 or 1a*	AL
prochlorperazine rectal suppository	1 or 1b*	AL
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO; AL
thioridazine hcl oral tablet 100 mg	1 or 1b*	AL; QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO; AL
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	AL; QL
*QUINOLINONE DERIVATIVES***		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	4	AL; QL
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	AL; QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	AL; QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG	3	ST; QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	4	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG	4	ST; QL
aripiprazole oral solution	1 or 1b*	AL; QL

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

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Drug Name	Tier	Notes
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO; AL
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	AL; QL
aripiprazole oral tablet dispersible	1 or 1b*	AL; QL
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	AL; QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	DO; AL
REXULTI ORAL TABLET 3 MG, 4 MG	3	AL; QL
*THIENBENZODIAZEPINES***		
olanzapine intramuscular solution reconstituted	1 or 1b*	AL; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO; AL
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	AL; QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO; AL
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	AL; QL
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	4	AL; QL
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	ST; DO
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	AL; QL
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	4	ST; DO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG	4	ST; QL
*THIOXANTHENES***		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	ST; DO; AL

Drug Name	Tier	Notes
thiothixene oral capsule 10 mg	1 or 1b*	ST; AL; QL
ANTISEPTICS & DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS***		
formaldehyde external solution 10 %	1 or 1b*	
glutaraldehyde external solution	4	
*CHLORINE ANTISEPTICS***		
benzalkonium chloride external solution	3	
*IODINE ANTISEPTICS***		
IODOFLEX EXTERNAL PAD	4	
iodosorb external gel	4	
lugols strong iodine external solution	3	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
BIKTARVY ORAL TABLET	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	PA; LD; QL
CIMDUO ORAL TABLET	3	QL
COMPLERA ORAL TABLET	4	PA; QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET 120-15 MG	2	QL
DESCOVY ORAL TABLET 200-25 MG	2	\$0; QL
DOVATO ORAL TABLET	2	QL
efavirenz-emtricitabine-tenofovir oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL

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

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Drug Name	Tier	Notes
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL
EVOTAZ ORAL TABLET	3	QL
GENVOYA ORAL TABLET	2	QL
JULUCA ORAL TABLET	3	PA; QL
KALETRA ORAL SOLUTION	4	QL
KALETRA ORAL TABLET	4	QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
lopinavir-ritonavir oral tablet	1 or 1b*	QL
ODEFSEY ORAL TABLET	2	QL
PREZCOBIX ORAL TABLET	4	QL
STRIBILD ORAL TABLET	2	QL
SYMFI LO ORAL TABLET	4	QL
SYMFI ORAL TABLET	4	QL
SYMTUZA ORAL TABLET	2	QL
TRIUMEQ ORAL TABLET	2	QL
trimeq pd oral tablet soluble	2	QL
TRUVADA ORAL TABLET	4	ST; QL
*ANTIRETROVIRALS - CAPSID INHIBITORS***		
SUNLENCA ORAL TABLET THERAPY PACK	3	PA; LD; QL
SUNLENCA SUBCUTANEOUS SOLUTION	3	PA; LD; QL
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
maraviroc oral tablet	1 or 1b*	QL
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	QL

Drug Name	Tier	Notes
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
TROGARZO INTRAVENOUS SOLUTION	3	PA; LD; QL
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LD; QL
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	LD; QL
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	3	QL
ISENTRESS ORAL TABLET CHEWABLE	3	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TIVICAY PD ORAL TABLET SOLUBLE	3	QL
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTIVUS ORAL CAPSULE	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
darunavir oral tablet	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
NORVIR ORAL PACKET	3	QL
NORVIR ORAL TABLET	4	QL

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

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Drug Name	Tier	Notes
PREZISTA ORAL SUSPENSION	2	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL
PREZISTA ORAL TABLET 600 MG, 800 MG	4	QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	QL
REYATAZ ORAL PACKET	2	QL
ritonavir oral tablet	1 or 1b*	QL
VIRACEPT ORAL TABLET	2	QL
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET	2	PA; QL
efavirenz oral capsule	1 or 1b*	QL
efavirenz oral tablet	1 or 1b*	QL
etravirine oral tablet	1 or 1b*	PA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	PA; QL
INTELENCE ORAL TABLET 25 MG	2	PA; QL
nevirapine er oral tablet extended release 24 hour 400 mg	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
PIFELTRO ORAL TABLET	3	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
ZIAGEN ORAL SOLUTION	4	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PYRIMIDINES***		
emtricitabine oral capsule	1 or 1b*	\$0; QL
EMTRIVA ORAL CAPSULE	4	QL

Drug Name	Tier	Notes
EMTRIVA ORAL SOLUTION	2	QL
EPIVIR ORAL SOLUTION	4	QL
EPIVIR ORAL TABLET	4	PA; QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	PA; QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES***		
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	4	QL
RETROVIR ORAL SYRUP	4	QL
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	\$0; QL
VIREAD ORAL POWDER	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	4	QL
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	3	QL
*ANTIVIRAL COMBINATIONS***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL
*CMV AGENTS***		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	

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

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Drug Name	Tier	Notes
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML	3	
ganciclovir intravenous solution	3	SP
ganciclovir sodium intravenous solution	3	SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	SP
LIVTENCITY ORAL TABLET	3	PA; LD; QL
PREVYMIS INTRAVENOUS SOLUTION	3	PA; QL; SP
PREVYMIS ORAL TABLET	3	PA; QL; SP
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
*HEPATITIS B AGENTS***		
adefovir dipivoxil oral tablet	1 or 1b*	PA; QL; SP
BARACLUDE ORAL SOLUTION	2	PA; QL
BARACLUDE ORAL TABLET	4	PA; QL
entecavir oral tablet	1 or 1b*	PA; QL
lamivudine oral tablet 100 mg	1 or 1b*	PA; QL
VEMLIDY ORAL TABLET	3	PA; QL; SP
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL PACKET	3	PA; QL; SP
EPCLUSA ORAL TABLET	3	PA; QL; SP
HARVONI ORAL PACKET	3	PA; QL; SP
HARVONI ORAL TABLET	3	PA; QL; SP

Drug Name	Tier	Notes
ledipasvir-sofosbuvir oral tablet	4	QL; SP
MAVYRET ORAL PACKET	4	PA; QL; SP
MAVYRET ORAL TABLET	4	PA; QL; SP
sofosbuvir-velpatasvir oral tablet	4	PA; QL; SP
VOSEVI ORAL TABLET	3	PA; QL; SP
ZEPATIER ORAL TABLET	4	PA; QL; SP
*HEPATITIS C AGENTS***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LD; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
ribavirin oral capsule	1 or 1b*	QL; SP
ribavirin oral tablet 200 mg	1 or 1b*	QL; SP
SOVALDI ORAL PACKET	4	PA; QL; SP
SOVALDI ORAL TABLET	4	PA; QL; SP
*HERPES AGENTS - PURINE ANALOGUES***		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir sodium-nacl intravenous solution	4	
SITAVIG BUCCAL TABLET	4	PA; QL
valacyclovir hcl oral tablet	1 or 1b*	QL
VALTREX ORAL TABLET	4	QL
*HERPES AGENTS - THYMIDINE ANALOGUES***		
famciclovir oral tablet	1 or 1b*	QL
*INFLUENZA AGENTS***		
rimantadine hcl oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
*MISC. ANTIVIRALS***		
LAGEVRIO ORAL CAPSULE	3	QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
TPOXX INTRAVENOUS SOLUTION	3	
TPOXX ORAL CAPSULE	3	
*NEURAMINIDASE INHIBITORS***		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
RAPIVAB INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL
*RSV AGENTS - NUCLEOSIDE ANALOGUES***		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	1 or 1b*	DO
carvedilol oral tablet 25 mg	1 or 1b*	QL
carvedilol phosphate er oral capsule extended release 24 hour 10 mg	1 or 1b*	DO
carvedilol phosphate er oral capsule extended release 24 hour 20 mg, 40 mg, 80 mg	1 or 1b*	QL
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	4	DO
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	4	QL
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG	4	DO
COREG ORAL TABLET 25 MG	4	QL
labetalol hcl intravenous solution	4	
labetalol hcl intravenous solution prefilled syringe 10 mg/2ml	3	
labetalol hcl intravenous solution prefilled syringe 20 mg/4ml	4	
labetalol hcl oral tablet 100 mg	1 or 1b*	DO
labetalol hcl oral tablet 200 mg, 300 mg	1 or 1b*	QL
*BETA BLOCKERS CARDIO-SELECTIVE***		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION	4	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	4	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
esmolol hcl intravenous solution 2000 mg/100ml, 2500 mg/250ml	3	
esmolol hcl intravenous solution prefilled syringe	4	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
LOPRESSOR ORAL TABLET	4	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
nebivolol hcl oral tablet	1 or 1b*	
TENORMIN ORAL TABLET	4	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
*BETA BLOCKERS NON-SELECTIVE***		
BETAPACE AF ORAL TABLET	4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	4	QL
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG	4	DO

Drug Name	Tier	Notes
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	4	QL
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL
pindolol oral tablet 10 mg	1 or 1b*	QL
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1 or 1b*	DO
propranolol hcl oral tablet 80 mg	1 or 1b*	QL
sotalol hcl (af) oral tablet	1 or 1b*	
sotalol hcl intravenous solution	3	
sotalol hcl oral tablet	1 or 1b*	QL
SOTYLIZE ORAL SOLUTION	3	
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 5 mg	1 or 1b*	DO
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	4	
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	4	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG	4	QL
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	QL
CARDIZEM ORAL TABLET 120 MG	3	QL
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 or 1b*	DO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG	1 or 1b*	QL
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	3	
CONJUPRI ORAL TABLET 2.5 MG	3	ST; DO
CONJUPRI ORAL TABLET 5 MG	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO

Drug Name	Tier	Notes
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl intravenous solution reconstituted	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
diltiazem hcl-dextrose intravenous solution 125-5 mg/125ml-%	4	
diltiazem hcl-sodium chloride intravenous solution 125-0.7 mg/125ml-%, 125-0.9 mg/125ml-%	4	
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
isradipine oral capsule 5 mg	1 or 1b*	QL
KATERZIA ORAL SUSPENSION	3	PA; QL
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1 or 1b*	QL
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	3	
nicardipine hcl in nacl intravenous solution prefilled syringe 1-0.9 mg/10ml-%	4	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	QL
nifedipine er oral tablet extended release 24 hour	1 or 1b*	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL
nimodipine oral capsule	1 or 1b*	QL
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL
NORLIQVA ORAL SOLUTION	3	PA; QL
NORVASC ORAL TABLET 10 MG	4	QL
NORVASC ORAL TABLET 2.5 MG, 5 MG	4	DO
NYMALIZE ORAL SOLUTION 6 MG/ML	3	QL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	3	DO

Drug Name	Tier	Notes
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	3	QL
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	QL
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	1 or 1b*	DO
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1 or 1b*	QL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg	3	DO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO

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

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Drug Name	Tier	Notes
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG	3	QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG	3	QL
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	4	DO
LANOXIN ORAL TABLET 250 MCG	4	QL
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
*INOTROPES***		
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	1 or 1b*	
dobutamine-dextrose intravenous solution	3	
dopamine hcl intravenous solution 40 mg/ml	3	
dopamine-dextrose intravenous solution	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	

Drug Name	Tier	Notes
CARDIOVASCULAR AGENTS - MISC.		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB***		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
*CARDIAC MYOSIN INHIBITORS***		
CAMZYOS ORAL CAPSULE	3	PA; LD; QL; SP
*CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS***		
LODOCO ORAL TABLET	4	PA; QL
*CARDIOVASCULAR SGLT2 INHIBITORS**		
INPEFA ORAL TABLET	4	PA; QL
*IMPOTENCE AGENT COMBINATIONS***		
bi-mix intracavernosal solution reconstituted	4	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION	3	
quad-mix intracavernosal solution reconstituted	4	
super bi-mix intracavernosal solution reconstituted	4	
super quad-mix intracavernosal solution reconstituted	4	
super tri-mix intracavernosal solution reconstituted	4	
tri-mix intracavernosal solution reconstituted	4	

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

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Drug Name	Tier	Notes
*IMPOTENCE AGENTS - OTHER***		
phenylephrine hcl intracavernosal solution	4	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ENTRESTO ORAL TABLET	2	QL
*NITRATE & VASODILATOR COMBINATIONS***		
BIDIL ORAL TABLET	3	QL
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1 or 1b*	QL
*PDE INHIBITOR- ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS***		
OPSYNVI ORAL TABLET	3	PA; LD; QL; SP
*PERIPHERAL VASODILATORS***		
papaverine hcl injection solution	4	
*PROSTAGLANDIN - IMPOTENCE AGENTS***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA
EDEX INTRACAVERNOSAL KIT	3	PA
*PROSTAGLANDIN VASODILATORS***		
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

Drug Name	Tier	Notes
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA; LD; QL; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; LD; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; LD; SP
treprostinil injection solution	1 or 1b*	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	3	PA; LD; QL; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; LD; QL; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; LD; QL; SP
TYVASO INHALATION SOLUTION	3	PA; LD; QL; SP
TYVASO REFILL KIT INHALATION SOLUTION	3	PA; LD; QL; SP
TYVASO STARTER KIT INHALATION SOLUTION	3	PA; LD; QL; SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION	3	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***		
ADEMPAS ORAL TABLET	3	PA; LD; QL; SP
*PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR***		
WINREVAIR SUBCUTANEOUS KIT	3	PA; LD; QL; SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
ambisentan oral tablet	1 or 1b*	PA; LD; QL; SP
bosentan oral tablet	1 or 1b*	PA; LD; QL; SP
LETAIRIS ORAL TABLET	4	PA; LD; QL; SP
OPSUMIT ORAL TABLET	3	PA; LD; QL; SP
TRACLEER ORAL TABLET	4	PA; LD; QL; SP
TRACLEER ORAL TABLET SOLUBLE	3	PA; LD; QL; SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
ADCIRCA ORAL TABLET	4	PA; QL; SP
ALYQ ORAL TABLET	1 or 1b*	PA; QL; SP
REVATIO INTRAVENOUS SOLUTION	4	PA; QL; SP
REVATIO ORAL TABLET	4	PA; QL; SP
sildenafil citrate intravenous solution	1 or 1b*	PA; QL; SP
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; QL; SP
tadalafil (pah) oral tablet	1 or 1b*	PA; QL; SP
TADLIQ ORAL SUSPENSION	3	PA; QL; SP

Drug Name	Tier	Notes
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
UPTRAVI ORAL TABLET	3	PA; LD; QL; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
CIALIS ORAL TABLET 10 MG, 20 MG	4	PA
CIALIS ORAL TABLET 5 MG	4	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
STENDRA ORAL TABLET	4	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet	4	PA
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
VIAGRA ORAL TABLET	4	PA
*SEPTAL AGENTS - ABLATION**		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
*SINUS NODE INHIBITORS**		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	4	PA; QL
ivabradine hcl oral tablet	1 or 1b*	PA; QL
*TRANSTHYRETIN STABILIZERS***		
VYNDAMAX ORAL CAPSULE	3	PA; LD; QL; SP
VYNDAQEL ORAL CAPSULE	3	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***		
VERQUVO ORAL TABLET	3	PA; QL
CEPHALOSPORINS		
*CEPHALOSPORIN COMBINATIONS***		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - 1ST GENERATION***		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin in sodium chloride intravenous solution 2-0.9 gm/100ml-%, 3-0.9 gm/100ml-%	4	
cefazolin sodium injection solution prefilled syringe	4	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1 or 1b*	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	3	
cefazolin sodium intravenous solution prefilled syringe 1 gm/10ml, 2 gm/20ml	4	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	3	
cefazolin sodium-dextrose intravenous solution 2-5 gm/100ml-%	4	

Drug Name	Tier	Notes
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION***		
cefaclor er oral tablet extended release 12 hour	3	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted 250 mg/5ml	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*	
*CEPHALOSPORINS - 3RD GENERATION***		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	

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

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Drug Name	Tier	Notes
cefepime proxetil oral suspension reconstituted	1 or 1b*	
cefepime proxetil oral tablet	1 or 1b*	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 100 gm	3	QL
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	3	QL
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	
*CEPHALOSPORINS - 4TH GENERATION***		
cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
cefepime hcl intravenous solution	3	
cefepime hcl intravenous solution reconstituted 100 gm	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	3	

Drug Name	Tier	Notes
*CEPHALOSPORINS - 5TH GENERATION***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - SIDEROPHORES***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
AZURETTE ORAL TABLET	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
KARIVA ORAL TABLET	1 or 1b*	\$0
LO LOESTRIN FE ORAL TABLET	2	
PIMTREA ORAL TABLET	1 or 1b*	\$0
SIMLIYA ORAL TABLET	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
VOLNEA ORAL TABLET	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - ORAL***		
AFIRMELLE ORAL TABLET	1 or 1a*	\$0
ALTAVERA ORAL TABLET	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
APRI ORAL TABLET	1 or 1a*	\$0
AUBRA EQ ORAL TABLET	1 or 1a*	\$0
AUROVELA 1.5/30 ORAL TABLET	1 or 1a*	\$0
AUROVELA 1/20 ORAL TABLET	1 or 1a*	\$0
AUROVELA 24 FE ORAL TABLET	1 or 1a*	\$0
AUROVELA FE 1.5/30 ORAL TABLET	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
AUROVELA FE 1/20 ORAL TABLET	1 or 1a*	\$0
AVIANE ORAL TABLET	1 or 1a*	\$0
AYUNA ORAL TABLET	1 or 1a*	\$0
BALCOLTRA ORAL TABLET	4	
BALZIVA ORAL TABLET	1 or 1a*	\$0
BEYAZ ORAL TABLET	4	
BLISOVI 24 FE ORAL TABLET	1 or 1a*	\$0
BLISOVI FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
BLISOVI FE 1/20 ORAL TABLET	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	1 or 1a*	\$0
CHATEAL EQ ORAL TABLET	1 or 1a*	\$0
CRYSSELLE-28 ORAL TABLET	1 or 1a*	\$0
CYRED EQ ORAL TABLET	1 or 1a*	\$0
DASETTA 1/35 ORAL TABLET	1 or 1a*	\$0
DELYLA ORAL TABLET	1 or 1a*	\$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
ELINEST ORAL TABLET	1 or 1a*	\$0
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1 or 1a*	\$0
ESTARYLLA ORAL TABLET	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
FALMINA ORAL TABLET	1 or 1a*	\$0
FINZALA ORAL TABLET CHEWABLE	1 or 1a*	\$0
GEMMILY ORAL CAPSULE	1 or 1b*	\$0
HAILEY 1.5/30 ORAL TABLET	1 or 1a*	\$0

Drug Name	Tier	Notes
HAILEY 24 FE ORAL TABLET	1 or 1a*	\$0
HAILEY FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
HAILEY FE 1/20 ORAL TABLET	1 or 1a*	\$0
ISIBLOOM ORAL TABLET	1 or 1a*	\$0
JASMIEL ORAL TABLET	1 or 1b*	\$0
JOYEAUX ORAL TABLET	1 or 1b*	\$0
JULEBER ORAL TABLET	1 or 1a*	\$0
JUNEL 1.5/30 ORAL TABLET	1 or 1a*	\$0
JUNEL 1/20 ORAL TABLET	1 or 1a*	\$0
JUNEL FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
JUNEL FE 1/20 ORAL TABLET	1 or 1a*	\$0
JUNEL FE 24 ORAL TABLET	1 or 1a*	\$0
KAITLIB FE ORAL TABLET CHEWABLE	1 or 1b*	\$0
KALLIGA ORAL TABLET	1 or 1a*	\$0
KELNOR 1/35 ORAL TABLET	1 or 1a*	\$0
KELNOR 1/50 ORAL TABLET	1 or 1a*	\$0
KURVELO ORAL TABLET	1 or 1a*	\$0
LARIN 1.5/30 ORAL TABLET	1 or 1a*	\$0
LARIN 1/20 ORAL TABLET	1 or 1a*	\$0
LARIN 24 FE ORAL TABLET	1 or 1a*	\$0
LARIN FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
LARIN FE 1/20 ORAL TABLET	1 or 1a*	\$0
LAYOLIS FE ORAL TABLET CHEWABLE	1 or 1b*	\$0
LESSINA ORAL TABLET	1 or 1a*	\$0
levonorgest-eth estradiol-iron oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
LEVORA 0.15/30 (28) ORAL TABLET	1 or 1a*	\$0
LOESTRIN 1.5/30 (21) ORAL TABLET	1 or 1a*	\$0
LOESTRIN 1/20 (21) ORAL TABLET	1 or 1a*	\$0
LOESTRIN FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
LOESTRIN FE 1/20 ORAL TABLET	1 or 1a*	\$0
LORYNA ORAL TABLET	1 or 1b*	\$0
LOW-OGESTREL ORAL TABLET	1 or 1a*	\$0
LO-ZUMANDIMINE ORAL TABLET	1 or 1b*	\$0
LUTERA ORAL TABLET	1 or 1a*	\$0
marlissa oral tablet	1 or 1a*	\$0
MERZEE ORAL CAPSULE	1 or 1b*	\$0
MIBELAS 24 FE ORAL TABLET CHEWABLE	1 or 1a*	\$0
MICROGESTIN 1.5/30 ORAL TABLET	1 or 1a*	\$0
MICROGESTIN 1/20 ORAL TABLET	1 or 1a*	\$0
MICROGESTIN FE 1.5/30 ORAL TABLET	1 or 1a*	\$0
MICROGESTIN FE 1/20 ORAL TABLET	1 or 1a*	\$0
MILI ORAL TABLET	1 or 1a*	\$0
MONO-LINYAH ORAL TABLET	1 or 1a*	\$0
NECON 0.5/35 (28) ORAL TABLET	1 or 1a*	\$0
NEXTSTELLIS ORAL TABLET	4	
NIKKI ORAL TABLET	1 or 1b*	\$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	\$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	\$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	\$0
norethindrone acet-ethinyl est oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*	\$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
NORTREL 0.5/35 (28) ORAL TABLET	1 or 1a*	\$0
NORTREL 1/35 (21) ORAL TABLET	1 or 1a*	\$0
NORTREL 1/35 (28) ORAL TABLET	1 or 1a*	\$0
NYLIA 1/35 ORAL TABLET	1 or 1a*	\$0
OCELLA ORAL TABLET	1 or 1b*	\$0
PHILITH ORAL TABLET	1 or 1a*	\$0
PORTIA-28 ORAL TABLET	1 or 1a*	\$0
RECLIPSEN ORAL TABLET	1 or 1a*	\$0
SAFYRAL ORAL TABLET	4	
SPRINTEC 28 ORAL TABLET	1 or 1a*	\$0
SRONYX ORAL TABLET	1 or 1a*	\$0
SYEDA ORAL TABLET	1 or 1b*	\$0
TARINA 24 FE ORAL TABLET	1 or 1a*	\$0
TARINA FE 1/20 EQ ORAL TABLET	1 or 1a*	\$0
TAYSOFY ORAL CAPSULE	1 or 1b*	\$0
TAYTULLA ORAL CAPSULE	4	
TURQOZ ORAL TABLET	1 or 1a*	\$0
TYBLUME ORAL TABLET CHEWABLE	4	
TYDEMY ORAL TABLET	1 or 1b*	\$0
VESTURA ORAL TABLET	1 or 1b*	\$0
VIENVA ORAL TABLET	1 or 1a*	\$0
VYFEMLA ORAL TABLET	1 or 1a*	\$0
VYLIBRA ORAL TABLET	1 or 1a*	\$0
WERA ORAL TABLET	1 or 1a*	\$0
WYMZYA FE ORAL TABLET CHEWABLE	1 or 1b*	\$0
YASMIN 28 ORAL TABLET	4	

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

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Drug Name	Tier	Notes
YAZ ORAL TABLET	4	
ZOVIA 1/35 (28) ORAL TABLET	1 or 1a*	\$0
ZUMANDIMINE ORAL TABLET	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
norelgestromin-eth estradiol transdermal patch weekly	1 or 1b*	\$0
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
XULANE TRANSDERMAL PATCH WEEKLY	1 or 1b*	\$0
ZAFEMY TRANSDERMAL PATCH WEEKLY	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - VAGINAL***		
ANNOVERA VAGINAL RING	3	
ELURYNG VAGINAL RING	4	
ENILLORING VAGINAL RING	4	
etonogestrel-ethinyl estradiol vaginal ring	4	
HALOETTE VAGINAL RING	4	
NUVARING VAGINAL RING	1 or 1b*	\$0
*CONTINUOUS CONTRACEPTIVES - ORAL***		
AMETHYST ORAL TABLET	1 or 1b*	\$0
DOLISHALE ORAL TABLET	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0

Drug Name	Tier	Notes
*COPPER CONTRACEPTIVES - IUD***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
*EMERGENCY CONTRACEPTIVES***		
AFTERA ORAL TABLET	1 or 1b*	\$0
AFTERPILL ORAL TABLET	1 or 1b*	\$0
CURAE ORAL TABLET	1 or 1b*	\$0
ECONTRA ONE-STEP ORAL TABLET	1 or 1b*	\$0
ELLA ORAL TABLET	3	\$0
HER STYLE ORAL TABLET	1 or 1b*	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	\$0
MY CHOICE ORAL TABLET	1 or 1b*	\$0
MY WAY ORAL TABLET	1 or 1b*	\$0
NEW DAY ORAL TABLET	1 or 1b*	\$0
OPCICON ONE-STEP ORAL TABLET	1 or 1b*	\$0
OPTION 2 ORAL TABLET	1 or 1b*	\$0
REACT ORAL TABLET	1 or 1b*	\$0
TAKE ACTION ORAL TABLET	1 or 1b*	\$0
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
ASHLYNA ORAL TABLET	1 or 1b*	\$0
CAMRESE LO ORAL TABLET	1 or 1b*	\$0
CAMRESE ORAL TABLET	1 or 1b*	\$0
DAYSEE ORAL TABLET	1 or 1b*	\$0
ICLEVIA ORAL TABLET	1 or 1b*	\$0
INTROVALE ORAL TABLET	1 or 1b*	\$0
JAIMIESS ORAL TABLET	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
JOLESSA ORAL TABLET	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
LOJAIMIESS ORAL TABLET	1 or 1b*	\$0
RIVELSA ORAL TABLET	1 or 1b*	\$0
SETLAKIN ORAL TABLET	1 or 1b*	\$0
SIMPESSE ORAL TABLET	1 or 1b*	\$0
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET	4	
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON SUBCUTANEOUS IMPLANT	3	LD; SP
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$0
*PROGESTIN CONTRACEPTIVES - IUD***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP

Drug Name	Tier	Notes
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
*PROGESTIN CONTRACEPTIVES - ORAL***		
CAMILA ORAL TABLET	1 or 1b*	\$0
DEBLITANE ORAL TABLET	1 or 1b*	\$0
EMZAHH ORAL TABLET	1 or 1b*	\$0
ERRIN ORAL TABLET	1 or 1b*	\$0
HEATHER ORAL TABLET	1 or 1b*	\$0
INCASSIA ORAL TABLET	1 or 1b*	\$0
JENCYCLA ORAL TABLET	1 or 1b*	\$0
LYLEQ ORAL TABLET	1 or 1b*	\$0
LYZA ORAL TABLET	1 or 1b*	\$0
NORA-BE ORAL TABLET	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
NORLYROC ORAL TABLET	1 or 1b*	\$0
OPILL ORAL TABLET	2	\$0
SHAROBEL ORAL TABLET	1 or 1b*	\$0
SLYND ORAL TABLET	3	
*TRIPHASIC CONTRACEPTIVES - ORAL***		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
ARANELLE ORAL TABLET	1 or 1a*	\$0
DASETTA 7/7/7 ORAL TABLET	1 or 1a*	\$0
ENPRESSE-28 ORAL TABLET	1 or 1a*	\$0
LEENA ORAL TABLET	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
LEVONEST ORAL TABLET	1 or 1a*	\$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*	\$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0
NORTREL 7/7/7 ORAL TABLET	1 or 1a*	\$0
NYLIA 7/7/7 ORAL TABLET	1 or 1a*	\$0
TILIA FE ORAL TABLET	1 or 1b*	\$0
TRI-ESTARYLLA ORAL TABLET	1 or 1b*	\$0
TRI-LEGEST FE ORAL TABLET	1 or 1b*	\$0
TRI-LINYAH ORAL TABLET	1 or 1b*	\$0
TRI-LO-ESTARYLLA ORAL TABLET	1 or 1b*	\$0
TRI-LO-MARZIA ORAL TABLET	1 or 1b*	\$0
TRI-LO-MILI ORAL TABLET	1 or 1b*	\$0
TRI-LO-SPRINTEC ORAL TABLET	1 or 1b*	\$0
TRI-MILI ORAL TABLET	1 or 1b*	\$0
TRI-SPRINTEC ORAL TABLET	1 or 1b*	\$0
TRIVORA (28) ORAL TABLET	1 or 1a*	\$0
TRI-VYLIBRA LO ORAL TABLET	1 or 1b*	\$0
TRI-VYLIBRA ORAL TABLET	1 or 1b*	\$0
VELIVET ORAL TABLET	1 or 1a*	\$0
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
AGAMREE ORAL SUSPENSION	4	PA; LD; QL
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA

Drug Name	Tier	Notes
betamethasone sodium phosphate injection solution	4	
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
CORTEF ORAL TABLET	3	
cortisone acetate oral tablet	4	PA; QL
deflazacort oral suspension	4	PA; LD
deflazacort oral tablet	4	PA; LD
DEPO-MEDROL INJECTION SUSPENSION	3	
dexabliss oral tablet therapy pack	3	
dexamethasone (1a) injection suspension	4	
dexamethasone acetate injection suspension	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phos +rfd injection solution prefilled syringe	1 or 1b*	
dexamethasone sod phos-nacl intravenous solution 6-0.9 mg/25ml-%	4	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
dexamethasone sod phosphate pf injection solution prefilled syringe	1 or 1b*	
dexamethasone sodium phosphate injection solution 10 mg/ml	4	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1 or 1b*	
dexamethasone sodium phosphate injection solution prefilled syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
DOUBLEDEX INJECTION KIT	4	
EMFLAZA ORAL SUSPENSION	4	PA; LD
EMFLAZA ORAL TABLET	4	PA; LD
EOHILIA ORAL SUSPENSION	4	PA; QL
HEMADY ORAL TABLET	3	PA; QL
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION	3	
KENALOG-40 INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
MAS CARE-PAK INJECTION KIT	4	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone acetate injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	4	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG	3	QL

Drug Name	Tier	Notes
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	DO
p-care k40 injection kit	4	
p-care k80 injection kit	4	
PEDIAPRED ORAL SOLUTION	3	
pod-care 100k injection kit	4	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
PRO-C-DURE 5 INJECTION KIT	4	
PRO-C-DURE 6 INJECTION KIT	4	
RAYOS ORAL TABLET DELAYED RELEASE	4	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	1 or 1b*	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	1 or 1b*	

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

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Drug Name	Tier	Notes
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	PA; LD; QL
topidex injection kit	4	
triamcinolone acetamide injection suspension 40 mg/ml, 50 mg/ml, 80 mg/ml	4	
triamcinolone diacetate injection suspension	4	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
*MINERALOCORTICOIDSD***		
fludrocortisone acetate oral tablet	1 or 1b*	
*STEROID COMBINATIONS***		
beta 1 kit injection kit	4	
BETALIDO INJECTION KIT	4	
betamethasone combo injection suspension	4	
betamethasone sod phos & acet injection suspension	4	
bupivillog injection kit	4	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
dexameth sod phos-bupiv-epin injection solution prefilled syringe 0.01-0.375 %-1:200000	4	
dexamethasone ace & sod phos injection suspension	4	
dexamethasone sod phos-bupiv injection solution prefilled syringe	4	
DEXLIDO INJECTION KIT	4	
DEXLIDO-M INJECTION KIT	4	

Drug Name	Tier	Notes
DYURAL 80-LM INJECTION KIT	4	
DYURAL-40 INJECTION KIT	4	
DYURAL-80 INJECTION KIT	4	
DYURAL-L INJECTION KIT	4	
DYURAL-LM INJECTION KIT	4	
lidocidex i injection solution	4	
lidolog injection kit	4	
MARBETA-25 INJECTION KIT	4	
MARBETA-L INJECTION KIT	4	
MARDEX-25 INJECTION KIT	4	
methylprednisolone ace-lido injection suspension	4	
methylprednisolone-bupivacaine injection suspension	4	
mlk f1 injection kit	4	
mlk f2 injection kit	4	
mlk f3 injection kit	4	
MLK F4 INJECTION KIT	4	
multi-specialty injection kit	4	
p-care k40mx injection kit	4	
p-care k80mx injection kit	4	
physicians ez use j/t kit ii injection kit	4	
physicians ez use m-pred injection kit	4	
pod-care 100c injection kit	4	
pod-care 100cmx injection kit	4	
pod-care 100kmx injection kit	4	
ROPIDEX INJECTION KIT	4	
triamcinolone-bupivacaine injection suspension	4	
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule	1 or 1b*	

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

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

Drug Name	Tier	Notes
eq mucus-d oral tablet extended release 12 hour	1 or 1b*	
*DECONGESTANT-ANALGESIC***		
eq sinus & cold-d oral tablet extended release 12 hour	1 or 1b*	
*IODINE EXPECTORANTS***		
potassium iodide oral solution	4	
SSKI ORAL SOLUTION	4	
*MISC. RESPIRATORY INHALANTS***		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	4	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1 or 1b*	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	4	
PULMOSAL INHALATION NEBULIZATION SOLUTION	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
*MUCOLYTICS***		
acetylcysteine inhalation solution	1 or 1b*	
*NON-NARC ANTITUSSIVE-ANTIHIHISTAMINE***		
NINJACOF ORAL LIQUID	2	
promethazine-dm oral syrup	1 or 1a*	QL
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHIHISTAMINE***		
NEOTUSS PLUS ORAL LIQUID	4	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	

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

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Drug Name	Tier	Notes
*OPIOID ANTITUSSIVE-ANTIHISTAMINE***		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	AL; QL
promethazine-codeine oral solution	1 or 1a*	AL; QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL; QL
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***		
capcof oral syrup	3	AL; QL
maxi-tuss cd oral liquid	2	AL; QL
poly-tussin ac oral liquid 10-4-10 mg/5ml	2	AL; QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA
RYDEX ORAL LIQUID	2	AL; QL
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
ACZONE EXTERNAL GEL	4	ST; QL
AMZEEQ EXTERNAL FOAM	4	ST; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
CLINDACIN ETZ EXTERNAL SWAB	1 or 1b*	QL
CLINDACIN EXTERNAL FOAM	1 or 1b*	QL
CLINDACIN-P EXTERNAL SWAB	1 or 1b*	QL
CLINDAGEL EXTERNAL GEL	4	ST; QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel 1 %	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel	3	ST; QL
ery external pad	1 or 1b*	QL

Drug Name	Tier	Notes
ERYGEL EXTERNAL GEL	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
*ACNE COMBINATIONS***		
ACANYA EXTERNAL GEL	4	ST; QL
acioxiay external cream	4	
adainzoxia external gel	4	
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
adapalene-benzoyl peroxide external pad	4	
adeinzde external gel	4	
AVAR CLEANSER EXTERNAL LIQUID	4	
AVAR LS CLEANSER EXTERNAL LIQUID	4	
AVAR-E EMOLLIENT EXTERNAL CREAM	4	
BENZAMYCIN EXTERNAL GEL	4	ST; QL
benzoyl perox-hydrocortisone external lotion	4	
benzoyl peroxide forte- hc external lotion	4	
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
bp 10-1 external emulsion	4	
CABTREO EXTERNAL GEL	4	ST; QL
CLENIA PLUS EXTERNAL SUSPENSION	4	
CLINDACIN ETZ EXTERNAL KIT	4	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL

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

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Drug Name	Tier	Notes
clindavix external kit	4	
CLINOIN EXTERNAL CREAM	4	
deoxia external gel	4	
deoxia external lotion	4	
deoxiademtar external gel	4	
deoxiatar external solution	4	
deoxiavar external cream	4	
diadimaxia external cream	4	
diadimaxia external gel	4	
diaoxia external gel	4	
diasaxiatar external cream	4	
diasaxiatar external gel	4	
diasdimaxia external cream	4	
diasdimaxia external gel	4	
diasoxia external cream	4	
diasoxia external gel	4	
dimoxia external gel	4	
draxacey external suspension	4	
drixece external suspension	4	
eceoxia external cream	4	
EPIDUO EXTERNAL GEL	4	ST; QL
EPIDUO FORTE EXTERNAL GEL	4	ST; QL
ethoxia external cream	4	
fluoxia external cream	4	
idyxiatar external gel	4	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT	4	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT	4	
INOVA EXTERNAL KIT	4	
inzdeaxiatar external gel	4	
inzdeaxiavar external gel	4	
inzdeoxia external gel	4	
ithoxia external cream	4	
lounzdomdioxatar external therapy pack	4	
NEUAC EXTERNAL GEL	1 or 1b*	QL
ONEXTON EXTERNAL GEL	4	ST; QL
onzdeaxiademtar external gel	4	

Drug Name	Tier	Notes
onzdeaxiademvar external gel	4	
onzdeaxiatar external gel	4	
onzdeaxiavar external gel	4	
onzdeaxiazar external gel	4	
onzdeoxia external gel	4	
oxiaice external lotion	4	
oxiatar external cream	4	
oxiavar external cream	4	
oxiavarry external cream	4	
oxiavary external cream	4	
oxiazar external cream	4	
PLEXION CLEANSER EXTERNAL LIQUID	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD	4	
PLEXION EXTERNAL CREAM	4	
PLEXION EXTERNAL LOTION	4	
resorcinol-sulfur external lotion	4	
saroxia external cream	4	
sss 10-5 external cream	4	
sss 10-5 external foam	4	
sulfacetamide sodium-sulfur external cream	4	
sulfacetamide sodium-sulfur external liquid	4	
sulfacetamide sodium-sulfur external lotion	4	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	4	
sulfacetamide sodium-sulfur external suspension	4	
sulfacetamide sod-sulfur wash external liquid	4	
sulfacetamide-sulfur in urea external emulsion	4	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION	4	
sulfamez wash external emulsion	4	
SUMADAN EXTERNAL KIT	4	

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

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Drug Name	Tier	Notes
SUMADAN WASH EXTERNAL LIQUID	4	
SUMAXIN CP EXTERNAL KIT	4	
SUMAXIN EXTERNAL PAD	4	
tardeoxia external cream	4	
tardimaxia external gel	4	
taroxia external cream	4	
TWYNEO EXTERNAL CREAM	4	ST; QL
unzdomdioxiazar external therapy pack	4	
VANOXIDE-HC EXTERNAL LOTION	4	
vardimaxia external gel	4	
varoxia external cream	4	
varoxia external gel	4	
ZACARE EXTERNAL KIT	4	
ZIANA EXTERNAL GEL	4	ST; QL
*ACNE PRODUCTS***		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	PA
ACCUTANE ORAL CAPSULE	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
adapalene external solution	4	ST; QL
AKLIEF EXTERNAL CREAM	4	ST; QL
ALTRENO EXTERNAL LOTION	4	PA; QL
AMNESTEEM ORAL CAPSULE	2	PA
ARAZLO EXTERNAL LOTION	4	ST; QL
ATRALIN EXTERNAL GEL	4	ST; QL
AZELEX EXTERNAL CREAM	4	ST; QL
BENZAC AC WASH EXTERNAL LIQUID	4	

Drug Name	Tier	Notes
BENZEPRO CREAMY WASH EXTERNAL LIQUID	4	
BENZEPRO EXTERNAL	4	
BENZEPRO EXTERNAL FOAM	4	
BENZEPRO EXTERNAL LIQUID	4	
BENZEPRO FOAMING CLOTHS EXTERNAL	4	
benzoyl peroxide external foam 9.8 %	4	
benzoyl peroxide external gel 6.5 %, 8 %	4	
CLARAVIS ORAL CAPSULE	2	PA
DIFFERIN EXTERNAL CREAM	4	ST; QL
DIFFERIN EXTERNAL GEL 0.3 %	4	ST; QL
DIFFERIN EXTERNAL LOTION	4	ST; QL
EPSOLAY EXTERNAL CREAM	4	QL
FABIOR EXTERNAL FOAM	4	ST; QL
isotretinoin oral capsule	2	PA
PR BENZOYL PEROXIDE EXTERNAL LIQUID	4	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID	4	
RETIN-A EXTERNAL CREAM 0.025 %	4	PA; QL
RETIN-A EXTERNAL CREAM 0.05 %, 0.1 %	4	ST; QL
RETIN-A EXTERNAL GEL 0.01 %	4	ST; QL
RETIN-A EXTERNAL GEL 0.025 %	4	PA; QL
RETIN-A MICRO EXTERNAL GEL	3	PA; QL
RETIN-A MICRO PUMP EXTERNAL GEL	3	PA; QL
tazarotene external foam	4	ST; QL
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
WINLEVI EXTERNAL CREAM	2	PA; QL
zacrir cleansing external lotion 8 %	4	
ZENATANE ORAL CAPSULE	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS***		
VEREGEN EXTERNAL OINTMENT	3	QL
*AGENTS FOR FACIAL WRINKLES - RETINOIDS***		
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
*ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS***		
LITFULO ORAL CAPSULE	4	
*ANALGESIC COMBINATIONS - TOPICAL***		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM	4	
*ANALGESICS - TOPICAL***		
enovarx-baclofen external cream	4	
enovarx-tramadol external cream	4	
hav ez penetrating pain relief external gel	2	
MUSCUSOLICE EXTERNAL CREAM	4	
NEURAPTINE EXTERNAL CREAM	4	
PRAKETAMIDE EXTERNAL CREAM	4	

Drug Name	Tier	Notes
*ANTIBIOTIC MIXTURES TOPICAL***		
idaran external ointment	4	
nanran external ointment	4	
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***		
NEO-SYNALAR EXTERNAL CREAM	3	
*ANTIBIOTICS - TOPICAL***		
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin calcium external cream	4	ST; QL
mupirocin external ointment	1 or 1b*	QL
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK	4	
difmetioxime external solution	4	
EXODERM EXTERNAL LOTION	4	
fungimez external solution	3	
hexiounyl external lotion	4	
hixdefrima external solution	4	
hydrocortisone-iodoquinol external cream 1-1 %	4	
imioxia external cream	4	
iodoquimez-hc external cream	4	
iodoquinol-hc-aloe polysacch external gel	4	
iodoquinol-hydrocortisone-aloe external cream	4	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
MYCOZYL HC EXTERNAL GEL	4	

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

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Drug Name	Tier	Notes
MYCOZYL HC EXTERNAL LIQUID	4	
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
ONYCHO-MED EXTERNAL KIT	4	
phedrax external shampoo	4	
pheodoyo external cream	4	
pheoxia external cream	4	
pheyo external cream	4	
PODIATROLE EXTERNAL THERAPY PACK	4	
RECURA EXTERNAL CREAM	4	
VUSION EXTERNAL OINTMENT	3	QL
VYTONE EXTERNAL CREAM	4	
XOLEGEL COREPAK EXTERNAL KIT	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	4	
XOLEGEL DUO/XOLEX EXTERNAL KIT	4	
*ANTIFUNGALS - TOPICAL***		
CICLODAN EXTERNAL SOLUTION	1 or 1b*	QL
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
ciclopirox treatment external kit	4	
eq athletes foot ultra external cream	1 or 1b*	
KLAYESTA EXTERNAL POWDER	1 or 1b*	QL
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel 2 %	1 or 1b*	ST; QL

Drug Name	Tier	Notes
NAFTIN EXTERNAL GEL 2 %	3	ST; QL
NYAMYC EXTERNAL POWDER	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
NYSTOP EXTERNAL POWDER	1 or 1b*	QL
*ANTI-HISTAMINES - TOPICAL***		
TECNU RASH RELIEF EXTERNAL SOLUTION	1 or 1b*	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
diclofenac epolamine external patch	4	ST; QL
diclofenac sodium external gel 1 %	1 or 1b*	QL
diclofenac sodium external solution	4	ST; QL
DICLOFONO EXTERNAL GEL	4	
enovarx-diclofenac sodium external cream	4	
enovarx-ibuprofen external cream	4	
enovarx-naproxen external cream	4	
FLECTOR EXTERNAL PATCH	4	ST; QL
FROTEK EXTERNAL CREAM	4	
LICART EXTERNAL PATCH 24 HOUR	4	ST; QL
mm arthritis pain reliever external gel	1 or 1b*	
napro external cream	4	
PENNSAID EXTERNAL SOLUTION	4	ST; QL
VENNGEL ONE EXTERNAL KIT	4	
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***		
capsinac external therapy pack	4	

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

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Drug Name	Tier	Notes
diclona external gel	4	
diclona+ external patch	4	
diclopr external kit	4	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 %	4	
diclostrem external therapy pack	4	
diclovix external kit	4	
diclovix m external therapy pack	4	
dimentho external therapy pack	4	
dual complex formula 1 kit external cream	4	
fbl kit external cream	4	
FENOVAR EXTERNAL KIT	4	
ICLOFENAC CP EXTERNAL THERAPY PACK	4	
K.B.G.L IN TERODERM EXTERNAL CREAM	4	
LEXTOL EXTERNAL THERAPY PACK	4	
PROFINAC EXTERNAL THERAPY PACK	4	
sure result dss premium pack external therapy pack	4	
triple complex formula 3 kit external cream	4	
VAROPHEN EXTERNAL KIT	4	
vp fc kit external cream	4	
vp gkl kit external cream	4	
ZICLOPRO EXTERNAL THERAPY PACK	4	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL***		
VALCHLOR EXTERNAL GEL	3	PA; LD; QL
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
CARAC EXTERNAL CREAM	3	ST; QL
EFUDEX EXTERNAL CREAM	3	ST; QL

Drug Name	Tier	Notes
fluorouracil external cream 5 %	1 or 1b*	AL; QL
fluorouracil external solution	1 or 1b*	AL; QL
TOLAK EXTERNAL CREAM	3	ST; QL
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***		
quidroxzar external gel	4	
quihoxaxia external gel	4	
quihoxvar external gel	4	
roaoxia external gel	4	
solaravix external therapy pack	4	
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
*ANTINEOPLASTIC RETINOIDS - TOPICAL***		
PANRETIN EXTERNAL GEL	3	SP
*ANTIPRURITICS - TOPICAL***		
doxepin hcl external cream	1 or 1b*	PA; QL
PRUDOXIN EXTERNAL CREAM	4	PA; QL
ZONALON EXTERNAL CREAM	4	PA; QL
*ANTIPSORIATIC COMBINATIONS***		
diooxia external cream	4	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK	4	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK	4	
TRIONEX EXTERNAL KIT	4	
*ANTIPSORIATICS - SYSTEMIC***		
acitretin oral capsule	1 or 1b*	QL

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

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Drug Name	Tier	Notes
BIMZELX SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
COSENTYX INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; LD; QL; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	3	PA; LD; QL; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; LD; QL; SP
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
methoxsalen rapid oral capsule	1 or 1b*	SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SOTYKTU ORAL TABLET	4	PA; LD; QL; SP

Drug Name	Tier	Notes
SPEVIGO INTRAVENOUS SOLUTION	3	PA; LD; QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; LD; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; LD; QL; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	4	PA; LD; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	3	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL; SP
*ANTIPSORIATICS***		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	1 or 1b*	QL
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
CALCITRENE EXTERNAL OINTMENT	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
SORILUX EXTERNAL FOAM	4	QL
tazarotene external cream 0.1 %	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
TAZORAC EXTERNAL CREAM 0.05 %	4	QL
TAZORAC EXTERNAL CREAM 0.1 %	4	ST; QL
TAZORAC EXTERNAL GEL	3	QL

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

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Drug Name	Tier	Notes
VECTICAL EXTERNAL OINTMENT	4	QL
VTAMA EXTERNAL CREAM	4	PA; QL
ZITHRANOL EXTERNAL SHAMPOO	4	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; QL
*ANTISEBORRHEIC COMBINATIONS***		
haxchlo external shampoo	4	
haxchlodrex external shampoo	4	
haxdrax external shampoo	4	
micuraderm external emulsion	4	
NUTRASEB EXTERNAL CREAM	4	
PROMISEB EXTERNAL CREAM	4	
*ANTISEBORRHEIC PRODUCTS***		
OVACE PLUS EXTERNAL CREAM	4	
OVACE PLUS EXTERNAL LOTION	4	
OVACE PLUS EXTERNAL SHAMPOO	4	
OVACE PLUS WASH EXTERNAL GEL	4	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH EXTERNAL LIQUID	4	
PLEXION NS EXTERNAL SHAMPOO	4	
selenium sulfide external lotion	1 or 1a*	QL
selenium sulfide external shampoo	4	
sodium sulfacetamide external shampoo	4	
sodium sulfacetamide wash external liquid	4	
sulfacetamide sodium (cleans) external gel	4	
sulfacetamide sodium external liquid	4	

Drug Name	Tier	Notes
ZORYVE EXTERNAL FOAM	4	PA; QL
*ANTIVIRAL TOPICAL COMBINATIONS***		
XERESE EXTERNAL CREAM	3	PA; QL
*ANTIVIRALS - TOPICAL***		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
DENA VIR EXTERNAL CREAM	3	PA; QL
eq docosanol external cream	1 or 1b*	
peniclovir external cream	1 or 1b*	PA; QL
ZOVIRAX EXTERNAL CREAM	4	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	QL
*ASTRINGENTS***		
XERAC AC EXTERNAL SOLUTION	4	
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS***		
CIBINQO ORAL TABLET	4	PA; QL; SP
OPZELURA EXTERNAL CREAM	3	PA; QL
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA; SP
*BURN PRODUCTS***		
mafenide acetate external packet	1 or 1b*	

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

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Drug Name	Tier	Notes
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
SSD EXTERNAL CREAM	1 or 1a*	
SULFAMYLON EXTERNAL CREAM	3	
*CAUTERIZING AGENT COMBINATIONS***		
ARZOL SILVER NIT APPLICATORS EXTERNAL	4	
*CAUTERIZING AGENTS***		
silver nitrate external solution 0.5 %	4	
*CORTICOSTEROIDS - TOPICAL***		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT	4	
ALA SCALP EXTERNAL LOTION	4	ST; QL
ala-cort external cream 1 %	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external cream	3	QL
amcinonide external ointment	4	ST; QL
APEXICON E EXTERNAL CREAM	4	ST; QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone valerate external cream	1 or 1b*	QL

Drug Name	Tier	Notes
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
BRYHALI EXTERNAL LOTION	4	ST; QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
CLOBEX EXTERNAL LOTION	4	ST; QL
CLOBEX EXTERNAL SHAMPOO	4	ST; QL
CLOBEX SPRAY EXTERNAL LIQUID	4	ST; QL
clocortolone pivalate external cream	3	ST; QL
CLODAN EXTERNAL SHAMPOO	1 or 1b*	QL
CLODERM EXTERNAL CREAM	4	ST; QL
CORDRAN EXTERNAL TAPE	4	ST; QL
DERMA-SMOOTH/FS BODY EXTERNAL OIL	4	ST; QL
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	4	ST; QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL

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

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Drug Name	Tier	Notes
desonide external ointment	1 or 1b*	QL
DESOWEN EXTERNAL CREAM	4	ST; QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
DIPROLENE EXTERNAL OINTMENT	4	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	QL
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL
flurandrenolide external cream	3	ST; QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1 or 1b*	QL
fluticasone propionate external lotion	1 or 1b*	QL
fluticasone propionate external ointment	1 or 1b*	QL
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	1 or 1b*	QL

Drug Name	Tier	Notes
halobetasol propionate external foam	4	ST; QL
halobetasol propionate external ointment	1 or 1b*	QL
HALOG EXTERNAL CREAM	4	ST; QL
HALOG EXTERNAL OINTMENT	4	ST; QL
HALOG EXTERNAL SOLUTION	4	ST; QL
hydrocortisone butyrate external cream	3	ST; QL
hydrocortisone butyrate external lotion	3	ST; QL
hydrocortisone butyrate external ointment	3	ST; QL
hydrocortisone butyrate external solution	3	ST; QL
hydrocortisone complete kit external therapy pack	4	
hydrocortisone external cream 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2 %	4	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 2.5 %	1 or 1a*	QL
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
HYDROXATE EXTERNAL GEL	4	
HYDROXYM EXTERNAL CREAM	4	
HYDROXYM EXTERNAL GEL	4	
IMPOYZ EXTERNAL CREAM	4	ST; QL
KENALOG EXTERNAL AEROSOL SOLUTION	4	ST; QL
LEXETTE EXTERNAL FOAM	4	ST; QL
LOCOID EXTERNAL LOTION	4	ST; QL
mometasone furoate external cream	1 or 1b*	QL

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

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Drug Name	Tier	Notes
mometasone furoate external ointment	1 or 1b*	QL
mometasone furoate external solution	1 or 1b*	QL
NUCORT EXTERNAL LOTION	4	
PANDEL EXTERNAL CREAM	4	ST; QL
SERNIVO EXTERNAL EMULSION	4	ST; QL
SYNALAR EXTERNAL CREAM	4	ST; QL
SYNALAR EXTERNAL OINTMENT	4	ST; QL
TEXACORT EXTERNAL SOLUTION	4	ST; QL
TOPICORT EXTERNAL CREAM	4	ST; QL
TOPICORT EXTERNAL GEL	4	ST; QL
TOPICORT EXTERNAL OINTMENT	4	ST; QL
TOPICORT SPRAY EXTERNAL LIQUID	4	ST; QL
TOVET EXTERNAL FOAM	1 or 1b*	QL
triamcinolone acetone external aerosol solution	3	ST; QL
triamcinolone acetone external cream	1 or 1a*	QL
triamcinolone acetone external lotion	1 or 1a*	QL
triamcinolone acetone external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetone external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
TRIDERM EXTERNAL CREAM 0.5 %	1 or 1a*	QL
ULTRAVATE EXTERNAL LOTION	4	ST; QL
VANOS EXTERNAL CREAM	4	ST; QL
*DEPIGMENTING AGENTS***		
BLANCHE EXTERNAL CREAM	4	

Drug Name	Tier	Notes
hydroquinone external cream	4	
kaxm external emulsion	4	
keido external emulsion	4	
kexm external emulsion	4	
kutea external emulsion	4	
kuxm external emulsion	4	
*DEPIGMENTING COMBINATIONS***		
kataraxap external emulsion	4	
KATARVIA EXTERNAL EMULSION	4	
katarya external emulsion	4	
kataryaxn external emulsion	4	
ketarya external emulsion	4	
kevaraxap external emulsion	4	
kevartia external emulsion	4	
kevarya external emulsion	4	
keya external emulsion	4	
kotaraxap external emulsion	4	
kutar external emulsion	4	
kutarvia external emulsion	4	
kutaryaxm external emulsion	4	
kutaryaxmpa external emulsion	4	
kuvarya external emulsion	4	
kuvarye external emulsion	4	
prooxia external cream	4	
TRI-LUMA EXTERNAL CREAM	3	
yaxatarxyn external emulsion	4	
yokatar external emulsion	4	
*EMOLLIENT COMBINATIONS***		
lactic acid e external cream	4	
*EMOLLIENT/KERATOLYTIC AGENTS***		
CEM-UREA EXTERNAL SOLUTION	4	
DERMACINRX UREA EXTERNAL CREAM	4	
HYDRO 40 EXTERNAL FOAM	4	
UMECTA MOUSSE EXTERNAL FOAM	4	

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

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Drug Name	Tier	Notes
URAMAXIN EXTERNAL GEL	4	
urea external cream 39 %, 39.5 %, 40 %, 41 %, 45 %, 47 %	4	
urea external foam	4	
urea external lotion 40 %	4	
urea nail external gel 45 %	4	
UREDEB EXTERNAL CREAM	4	
uremez-40 external cream	4	
URESOL EXTERNAL CREAM	4	
xurea external cream	4	
*EMOLLIENT/KERATOLYTIC COMBINATIONS***		
PRONAL EXTERNAL GEL	4	
urea hydrating external foam	4	
*EMOLLIENTS***		
ammonium lactate external cream	1 or 1b*	QL
lactic acid external lotion	4	
vitamin c brightening serum external liquid	4	
*ENZYMES - TOPICAL***		
NEXOBRID EXTERNAL GEL	3	PA; QL
SANTYL EXTERNAL OINTMENT	3	PA; QL
*EYELID CLEANSERS & LUBRICANTS***		
ACUICYN EXTERNAL SOLUTION	4	
AVENOVA EXTERNAL SOLUTION	4	
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION	2	
*GLABELLAR LINES (FROWN LINES) AGENTS***		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA

Drug Name	Tier	Notes
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
*HAIR GROWTH AGENT - COMBINATIONS***		
finapid external solution	4	
finapod external solution	4	
finapodtar external solution	4	
flyprogpidtar external solution	4	
oxopid external solution	4	
oxopidaxiaqup external solution	4	
oxopod external solution	4	
pidprogtar external solution	4	
podoxia external solution	4	
podprog external solution	4	
podprogtar external solution	4	
podtar external solution	4	
tetpidtar external solution	4	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
clotrimazole external cream	1 or 1b*	QL
econazole nitrate external cream	1 or 1b*	QL
ECOZA EXTERNAL FOAM	3	ST; QL
ERTACZO EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL SOLUTION	3	ST; QL
JUBLIA EXTERNAL SOLUTION	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
KETODAN EXTERNAL FOAM	3	QL
luliconazole external cream	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
LUZU EXTERNAL CREAM	3	ST; QL
oxiconazole nitrate external cream	3	ST; QL
OXISTAT EXTERNAL LOTION	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
*IMMUNOMODULATOR S IMIDAZOQUINOLINAMINES - TOPICAL***		
imiquimod external cream	1 or 1b*	ST; QL
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
*IMMUNOSUPPRESSIVE AGENTS - TOPICAL COMBINATIONS***		
oxianujo external cream	4	
oxianujo external ointment	4	
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS***		
bensal hp external ointment 3 %	4	
cantharidin external solution	4	
CONDYLOX EXTERNAL GEL	3	QL
KERALYT EXTERNAL GEL 6 %	4	
KERALYT EXTERNAL SHAMPOO	4	
PODOCON-25 EXTERNAL SOLUTION	4	
podofilox external gel	1 or 1b*	QL
podofilox external solution	1 or 1b*	QL
rayasal external cream	4	
SALICATE EXTERNAL LIQUID	4	
salicylic acid er external solution	4	
salicylic acid external foam	4	

Drug Name	Tier	Notes
salicylic acid external gel	4	
salicylic acid external ointment	4	
salicylic acid external shampoo	4	
salicylic acid external solution 26 %	4	
salicylic acid wart remover external liquid	4	
salicylic acid-cleanser external kit 6 % cream	4	
salimez external cream	4	
salimez forte external cream	4	
SALVAX EXTERNAL FOAM	4	
SALYCIM EXTERNAL CREAM	4	
salyntra external gel	4	
ULTRASAL-ER EXTERNAL SOLUTION	4	
VIRASAL EXTERNAL LIQUID	4	
XALIX EXTERNAL SOLUTION	4	
YCANTH EXTERNAL SOLUTION	3	PA; QL
*KERATOLYTIC/ANTIMITOTIC/VESICANT COMBINATIONS***		
GORDOFILM EXTERNAL SOLUTION	4	
metdray external gel	4	
pyrogalllic acid external ointment	4	
SALVAX DUO PLUS EXTERNAL KIT	4	
UREA-SALICYLIC ACID EXTERNAL CREAM	4	
*LINIMENTS***		
methyl salicylate external liquid	4	
turpentine external spirit	3	
*LOCAL ANESTHETICS - TOPICAL***		
ASTERO EXTERNAL GEL	4	
BRUSELIX EXTERNAL CREAM	4	

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

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Drug Name	Tier	Notes
BRUSELIX EXTERNAL GEL	4	
burn gel external gel	1 or 1b*	
DERMACINRX LIDOGEL EXTERNAL GEL	4	
dyclopro external solution	3	
eha external lotion	4	
enovarx-lidocaine hcl external cream	4	
GLYDO EXTERNAL PREFILLED SYRINGE	1 or 1b*	
LDO PLUS EXTERNAL GEL	4	
lidocaine external ointment 5 %	1 or 1b*	QL
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external cream 3 %, 4.12 %	4	
lidocaine hcl external lotion	4	
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
LIDOCAN EXTERNAL PATCH	1 or 1b*	PA; QL
LIDODERM EXTERNAL PATCH	4	PA; QL
lidopin external cream	4	
LIDOREX EXTERNAL GEL	4	
lidorx external gel	4	
LIDO-SORB EXTERNAL LOTION	4	
LIDOTRAL 1 EXTERNAL PATCH	4	
LIDOTRAL EXTERNAL CREAM	4	
LIDOTRAL EXTERNAL GEL 3.88 %	4	
LIDOTRAL EXTERNAL LIQUID	4	
LIDOTRAL EXTERNAL SOLUTION	4	
LIDOTRAN EXTERNAL CREAM	4	

Drug Name	Tier	Notes
LIDTOPIC EXTERNAL CREAM	4	
LIDTOPIC MAX EXTERNAL CREAM	4	
LYDEXA EXTERNAL CREAM	4	
NEUROZYL EXTERNAL CREAM	4	
premium lidocaine external ointment	4	
PROXIVOL EXTERNAL GEL	4	
QUTENZA (2 PATCH) EXTERNAL KIT	4	LD
QUTENZA (4 PATCH) EXTERNAL KIT	4	LD
QUTENZA EXTERNAL KIT	4	LD
TRIDACAINE II EXTERNAL PATCH	1 or 1b*	PA; QL
TRIDACAINE III EXTERNAL PATCH	1 or 1b*	PA; QL
zionodil 100 external lotion	4	
zionodil external lotion	4	
ZTLIDO EXTERNAL PATCH	2	PA; QL
*MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL***		
ELIDEL EXTERNAL CREAM	4	ST; QL
HYFTOR EXTERNAL GEL	3	PA; QL
nuju external solution	4	
nuju external cream	4	
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
SCENESSE SUBCUTANEOUS IMPLANT	3	PA; LD; QL
*MICROTUBULE INHIBITORS - TOPICAL***		
KLISYRI EXTERNAL OINTMENT	3	ST; QL

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

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Drug Name	Tier	Notes
*MISC. DERMATOLOGICAL PRODUCTS***		
ALADERM PLUS EXTERNAL EMULSION	4	
alevamax external cream	4	
ALEVICYN ANTIPRURITIC EXTERNAL GEL	4	
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	4	
CERACADE EXTERNAL EMULSION	4	
CERAMAX EXTERNAL CREAM	4	
CERAMAX EXTERNAL LOTION	4	
DERMASO PLUS EXTERNAL CREAM	4	
DEXERYL EXTERNAL CREAM	4	
EMULSION SB EXTERNAL EMULSION	4	
EPICERAM EXTERNAL EMULSION	4	
GENADUR EXTERNAL LIQUID	4	
HALUCORT EXTERNAL GEL	4	
HPR PLUS EXTERNAL CREAM	4	
HPR PLUS EXTERNAL FOAM	4	
HPR PLUS HYDROGEL EXTERNAL KIT	4	
HYLATOPIC PLUS EXTERNAL CREAM	4	
iliderm external emulsion	3	
KAMDOY EXTERNAL EMULSION	4	
KIVIK EXTERNAL EMULSION	4	
LEVICYN EXTERNAL GEL	4	
LOYON EXTERNAL SOLUTION	4	
MIMYX EXTERNAL CREAM	4	

Drug Name	Tier	Notes
NEOSALUS EXTERNAL CREAM	4	
NEOSALUS EXTERNAL FOAM	4	
NEOSALUS EXTERNAL LOTION	4	
NUVAIL EXTERNAL SOLUTION	4	
PENLEN EXTERNAL EMULSION	4	
PHLAG SPRAY EXTERNAL EMULSION	4	
PR CREAM EXTERNAL KIT	4	
PRESERA EXTERNAL FOAM	4	
PRUCLAIR EXTERNAL CREAM	4	
PRUMYX EXTERNAL CREAM	4	
remigen external cream	4	
SEBUDERM EXTERNAL GEL	4	
STRATA CTX EXTERNAL GEL	4	
STRATA MARK EXTERNAL GEL	4	
STRATA XRT EXTERNAL GEL	4	
SYNERDERM EXTERNAL EMULSION	4	
XERALUX EXTERNAL CREAM	4	
*MISC. TOPICAL COMBINATIONS***		
DERMACINRX CLORHEXACIN EXTERNAL KIT	4	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT	4	
*MISC. TOPICAL***		
boric acid external granules	3	
DRYSOL EXTERNAL SOLUTION	4	
PROSILK EXTERNAL GEL	4	
QBREXZA EXTERNAL PAD	3	PA; QL

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

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Drug Name	Tier	Notes
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
tavaborole external solution	1 or 1b*	ST; QL
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL***		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
*PROSTAGLANDINS - TOPICAL***		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
*ROSACEA AGENTS***		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate external gel	1 or 1b*	QL
dazomon external gel	4	
doxycycline oral capsule delayed release	4	ST; QL
FINACEA EXTERNAL FOAM	2	QL
ivermectin external cream	1 or 1b*	QL
METROCREAM EXTERNAL CREAM	3	ST; QL
METROGEL EXTERNAL GEL	4	ST; QL
METROLOTION EXTERNAL LOTION	4	ST; QL
metronidazole external cream	1 or 1b*	QL
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
NORITATE EXTERNAL CREAM	4	ST; QL
ORACEA ORAL CAPSULE DELAYED RELEASE	4	ST; QL

Drug Name	Tier	Notes
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
*ROSACEA COMBINATIONS***		
aveida external gel	4	
aveidaoxia external gel	4	
dazaveidaoxia external gel	4	
*SCABICIDES & PEDICULICIDES***		
CROTAN EXTERNAL LOTION	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
NATROBA EXTERNAL SUSPENSION	3	QL
OVIDE EXTERNAL LOTION	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
sulfurated lime external solution	4	
*SCAR TREATMENT PRODUCTS***		
CELACYN EXTERNAL GEL	4	
COPASIL EXTERNAL GEL	3	
DERMELLE EXTERNAL GEL	4	
JUVAZIN EXTERNAL GEL	4	
RECEDO EXTERNAL GEL	4	
scarcin external gel	4	
scarcin external liquid	4	
scarsilk external gel	4	
STRATA TRIZ EXTERNAL GEL	4	
*SEBORRHEIC KERATOSIS PRODUCTS**		
ESKATA EXTERNAL SOLUTION	3	

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

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Drug Name	Tier	Notes
*SKIN CLEANSERS***		
EPICYN EXTERNAL SOLUTION	4	
HYCLODEX EXTERNAL SOLUTION	4	
HYPOCYN ANTIPRURITIC EXTERNAL GEL	4	
HYPOCYN EXTERNAL SOLUTION 0.012 %	4	
*SKIN PROTECTANTS***		
SCARTRATE EXTERNAL CREAM	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS***		
CORTANE-B EXTERNAL LOTION	4	
EPIFOAM EXTERNAL FOAM	3	
hydrocortisone ace-pramoxine external cream 2.5-1 %	4	
lidocaine-hydrocortisone ace external cream 1-1 %	4	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM	4	
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %	4	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE EXTERNAL OINTMENT	4	
RADIAURA EXTERNAL CREAM	4	
*TAR PRODUCTS***		
coal tar external solution	1 or 1b*	
*TISSUE REPLACEMENTS***		
AFFINITY EXTERNAL SHEET	4	

Drug Name	Tier	Notes
AMNIOCORE AMNIOTIC MEMBRANE EXTERNAL SHEET	4	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMNIOTEXT EXTERNAL SHEET	3	
amphenol-40 injection suspension reconstituted	3	
APLIGRAF EXTERNAL DISK	4	
CORETEXT INJECTION SUSPENSION 1 ML, 2 ML	4	
CYGNUS DUAL EXTERNAL SHEET	3	
EPICORD EXTERNAL SHEET 1 CM X 2 CM	4	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM	3	
EPIFIX EXTERNAL SHEET 4 CM X 4.5 CM	4	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
GRAFIX CORE 1.5CM X 2CM EXTERNAL	4	
GRAFIX CORE 16MM EXTERNAL	4	
GRAFIX CORE 2CM X 3CM EXTERNAL	4	
GRAFIX CORE 3CM X 4CM EXTERNAL	4	
GRAFIX CORE 5CM X 5CM EXTERNAL	4	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	4	

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

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Drug Name	Tier	Notes
GRAFIX PRIME 16MM EXTERNAL	4	
GRAFIX PRIME 2CM X 3CM EXTERNAL	4	
GRAFIX PRIME 3CM X 4CM EXTERNAL	4	
GRAFIX PRIME 5CM X 5CM EXTERNAL	4	
GRAFIX XC 7.5CM X 15CM EXTERNAL	4	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NOVACHOR EXTERNAL SHEET	4	
NUCEL INJECTION INJECTABLE	4	
NUSHIELD EXTERNAL DISK	4	
NUSHIELD EXTERNAL SHEET	4	
OSTEOCONDUCTIVE MATRIX PLUS INJECTION INJECTABLE	4	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
PROTEXT INJECTION SUSPENSION	4	
STRAVIX EXTERNAL SHEET	3	

Drug Name	Tier	Notes
TRANSCYTE EXTERNAL SHEET	4	
TRUSKIN EXTERNAL SHEET 2 CM X 4 CM	4	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM	3	
*TOPICAL ANESTHETIC COMBINATIONS***		
agoneaze external kit	4	
anodyne lpt external kit	4	
CADIRAMD EXTERNAL KIT	4	
CETACAINE EXTERNAL AEROSOL	4	
CETACAINE EXTERNAL GEL 2-2-14 %	4	
CETACAINE EXTERNAL LIQUID	4	
DERMACINRX PHN EXTERNAL THERAPY PACK	4	
DERMACINRX ZRM EXTERNAL THERAPY PACK	4	
dermalid external therapy pack	4	
ELEMAR PATCH EXTERNAL KIT	4	
enznonuty external ointment	4	
l.e.t. (racepinephrine) external gel	4	
l.e.t. (racepinephrine) external solution	4	
l.e.t. external gel	4	
l.e.t. external solution	4	
levatio external patch	4	
LIDO BDK EXTERNAL KIT	4	
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
LIDOPURE PATCH EXTERNAL KIT	4	
lido-racepinephrine-tetracaine external gel	4	
lido-racepinephrine-tetracaine external solution	4	

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

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Drug Name	Tier	Notes
lidostream external kit	4	
LIDOTHOL EXTERNAL GEL	4	
LIDOTHOL EXTERNAL PATCH 4-1 %	4	
LIDOTOR EXTERNAL KIT	4	
LIDOTRAL-MENTHOL EXTERNAL LIQUID	4	
lidovix l external kit	4	
LIVIXIL PAK EXTERNAL KIT	4	
LM PLUS RELIEF EXTERNAL PATCH	4	
LMR PLUS EXTERNAL KIT	4	
nendrux external gel	4	
nynutey external cream	4	
paingo kft external kit	4	
PLIAGLIS EXTERNAL CREAM	4	PA; QL
PLIAGLIS EXTERNAL KIT	4	PA; QL
premium scar external patch	4	
prilovix external kit	4	
prilovix lite external kit	4	
prilovix lite plus external kit	4	
prilovix plus external kit	4	
prilovix ultralite external kit	4	
prilovix ultralite plus external kit	4	
prilovixil external kit	4	
RELADOR PAK EXTERNAL KIT	4	
RELADOR PAK PLUS EXTERNAL KIT	4	
SKYADERM-LP EXTERNAL KIT	4	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	4	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL	4	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT	4	
topical l.e.t. external gel 4-0.09-0.5 %	4	

Drug Name	Tier	Notes
TRUBREXA EXTERNAL PATCH	4	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
wpr plus wound healing system external therapy pack	4	
XYLIDERM EXTERNAL KIT	4	
zeruvia external patch	4	
*TOPICAL ANESTHETIC GASES***		
CRYODOSE TA EXTERNAL AEROSOL	4	
ethyl chloride external aerosol	4	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	4	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	4	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene external gel	1 or 1b*	PA; QL; SP
TARGRETIN EXTERNAL GEL	3	PA; QL; SP
*TOPICAL STEROID COMBINATIONS***		
acioxia external gel	4	
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
chlohux external shampoo	4	
chlooxia external cream	4	
chlooxia external ointment	4	
chlooxia external solution	4	
clobetavix external kit	4	
diochloy external solution	4	
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	QL
FLUOPAR EXTERNAL KIT	4	
fluovix plus external therapy pack	4	

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

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Drug Name	Tier	Notes
NUTRIARX CREAMPAK EXTERNAL KIT	4	
sanadermr skin repair external kit	4	
SCALACORT DK EXTERNAL KIT	4	
SCARZEN SKIN REPAIR EXTERNAL KIT	4	
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
tetoxia external cream	4	
TRIASIL EXTERNAL THERAPY PACK	4	
TRIVIX EXTERNAL KIT	4	
WYNZORA EXTERNAL CREAM	4	ST; QL
*TYPE II 5-ALPHA REDUCTASE INHIBITORS***		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
*VASCULAR AGENTS***		
eq hair regrowth for women external foam	1 or 1b*	
*WOUND CARE - GROWTH FACTOR AGENTS***		
REGRANEX EXTERNAL GEL	3	QL
*WOUND CARE COMBINATIONS***		
b & c external ointment	4	
balsam peru-castor oil external ointment	4	
bpc0 external ointment	4	
REGENECARE EXTERNAL GEL	4	
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT	4	
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT	4	
VENELEX EXTERNAL OINTMENT	4	

Drug Name	Tier	Notes
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 %	4	
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	4	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	4	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	4	
XEROFORM OIL EMULSION STRIP EXTERNAL	4	
XEROFORM OIL ROLL 4"X9' EXTERNAL	4	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	4	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	4	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	4	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	4	
xeroform petrolatum dres 4"x4" external pad	4	
xeroform petrolatum dres 5"x9" external pad	4	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	4	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***		
ALEVICYN DERMAL SPRAY EXTERNAL SOLUTION	4	
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	4	
DELUO EXTERNAL SOLUTION	4	
lavare wound wash external gel	3	

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

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Drug Name	Tier	Notes
LEVICYN DERMAL SPRAY EXTERNAL SOLUTION	4	
MICROCYN EXTERNAL GEL	4	
MICROCYN EXTERNAL LIQUID 0.023 %	4	
MICROCYN SKIN AND WOUND EXTERNAL GEL	4	
VASHE CLEANSING EXTERNAL SOLUTION	4	
VASHE WOUND EXTERNAL SOLUTION	4	
VASHE WOUND THERAPY EXTERNAL SOLUTION	4	
*WOUND DRESSINGS***		
abravo external emulsion	4	
aceso ag external pad	4	
ACTICOAT 7 EXTERNAL PAD	4	
ACTICOAT 7 EXTERNAL SHEET	4	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD	4	
ACTICOAT EXTERNAL SHEET	4	
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	4	
ACTICOAT FLEX 3 EXTERNAL SHEET	4	
ACTICOAT FLEX 7 EXTERNAL SHEET	4	
ACTICOAT SURGICAL EXTERNAL PAD	4	
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	4	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	4	
ALLEVYN AG GENTLE EXTERNAL PAD	4	

Drug Name	Tier	Notes
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	4	
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	4	
ALLEVYN AG SACRUM 9"X9" EXTERNAL	4	
AQUACEL AG BURN EXTERNAL PAD	4	
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	4	
ARIDA EXTERNAL GEL	4	
atopavo external emulsion	4	
ATRAPRO CP EXTERNAL KIT	4	
ATRAPRO HYDROGEL EXTERNAL GEL	4	
AVO CREAM EXTERNAL EMULSION	4	
AZADROX EXTERNAL GEL	4	
BASADROX EXTERNAL GEL	4	
BIAFINE EXTERNAL EMULSION	4	
bilayer matrix wound dressing external sheet	4	
BIONECT EXTERNAL CREAM	4	
BIONECT EXTERNAL FOAM	4	
BIONECT EXTERNAL GEL	4	
BIOSTEP AG EXTERNAL SHEET	4	
BIOSTEP EXTERNAL SHEET	4	
COLLANEX EXTERNAL POWDER	4	
CURAFOAM AG FOAM DRESSING EXTERNAL PAD	4	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	4	
DERPIXA EXTERNAL GEL	4	

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

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Drug Name	Tier	Notes
DURAFIBER AG EXTERNAL PAD	4	
DURAFIBER EXTERNAL PAD	4	
DYNAFOAM AG FOAM DRESSING EXTERNAL PAD	4	
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL	4	
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD	4	
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD	4	
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD	4	
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET	4	
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET	4	
FILSUVEZ EXTERNAL GEL	3	PA; LD
haproderm external gel	4	
HYDROFERA BLUE 4"X4" EXTERNAL PAD	4	
HYDROFERA BLUE 6"X6" EXTERNAL PAD	4	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	4	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	4	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	4	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	4	
hygel external gel 2.5 %	4	
INNOVAMATRIX AC EXTERNAL DISK	4	
INNOVAMATRIX AC EXTERNAL SHEET	4	
KENDALL ALGINATE 12" ROPE EXTERNAL	4	

Drug Name	Tier	Notes
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	4	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	4	
KENDALL AMORPHOUS WOUND EXTERNAL GEL	4	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	4	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	4	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	4	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	4	
KERAGEL EXTERNAL GEL	4	
KERAGELT EXTERNAL GEL	4	
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL SHEET	4	
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET	4	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET	4	
KERASTAT EXTERNAL CREAM	4	
KERASTAT EXTERNAL GEL	4	
L-MESITRAN SOFT WOUND EXTERNAL GEL	4	
LUXAMEND EXTERNAL CREAM	4	
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	4	

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

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Drug Name	Tier	Notes
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	4	
MEDIHONEY WOUND & BURN DRESSING EXTERNAL PASTE	4	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	4	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	4	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	4	
MEPILEX AG EXTERNAL PAD	4	
MEPILEX BORDER FLEX/CM EXTERNAL PAD	2	
MICROMATRIX WOUND POWDER EXTERNAL POWDER	4	
MIRO3D WOUND MATRIX EXTERNAL	4	
MIRODERM BIO MATRIX FENESTRAT EXTERNAL SHEET	4	
MIRODERM BIO MATRIX FENESTRAT+ EXTERNAL SHEET 3X3CM , 5X5CM , 8X15CM , 8X8CM	4	
NORMLGEL AG EXTERNAL GEL	4	
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET	4	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET	4	
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	4	
OMEZA COLLAGEN MATRIX EXTERNAL LIQUID	4	

Drug Name	Tier	Notes
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	4	
PURAPLY 1.6CM EXTERNAL DISK	4	
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 2X2CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 2X4CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 3X4CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 4X4CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 5X5CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 6X9CM EXTERNAL SHEET	4	
PURAPLY ANTIMICROBIAL 8X16CM EXTERNAL SHEET	4	
PURAPLY EXTERNAL SHEET	4	
PURAPLY XT ANTIMICROBIAL 5X5CM EXTERNAL SHEET	4	
PURAPLY XT ANTIMICROBIAL 6X9CM EXTERNAL SHEET	4	
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	4	

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

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Drug Name	Tier	Notes
RADIAPLEXRX EXTERNAL GEL	4	
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	4	
SILIGENTLE AG FOAM DRESSING EXTERNAL PAD	4	
SILIGENTLE AG SILVER FOAM DRES EXTERNAL PAD	4	
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD	4	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	4	
SOLOX EXTERNAL GEL	4	
SONAFINE EXTERNAL EMULSION	4	
STRATA GRT EXTERNAL GEL	4	
XCELLSTEM WOUND POWDER EXTERNAL POWDER	4	
zanabin hydrogel external gel	4	
zenifiber ag external pad	4	
zenifoam ag external pad 2"x2" , 4"x5"	4	
zenphor wound gel external gel	4	
zenphor wound pad external pad	4	
*WOUND TREATMENT - GENE THERAPY***		
VYJUVEK EXTERNAL GEL	4	LD
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	4	ST; QL
ACCU-CHEK GUIDE TEST IN VITRO STRIP	4	ST; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	4	ST; QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL

Drug Name	Tier	Notes
ADVANCE INTUITION TEST IN VITRO STRIP	4	ST; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	4	ST; QL
ADVOCATE REDI-CODE IN VITRO STRIP	4	ST; QL
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	4	ST; QL
ADVOCATE TEST IN VITRO STRIP	4	ST; QL
AGAMATRIX AMP TEST IN VITRO STRIP	4	ST; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	4	ST; QL
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	4	ST; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	4	ST; QL
ASSURE 3 TEST IN VITRO STRIP	4	ST; QL
ASSURE 4 TEST IN VITRO STRIP	4	ST; QL
ASSURE II CHECK IN VITRO STRIP	4	ST; QL
ASSURE II IN VITRO STRIP	4	ST; QL
ASSURE PLATINUM IN VITRO STRIP	4	ST; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	4	ST; QL
ASSURE PRO TEST IN VITRO STRIP	4	ST; QL
BIOTEL CARE TEST STRIPS IN VITRO STRIP	4	ST; QL
blood glucose test in vitro strip	4	ST; QL
blood glucose test strips 333 in vitro strip	4	ST; QL
BLULINK GLUCOSE TEST IN VITRO STRIP	4	ST; QL
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
CARESENS N GLUCOSE TEST IN VITRO STRIP	4	ST; QL
CARETOUCH TEST IN VITRO STRIP	4	ST; QL

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

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Drug Name	Tier	Notes
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	4	ST; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	4	ST; QL
CLEVER CHEK TEST IN VITRO STRIP	4	ST; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	4	ST; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	4	ST; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	4	ST; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	4	ST; QL
CONTOUR NEXT TEST IN VITRO STRIP	4	ST; QL
CONTOUR PLUS TEST IN VITRO STRIP	4	QL
CONTOUR TEST IN VITRO STRIP	4	ST; QL
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	4	ST; QL
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	4	ST; QL
cvs glucose meter test strips in vitro strip	4	ST; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	4	ST; QL
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	4	ST; QL
diatrue plus test in vitro strip	4	ST; QL
DUO-CARE TEST IN VITRO STRIP	4	ST; QL
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	4	QL

Drug Name	Tier	Notes
easy plus ii glucose test in vitro strip	4	ST; QL
EASY STEP TEST IN VITRO STRIP	4	ST; QL
easy talk blood glucose test in vitro strip	4	ST; QL
easy talk plus ii test strips in vitro strip	4	ST; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	4	ST; QL
EASY TOUCH TEST IN VITRO STRIP	4	ST; QL
easy trak blood glucose test in vitro strip	4	ST; QL
easy trak ii glucose test in vitro strip	4	ST; QL
EASYGLUCO IN VITRO STRIP	4	ST; QL
EASYMAX 15 TEST IN VITRO STRIP	4	ST; QL
EASYMAX TEST IN VITRO STRIP	4	ST; QL
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
EASYPRO PLUS IN VITRO STRIP	4	ST; QL
element compact test in vitro strip	4	ST; QL
ELEMENT TEST IN VITRO STRIP	4	ST; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	4	ST; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	4	ST; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
eq blood glucose test in vitro strip	4	ST; QL

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

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Drug Name	Tier	Notes
EVOLUTION AUTOCODE IN VITRO STRIP	4	ST; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	4	ST; QL
FORA 6 CONNECT IN VITRO STRIP	4	ST; QL
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	4	ST; QL
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA GD20 TEST IN VITRO STRIP	4	ST; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA TN'G ADVANCE PRO IN VITRO STRIP	4	ST; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	4	ST; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL

Drug Name	Tier	Notes
FORACARE GD40 TEST IN VITRO STRIP	4	ST; QL
FORACARE PREMIUM V10 TEST IN VITRO STRIP	4	ST; QL
FORACARE TEST N GO TEST IN VITRO STRIP	4	ST; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	2	QL
FREESTYLE LITE TEST IN VITRO STRIP	2	QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	QL
FREESTYLE TEST IN VITRO STRIP	2	QL
ge100 blood glucose test in vitro strip	4	ST; QL
GENULTIMATE TEST IN VITRO STRIP	4	ST; QL
ght test in vitro strip	4	ST; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	4	ST; QL
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	4	ST; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	4	ST; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	4	ST; QL
GLUCOCARD VITAL TEST IN VITRO STRIP	4	ST; QL
GLUCOCARD X-SENSOR IN VITRO STRIP	4	ST; QL
GLUCOCOM TEST IN VITRO STRIP	4	ST; QL
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
glucose meter test in vitro strip	4	ST; QL
gnp easy touch glucose test in vitro strip	4	ST; QL
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	4	ST; QL
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP	4	ST; QL

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

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Drug Name	Tier	Notes
GNP TRUETRACK TEST STRIPS IN VITRO STRIP	4	ST; QL
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	4	ST; QL
goodsense blood glucose in vitro strip	4	ST; QL
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	4	ST; QL
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	4	ST; QL
IGLUCOSE TEST STRIPS IN VITRO STRIP	4	ST; QL
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
INFINITY VOICE IN VITRO STRIP	4	ST; QL
groger blood glucose test in vitro strip	4	ST; QL
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	4	ST; QL
groger premium glucose test in vitro strip	4	ST; QL
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	4	ST; QL
liberty test in vitro strip	4	ST; QL
meijer blood glucose test in vitro strip	4	ST; QL
meijer essential glucose test in vitro strip	4	ST; QL
MEIJER TRUETEST TEST IN VITRO STRIP	4	ST; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	4	ST; QL
MICRODOT TEST IN VITRO STRIP	4	ST; QL
MM BLULINK GLUCOSE TEST IN VITRO STRIP	4	ST; QL

Drug Name	Tier	Notes
MM EASY TOUCH GLUCOSE IN VITRO STRIP	4	ST; QL
MYGLUCOHEALTH TEST IN VITRO STRIP	4	ST; QL
NEUTEK 2TEK TEST IN VITRO STRIP	4	ST; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	4	ST; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
one drop test in vitro strip	4	QL
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	2	QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH ULTRA TEST IN VITRO STRIP	2	QL
ONETOUCH VERIO IN VITRO STRIP	2	QL
OPTIUMEZ TEST IN VITRO STRIP	4	ST; QL
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	4	ST; QL
pharmacist choice no coding in vitro strip	4	ST; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	4	QL
POCKETCHEM EZ TEST IN VITRO STRIP	4	ST; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	4	QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
premium blood glucose test in vitro strip	4	ST; QL
pro voice v8/v9 glucose in vitro strip	4	ST; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	4	ST; QL
PTS PANELS EGLU TEST IN VITRO STRIP	4	ST; QL

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

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Drug Name	Tier	Notes
QUICKTEK TEST IN VITRO STRIP	4	ST; QL
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	4	ST; QL
RELION PREMIER TEST IN VITRO STRIP	4	ST; QL
RELION PRIME TEST IN VITRO STRIP	4	ST; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	4	ST; QL
RELION ULTIMA TEST IN VITRO STRIP	4	ST; QL
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	4	ST; QL
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	4	ST; QL
SMART SENSE PREMIUM TEST IN VITRO STRIP	4	ST; QL
SMART SENSE VALUE TEST IN VITRO STRIP	4	ST; QL

Drug Name	Tier	Notes
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
SOLUS V2 TEST IN VITRO STRIP	4	ST; QL
SUPREME TEST IN VITRO STRIP	4	ST; QL
tgt blood glucose test in vitro strip	4	ST; QL
true focus blood glucose strip in vitro strip	4	ST; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	4	ST; QL
TRUETEST TEST IN VITRO STRIP	4	ST; QL
TRUETRACK TEST IN VITRO STRIP	4	ST; QL
UNISTRIP1 GENERIC IN VITRO STRIP	4	ST; QL
verasens blood glucose test in vitro strip	4	ST; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	4	ST; QL
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*NUTRITIONAL SUPPLEMENTS***		
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID	2	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID	2	
NEOCATE SYNEO JUNIOR ORAL POWDER	2	
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL

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

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Drug Name	Tier	Notes
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	3	PA; LD; QL
VIKACE ORAL TABLET	2	QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	QL
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; LD; QL
KEVEYIS ORAL TABLET	4	PA; LD; QL
methazolamide oral tablet	1 or 1b*	
ORMALVI ORAL TABLET	1 or 1b*	PA; LD; QL
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	

Drug Name	Tier	Notes
*LOOP DIURETICS***		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	
EDECIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	PA; QL
furosemide in sodium chloride intravenous solution	4	
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SOANZ ORAL TABLET	4	ST
torseamide oral tablet	1 or 1b*	
*OSMOTIC DIURETICS***		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 %	1 or 1b*	
*POTASSIUM SPARING DIURETICS***		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	4	
spironolactone oral suspension	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DIURIL ORAL SUSPENSION	3	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
THALITONE ORAL TABLET	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet 200 mg	1 or 1b*	
*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS***		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
REVCIVI INTRAMUSCULAR SOLUTION	3	PA; LD

Drug Name	Tier	Notes
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS***		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
*BISPHOSPHONATES***		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	QL
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL
AELVIA ORAL TABLET DELAYED RELEASE	3	QL
BINOSTO ORAL TABLET EFFERVESCENT	3	QL
FOSAMAX ORAL TABLET 70 MG	3	QL
FOSAMAX PLUS D ORAL TABLET	2	QL
ibandronate sodium intravenous solution 3 mg/3ml	1 or 1b*	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	SP
pamidronate disodium intravenous solution 6 mg/ml	3	SP
RECLAST INTRAVENOUS SOLUTION	3	PA; QL; SP
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP
zoledronic acid intravenous solution 4 mg/100ml	3	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; QL; SP

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

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Drug Name	Tier	Notes
*CALCIMIMETIC AGENTS***		
cinacalcet hcl oral tablet	1 or 1b*	PA; QL
PARSABIV INTRAVENOUS SOLUTION	3	PA; LD
SENSIPAR ORAL TABLET	4	PA; QL
*CALCITONINS***		
calcitonin (salmon) injection solution	1 or 1b*	
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIA CALCIN INJECTION SOLUTION	3	
*CARNITINE REPLENISHER - AGENTS***		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine injection solution	4	
levocarnitine intravenous solution	1 or 1b*	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
*CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR***		
XPHOZAH ORAL TABLET	3	PA; QL
*CORTICOTROPIN***		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	3	PA; SP
ACTHAR INJECTION GEL	3	PA; LD; SP
CORTROPHIN INJECTION GEL	3	PA; LD; SP

Drug Name	Tier	Notes
*CORTISOL SYNTHESIS INHIBITORS***		
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; LD; QL
RECORLEV ORAL TABLET	4	PA; LD; QL
*DOPAMINE RECEPTOR AGONISTS***		
cabergoline oral tablet	1 or 1b*	QL
*FABRY DISEASE - AGENTS***		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML	3	PA; LD; SP
ELFABRIO INTRAVENOUS SOLUTION 5 MG/2.5ML	3	PA; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
GALAFOLD ORAL CAPSULE	3	PA; LD; QL
*GAA DEFICIENCY TREATMENT - AGENTS***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
OPFOLDA ORAL CAPSULE	3	PA; LD; QL; SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*GNRH/LHRH ANTAGONISTS***		
cetorelix acetate subcutaneous kit	1 or 1b*	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; SP
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1 or 1b*	PA; SP

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

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Drug Name	Tier	Notes
ganirelix acetate subcutaneous solution prefilled syringe	3	PA; SP
ORLISSA ORAL TABLET	2	PA; QL
*GROWTH HORMONE RECEPTOR ANTAGONISTS***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*GROWTH HORMONE RELEASING HORMONES (GHRH)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
*GROWTH HORMONES***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; QL; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; QL; SP
HUMATROPE INJECTION CARTRIDGE	3	PA; QL; SP
NGENLA SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL; SP

Drug Name	Tier	Notes
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LD; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; QL; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA; LD; QL; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; LD; QL
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA; LD; QL; SP
SOGROYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL; SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL; SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	3	PA; LD; QL
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	1 or 1b*	PA; LD; SP
nitisinone oral capsule 20 mg	1 or 1b*	PA; LD
NITYR ORAL TABLET	3	PA; LD
ORFADIN ORAL CAPSULE	3	PA; LD
ORFADIN ORAL SUSPENSION	3	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS***		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER	3	LD

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

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Drug Name	Tier	Notes
*HYPERAMMONEMIA TREATMENT - AGENTS***		
CARBAGLU ORAL TABLET SOLUBLE	4	PA; LD
carglumic acid oral tablet soluble	1 or 1b*	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	PA; QL
ROCALTROL ORAL CAPSULE	4	PA
ROCALTROL ORAL SOLUTION	4	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; LD
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL

Drug Name	Tier	Notes
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; LD; SP
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; LD; QL; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	3	PA; QL; SP
SUPPRELIN LA SUBCUTANEOUS KIT	3	PA; LD; QL; SP
SYNAREL NASAL SOLUTION	3	PA; QL; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	3	PA; LD; SP
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS***		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD

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

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Drug Name	Tier	Notes
*MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS***		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; LD; SP
*MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS***		
ELAPRASE INTRAVENOUS SOLUTION	3	PA; LD; SP
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***		
VIMIZIM INTRAVENOUS SOLUTION	3	PA; LD; SP
*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***		
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; LD; SP
*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
MEPSEVII INTRAVENOUS SOLUTION	3	PA; LD
*NATRIURETIC PEPTIDES***		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS***		
VEOZAH ORAL TABLET	3	PA; QL
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***		
KERENDIA ORAL TABLET	3	PA; QL
*OVULATION STIMULANTS- GONADOTROPINS***		
chorionic gonadotropin intramuscular solution reconstituted	3	PA; SP

Drug Name	Tier	Notes
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	2	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
*OVULATION STIMULANTS- SYNTHETIC***		
CLOMID ORAL TABLET	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES***		
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML	3	QL; SP
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml	3	QL; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*PHENYLKETONURIA TREATMENT - AGENTS***		
JAVYGTOR ORAL PACKET	1 or 1b*	PA; LD
JAVYGTOR ORAL TABLET	1 or 1b*	PA; LD
KUVAN ORAL PACKET	4	PA; LD; SP
KUVAN ORAL TABLET	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	3	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; LD; QL; SP
sapropterin dihydrochloride oral packet	1 or 1b*	PA; LD; SP
sapropterin dihydrochloride oral tablet	1 or 1b*	PA; LD; SP
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
*SCLEROSTIN INHIBITORS***		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
EVISTA ORAL TABLET	3	\$0; QL
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	\$0; QL

Drug Name	Tier	Notes
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS***		
JYNARQUE ORAL TABLET	3	PA; LD; QL
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; LD; QL
SAMSCA ORAL TABLET	4	PA; LD; QL; SP
tolvaptan oral tablet	1 or 1b*	PA; LD; QL; SP
*SOMATOSTATIC AGENTS***		
lanreotide acetate subcutaneous solution	3	PA; LD; QL; SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; LD; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1 or 1b*	PA; SP
octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; QL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
*UREA CYCLE DISORDER - AGENTS***		
AMMONUL INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER 3 GM/TSP	4	PA; LD; QL; SP
BUPHENYL ORAL TABLET	4	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	3	PA; LD; QL
PHEBURANE ORAL PELLETT	3	PA; LD; QL; SP
RAVICTI ORAL LIQUID	3	PA; LD; QL; SP
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; LD; QL; SP
sodium phenylbutyrate oral tablet	1 or 1b*	PA; LD; QL; SP
*VASOPRESSIN***		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG	3	DO
DDAVP ORAL TABLET 0.2 MG	3	QL
DDAVP PF INJECTION SOLUTION	3	
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
desmopressin acetate nasal solution	3	LD; QL
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL

Drug Name	Tier	Notes
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
vasopressin +rfd intravenous solution	1 or 1b*	
vasopressin intravenous solution	1 or 1b*	
vasopressin-dextrose intravenous solution 20-5 ut/100ml-%, 50-5 ut/50ml-%	4	
vasopressin-dextrose intravenous solution prefilled syringe	4	
vasopressin-sodium chloride injection solution prefilled syringe	4	
vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-%	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
ESTROGENS		
*ESTROGEN & ANDROGEN***		
COVARYX HS ORAL TABLET	4	
COVARYX ORAL TABLET	4	
EEMT HS ORAL TABLET	4	
EEMT ORAL TABLET	4	
est estrogens-methyltest ds oral tablet	4	
est estrogens-methyltest hs oral tablet	4	
est estrogens-methyltest oral tablet 1.25-2.5 mg	4	
ESTRATEST F.S. ORAL TABLET	4	

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

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Drug Name	Tier	Notes
*ESTROGEN & PROGESTIN***		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
FYAVOLV ORAL TABLET	1 or 1b*	
JINTELI ORAL TABLET	1 or 1b*	
MIMVEY ORAL TABLET	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST***		
MYFEMBREE ORAL TABLET	3	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL
*ESTROGENS***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	4	QL

Drug Name	Tier	Notes
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1 or 1b*	QL
ec-rx estradiol transdermal cream	4	
ELESTRIN TRANSDERMAL GEL	4	QL
ESTRACE ORAL TABLET	4	
estradiol implant pellet 6 mg	4	
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	4	QL
EVAMIST TRANSDERMAL SOLUTION	2	QL
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	1 or 1b*	QL
MENEST ORAL TABLET	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	4	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	4	QL
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	3	PA; QL

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

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Drug Name	Tier	Notes
*FLUOROQUINOLONES		
*		
*FLUOROQUINOLONES		

BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
moxifloxacin hcl intravenous solution	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC.		
*5-HT4 RECEPTOR AGONISTS***		
MOTEGRITY ORAL TABLET	4	ST; QL
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	3	PA; LD; QL
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE ORAL TABLET	3	QL

Drug Name	Tier	Notes
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	3	PA; LD; QL; SP
*GALLSTONE SOLUBILIZING AGENTS***		
CHENODAL ORAL TABLET	4	PA; LD; QL
RELTONE ORAL CAPSULE	4	PA
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule 200 mg, 400 mg	4	PA
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
URSODIOL+SYRSPEND SF ORAL SUSPENSION	4	
*GASTROINTESTINAL ANTIALLERGY AGENTS***		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***		
AMITIZA ORAL CAPSULE	4	QL
lubiprostone oral capsule	1 or 1b*	QL
*GASTROINTESTINAL STIMULANTS***		
dexpanthenol injection solution	4	
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
REGLAN ORAL TABLET	3	QL

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

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Drug Name	Tier	Notes
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS***		
GATTEX SUBCUTANEOUS KIT	3	PA; LD; SP
*HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS***		
REZDIFFRA ORAL TABLET	3	PA; LD; QL; SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
LINZESS ORAL CAPSULE	2	QL
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	3	QL
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***		
alosetron hcl oral tablet	1 or 1b*	PA; QL
LOTROXEX ORAL TABLET	4	PA; QL
*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR***		
IBSRELA ORAL TABLET	4	ST; QL
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA; LD; QL
BYLVAY ORAL CAPSULE	3	PA; LD; QL
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; LD; QL
*INFLAMMATORY BOWEL AGENTS***		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	QL

Drug Name	Tier	Notes
AZULFIDINE ORAL TABLET	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
CANASA RECTAL SUPPOSITORY	3	QL
COLAZAL ORAL CAPSULE	4	QL
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
LIALDA ORAL TABLET DELAYED RELEASE	4	ST; QL
mesalamine er oral capsule extended release	1 or 1b*	QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
mesalamine oral capsule delayed release	1 or 1b*	QL
mesalamine oral tablet delayed release	1 or 1b*	QL
mesalamine rectal enema	1 or 1b*	QL
mesalamine rectal suppository	1 or 1b*	QL
mesalamine-cleanser rectal kit	1 or 1b*	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	QL
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	3	ST; QL
ROWASA RECTAL KIT	3	QL
SFROWASA RECTAL ENEMA	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*INTERLEUKIN ANTAGONISTS***		
OMVOH INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; QL; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
SKYRIZI INTRAVENOUS SOLUTION	3	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; SP
STELARA INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
*INTESTINAL ACIDIFIERS***		
enulose oral solution	1 or 1b*	QL
generlac oral solution	1 or 1b*	QL
lactulose encephalopathy oral solution 10 gm/15ml	1 or 1b*	QL
*LIVE FECAL MICROBIOTA (HUMAN)**		
REBYOTA RECTAL SUSPENSION	3	PA; LD; QL
VOWST ORAL CAPSULE	3	PA; LD; QL
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***		
alvimopan oral capsule	1 or 1b*	
MOVANTIK ORAL TABLET	2	QL
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
*PHOSPHATE BINDER AGENTS***		
AURYXIA ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
calcium acetate (phos binder) oral capsule	1 or 1b*	QL
calcium acetate (phos binder) oral tablet	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL
FOSRENOL ORAL PACKET	3	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	4	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
RENVELA ORAL PACKET	4	ST; QL
RENVELA ORAL TABLET	4	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL
VELPHORO ORAL TABLET CHEWABLE	2	QL
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)***		
VELSIPITY ORAL TABLET	4	PA; LD; QL; SP
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	3	PA; LD; QL
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	4	PA; QL; SP

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

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Drug Name	Tier	Notes
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
infliximab intravenous solution reconstituted	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	4	PA; QL; SP
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
GENERAL ANESTHETICS		
*ANESTHETICS - MISC.***		
AMIDATE INTRAVENOUS SOLUTION	3	
anesthesia s/i-40a intravenous kit	3	
anesthesia s/i-40h intravenous kit	3	
anesthesia s/i-40s intravenous kit	3	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	3	
etomidate intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
KETALAR INJECTION SOLUTION	3	
ketamine hcl injection solution 0.6 mg/ml, 1 mg/ml, 10 mg/ml	4	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
ketamine hcl injection solution prefilled syringe 100 mg/2ml, 20 mg/2ml, 30 mg/3ml, 300 mg/30ml, 50 mg/5ml, 50 mg/ml	4	
ketamine hcl intravenous solution	4	
ketamine hcl intravenous solution prefilled syringe	4	
ketamine hcl sublingual troche	4	
ketamine hcl-sodium chloride injection solution prefilled syringe	4	
ketamine hcl-sodium chloride intravenous solution 1000-0.65 mg/100ml-%, 1000-0.9 mg/100ml-%, 500-0.8 mg/100ml-%	4	
ketamine hcl-sodium chloride intravenous solution prefilled syringe	4	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	
*BARBITURATE ANESTHETICS***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	3	
methohexital sodium intravenous solution prefilled syringe 100 mg/10ml	4	
*VOLATILE ANESTHETICS***		
desflurane inhalation solution	1 or 1b*	

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

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Drug Name	Tier	Notes
FORANE INHALATION SOLUTION	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION	3	
TERRELL INHALATION SOLUTION	1 or 1b*	
ULTANE INHALATION SOLUTION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
AVODART ORAL CAPSULE	4	QL
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
FLOMAX ORAL CAPSULE	4	QL
RAPAFLO ORAL CAPSULE	4	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
*CITRATES***		
cytra k crystals oral packet	4	
ORACIT ORAL SOLUTION	4	
oral citrate oral solution	4	

Drug Name	Tier	Notes
pot & sod cit-cit ac oral solution	4	
potassium citrate er oral tablet extended release	1 or 1b*	
potassium citrate-citric acid oral solution	4	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml	4	
tricitrates oral solution	4	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
*CYSTINOSIS AGENTS***		
CYSTAGON ORAL CAPSULE	3	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; LD
PROCYSBI ORAL PACKET	3	PA; LD
*GENITOURINARY IRRIGANTS***		
acetic acid irrigation solution	1 or 1b*	
ARGYLE STERILE SALINE IRRIGATION SOLUTION	1 or 1b*	
CURITY STERILE SALINE IRRIGATION SOLUTION	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
sorbitol irrigation solution 3 %	3	
sorbitol-mannitol irrigation solution	3	

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

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Drug Name	Tier	Notes
*IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG***		
FILSPARI ORAL TABLET	3	PA; LD; QL; SP
*INTERSTITIAL CYSTITIS AGENTS***		
ELMIRON ORAL CAPSULE	3	QL
pentosan polysulfate sodium oral capsule delayed release	4	
RIMSO-50 INTRAVESICAL SOLUTION	3	
*PHOSPHATES***		
K-PHOS NO 2 ORAL TABLET	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
ENTADFI ORAL CAPSULE	4	PA; QL
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)***		
OXLUMO SUBCUTANEOUS SOLUTION	3	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
*URINARY ANALGESICS***		
eq urinary pain relief max st oral tablet 99.5 mg	1 or 1b*	
PHENAZO ORAL TABLET 200 MG	4	
phenazopyridine hcl oral tablet 100 mg, 200 mg	4	
PYRIDIDIUM ORAL TABLET	4	

Drug Name	Tier	Notes
*URINARY STONE AGENTS***		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	4	PA; LD; QL
THIOLA ORAL TABLET	4	PA; LD; QL
tiopronin oral tablet	1 or 1b*	PA; LD; QL
tiopronin oral tablet delayed release	1 or 1b*	PA; LD; QL
*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS***		
DEFLUX INJECTION PREFILLED SYRINGE	3	
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
colchicine-probenecid oral tablet	1 or 1b*	
*GOUT AGENTS***		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
allopurinol oral tablet 200 mg	4	PA; QL
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral capsule	4	ST; QL
colchicine oral tablet	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	QL
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
MITIGARE ORAL CAPSULE	4	ST; QL
ULORIC ORAL TABLET	4	QL
*URICOSURICS***		
probenecid oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
HEMATOLOGICAL AGENTS - MISC.		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA		
adzynma intravenous kit	3	PA; LD
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; LD
*ANTIHEMOPHILIC PRODUCTS - GENE THERAPY AGENTS***		
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK	4	LD; SP
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK	4	LD; SP
ROCTAVIAN INTRAVENOUS SUSPENSION	4	LD; SP
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; LD; SP
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; LD; SP
adynovate intravenous solution reconstituted	3	PA; LD; SP
AFSTYLA INTRAVENOUS KIT	3	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; LD; SP

Drug Name	Tier	Notes
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ALTUVIHO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
BENEFIX INTRAVENOUS KIT	3	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
CORIFACT INTRAVENOUS KIT	3	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	3	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	3	PA; LD; SP

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

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Drug Name	Tier	Notes
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	2	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NUWIQ INTRAVENOUS KIT	3	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
obizur intravenous solution reconstituted	3	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

Drug Name	Tier	Notes
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
rixubis intravenous solution reconstituted	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	3	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
WILATE INTRAVENOUS KIT	3	PA; LD; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; LD; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	3	PA; LD
*BRADYKININ B2 RECEPTOR ANTAGONISTS***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; LD; QL; SP

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
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Drug Name	Tier	Notes
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1 or 1b*	PA; LD; QL
*C1 ESTERASE INHIBITORS***		
BERINERT INTRAVENOUS KIT	3	PA; LD; QL; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; QL; SP
*COMPLEMENT C1 INHIBITORS***		
ENJAYMO INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
*COMPLEMENT C3 INHIBITORS***		
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA; LD; QL
*COMPLEMENT C5 INHIBITORS***		
PIASKY INJECTION SOLUTION	3	PA; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	3	PA; LD; QL; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	3	PA; LD; QL; SP
VEOPOZ INJECTION SOLUTION	3	PA; LD; QL
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
*COMPLEMENT C5A INHIBITORS***		
gohibic intravenous solution	3	

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

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

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Drug Name	Tier	Notes
*HEMIN***		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
*HUMAN PROTEIN C***		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
*PHOSPHODIESTERASE III INHIBITORS***		
cilostazol oral tablet	1 or 1b*	
*PLASMA EXPANDERS***		
hetastarch-nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
LMD IN D5W INTRAVENOUS SOLUTION	1 or 1b*	
LMD IN NACL INTRAVENOUS SOLUTION	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
*PLASMA KALLIKREIN INHIBITORS***		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
ORLADEYO ORAL CAPSULE	3	PA; LD; QL
*PLASMA PROTEINS***		
ALBUKED 25 INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
ALBUKED 5 INTRAVENOUS SOLUTION	3	
albumin human intravenous solution	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
albumin-zlb intravenous solution	3	
alburx intravenous solution	3	
ALBUTEIN INTRAVENOUS SOLUTION	3	
FLEXBUMIN INTRAVENOUS SOLUTION	3	
kedbumin intravenous solution	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL

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

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Drug Name	Tier	Notes
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
*PLATELET AGGREGATION INHIBITORS***		
dipyridamole oral tablet	1 or 1b*	
*PROTAMINE***		
protamine sulfate intravenous solution	1 or 1b*	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	3	PA; QL
*PYRUVATE KINASE ACTIVATORS***		
PYRUKYND ORAL TABLET	3	PA; LD; QL
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
*QUINAZOLINE AGENTS***		
AGRYLIN ORAL CAPSULE	3	QL
anagrelide hcl oral capsule	1 or 1b*	QL
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	3	PA; LD; QL
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
EFFIENT ORAL TABLET	4	QL
PLAVIX ORAL TABLET 75 MG	4	QL
prasugrel hcl oral tablet	1 or 1b*	QL
*THROMBOLYTIC AGENT - MISC***		
DEFITELIO INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
*TISSUE PLASMINOGEN ACTIVATORS***		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
TNKASE INTRAVENOUS KIT	3	
HEMATOPOIETIC AGENTS		
*AGENTS FOR GAUCHER DISEASE***		
CERDELGA ORAL CAPSULE	2	PA; LD; QL; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	2	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
miglustat oral capsule	1 or 1b*	PA; LD; QL; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
YARGESA ORAL CAPSULE	1 or 1b*	PA; LD; QL; SP
ZAVESCA ORAL CAPSULE	4	PA; LD; QL
*AGENTS FOR SICKLE CELL DISEASE - AUTOLOGOUS GENE THERAPY***		
CASGEVY INTRAVENOUS SUSPENSION	4	LD
LYFGENIA INTRAVENOUS SUSPENSION	4	LD; SP
*AMINO ACIDS***		
ENDARI ORAL PACKET	4	PA; LD; SP
l-glutamine oral packet	1 or 1b*	PA; LD; SP

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

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Drug Name	Tier	Notes
*COBALAMIN COMBINATIONS***		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL	4	
FOLTRATE ORAL TABLET	4	
lipo-b intramuscular solution	4	
neurin-sl sublingual tablet sublingual	4	
vit b12-methionine-inos-chol intramuscular solution	4	
*COBALAMINS***		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
cyanocobalamin injection solution 2000 mcg/ml	4	
cyanocobalamin nasal solution	4	
DODEX INJECTION SOLUTION	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
methylcobalamin injection solution	4	
methylcobalamin injection solution reconstituted	4	
NASCOBAL NASAL SOLUTION	4	
physicians ez use b-12 injection kit	4	
vitamin deficiency system-b12 injection kit	4	
*CXCR4 RECEPTOR ANTAGONIST***		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; LD; SP
plerixafor subcutaneous solution	1 or 1b*	PA; LD; SP
XOLREMDI ORAL CAPSULE	3	PA; LD; QL

Drug Name	Tier	Notes
*CYTOTOXIC AGENTS***		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP
*ERYTHROID MATURATION AGENTS***		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; QL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
PROCRIT INJECTION SOLUTION	3	PA; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; QL; SP
*FOLIC ACID/FOLATE COMBINATIONS***		
AIRAVITE ORAL TABLET	4	
bp vit 3 oral capsule	4	
CENFOL ORAL TABLET	4	
cholecal df oral tablet	4	
CIFEREX ORAL CAPSULE	4	

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

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Drug Name	Tier	Notes
DERMACINRX DOTREMIN ORAL TABLET	4	
DERMACINRX FOLTAMIN ORAL TABLET	4	
fa-vitamin b-6-vitamin b-12 oral tablet	4	
folbee oral tablet	4	
FOLDITAM ORAL TABLET	4	
FOLGARD RX ORAL TABLET	4	
folic d3 oral capsule	4	
FOLI-D ORAL TABLET	4	
folite oral tablet	4	
FOLIXAPURE ORAL TABLET	4	
FOLIXATE ORAL TABLET	4	
folplex 2.2 oral tablet	4	
FOLTABS 800 ORAL TABLET	1 or 1b*	\$0
FOLTREXYL ORAL TABLET	4	
FOLVITE-D ORAL TABLET	4	
NUFOL ORAL TABLET	4	
ortho df oral capsule	4	
ostachol oral tablet	4	
OVEEZA ORAL CAPSULE	4	
TALIVA ORAL CAPSULE	4	
VITAMEZ ORAL CAPSULE	4	
westab one oral tablet	4	
*FOLIC ACID/FOLATES***		
cvs folic acid oral tablet 800 mcg	1 or 1a*	\$0
FA-8 ORAL CAPSULE	1 or 1b*	\$0
folate oral tablet	1 or 1a*	\$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	\$0
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	\$0

Drug Name	Tier	Notes
ft folic acid oral tablet 800 mcg	1 or 1a*	\$0
gnp folic acid oral tablet	1 or 1a*	\$0
kp folic acid oral tablet 800 mcg	1 or 1a*	\$0
qc folic acid oral tablet	1 or 1a*	\$0
ra folic acid oral tablet	1 or 1a*	\$0
sm folic acid oral tablet	1 or 1a*	\$0
true folic acid oral tablet 400 mcg	1 or 1a*	\$0
yl folic acid oral tablet	1 or 1a*	\$0
*GRANULOCYTE COLONY- STIMULATING FACTORS (G-CSF)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
NIVESTYM INJECTION SOLUTION	4	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP

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

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Drug Name	Tier	Notes
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
releuko subcutaneous solution prefilled syringe	4	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; QL; SP
*GRANULOCYTE/MACR OPHAGE COLONY- STIMULATING FACTOR(GM-CSF)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
*HEMATOPOIETIC AUTOLOGOUS CELLULAR GENE THERAPY**		
ZYNTGLO INTRAVENOUS SUSPENSION	4	LD
*HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS***		
JESDUVROQ ORAL TABLET	4	PA; LD; QL

Drug Name	Tier	Notes
*IRON COMBINATIONS***		
active fe oral tablet	4	
CENTRATEX ORAL CAPSULE	4	
CHROMAGEN ORAL CAPSULE	4	
CORVITA 150 ORAL TABLET	4	
CORVITE 150 ORAL TABLET	4	
corvite fe oral tablet	4	
feonyx oral tablet	4	
ferottrinsic oral capsule	4	
FERRO-PLEX ORAL TABLET	4	
FOLIVANE-PLUS ORAL CAPSULE	4	
foltrin oral capsule	4	
FUSION PLUS ORAL CAPSULE	4	
hematinic plus vit/minerals oral tablet	4	
HEMATOGEN FA ORAL CAPSULE	4	
HEMOCYTE PLUS ORAL CAPSULE	4	
ICAR-C PLUS ORAL TABLET	4	
IFEREX 150 FORTE ORAL CAPSULE	4	
INTEGRA PLUS ORAL CAPSULE	4	
iron folate plus oral capsule	4	
IROSPAN 24/6 ORAL	4	
K-TAN PLUS ORAL CAPSULE	4	
MULTIGEN FOLIC ORAL TABLET	4	
MULTIGEN ORAL TABLET	4	
MULTIGEN PLUS ORAL TABLET	4	
NEPHRON FA ORAL TABLET	4	
NIFEREX ORAL TABLET	4	

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

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Drug Name	Tier	Notes
poly-iron 150 forte oral capsule	4	
polysaccharide iron forte oral capsule	4	
purevit dualfe plus oral capsule	4	
se-tan plus oral capsule	4	
TANDEM PLUS ORAL CAPSULE	4	
taron forte oral capsule	4	
TRICON ORAL CAPSULE	4	
trigels-f forte oral capsule	4	
*IRON W/ FOLIC ACID***		
BENTIVITE ORAL TABLET	4	
FOLIVANE-F ORAL CAPSULE	4	
hematinic/folic acid oral tablet	4	
INTEGRA F ORAL CAPSULE	4	
iron folate-f oral capsule 125-1 mg	4	
tulivite oral tablet	4	
*IRON***		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	3	PA; QL; SP
FERRLECIT INTRAVENOUS SOLUTION	3	PA; QL; SP
ferumoxytol intravenous solution	3	PA; QL; SP
INFED INJECTION SOLUTION	3	PA; SP
INJECTAFER INTRAVENOUS SOLUTION	4	PA; QL; SP
MONOFERRIC INTRAVENOUS SOLUTION	4	PA; QL; SP
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
VENOFER INTRAVENOUS SOLUTION	3	PA; QL; SP
*IRON-B12-FOLATE***		
FERIVA 21/7 ORAL TABLET	4	
FERRALET 90 ORAL TABLET	4	
*SELECTIN BLOCKERS***		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***		
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; LD; DO; SP
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; LD; QL; SP
DOPTELET ORAL TABLET 20 MG	3	PA; LD; QL; SP
MULPLETA ORAL TABLET	3	PA; QL; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
PROMACTA ORAL PACKET 12.5 MG	2	PA; LD; DO; SP
PROMACTA ORAL PACKET 25 MG	2	PA; LD; QL; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG	2	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	2	PA; LD; QL; SP
HEMOSTATICS		
*HEMOSTATIC COMBINATIONS - TOPICAL***		
ARTISS EXTERNAL KIT	3	
ARTISS EXTERNAL SOLUTION	3	
GEL-FLOW EXTERNAL KIT	4	
GELFOAM-JMI POWDER EXTERNAL KIT	4	
GELFOAM-JMI SPONGE EXTERNAL KIT	4	

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

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Drug Name	Tier	Notes
THROMBI-GEL 10 EXTERNAL PAD	3	
THROMBI-GEL 100 EXTERNAL PAD	3	
THROMBI-GEL 40 EXTERNAL PAD	3	
THROMBI-PAD EXTERNAL PAD	3	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
*HEMOSTATICS - SYSTEMIC***		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
tranexamic acid-nacl intravenous solution	3	
*HEMOSTATICS - TOPICAL***		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
ASTRINGYN EXTERNAL SOLUTION	4	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GELFILM EXTERNAL FILM	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	

Drug Name	Tier	Notes
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	
GELFOAM SPONGE EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSTAT EXTERNAL PAD	3	
INTERCEED (TC7) EXTERNAL PAD	3	
INTERCEED EXTERNAL PAD	3	
monsels ferric subsulfate external solution	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	

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

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Drug Name	Tier	Notes
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	
HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS		
*ANTI HISTAMINE HYPNOTIC COMBINATIONS***		
ft ibuprofen pm oral tablet	1 or 1b*	
*ANTI HISTAMINE HYPNOTICS***		
eq sleep-aid oral tablet	1 or 1b*	
*BARBITURATE HYPNOTICS***		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	3	
*BENZODIAZEPINE HYPNOTICS***		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	3	
estazolam oral tablet	1 or 1b*	QL
flurazepam hcl oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
HALCION ORAL TABLET	3	ST; QL
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl intravenous solution 150 mg/30ml	4	
midazolam hcl intravenous solution prefilled syringe	4	
midazolam hcl oral syrup	1 or 1b*	QL
midazolam hcl-sodium chloride intravenous solution 100-0.8 mg/100ml-%, 50-0.8 mg/50ml-%	3	
midazolam hcl-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	4	
midazolam hcl-sodium chloride intravenous solution prefilled syringe 2-0.9 mg/2ml-%, 30-0.9 mg/30ml-%, 5-0.9 mg/5ml-%, 50-0.9 mg/50ml-%, 55-0.9 mg/55ml-%	4	
midazolam injection solution prefilled syringe	4	
midazolam intravenous solution	4	
midazolam intravenous solution prefilled syringe	4	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION	4	
midazolam-sodium chloride (pf) intravenous solution	3	
midazolam-sodium chloride intravenous solution	4	
quazepam oral tablet	1 or 1b*	QL
RESTORIL ORAL CAPSULE	3	ST; QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
*HYPNOTICS - TRICYCLIC AGENTS***		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
SILENOR ORAL TABLET	4	ST; QL
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	4	ST; QL
AMBIEN ORAL TABLET	4	ST; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet 1 mg, 2 mg	1 or 1b*	QL
eszopiclone oral tablet 3 mg	1 or 1b*	AL; QL
LUNESTA ORAL TABLET	4	ST; QL
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	QL
zolpidem tartrate oral capsule	4	ST; QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	4	ST; QL
DAYVIGO ORAL TABLET	4	ST; QL
QUVIVIQ ORAL TABLET	3	ST; QL
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
dexmedetomidine hcl intravenous solution prefilled syringe	4	
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 400 mcg/4ml	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	

Drug Name	Tier	Notes
dexmedetomidine hcl-dextrose intravenous solution	3	
IGALMI SUBLINGUAL FILM	3	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	
*SELECTIVE MELATONIN RECEPTOR AGONISTS***		
HETLIOZ LQ ORAL SUSPENSION	3	PA; LD; QL
HETLIOZ ORAL CAPSULE	4	PA; LD; QL
ramelteon oral tablet	1 or 1b*	QL
ROZEREM ORAL TABLET	4	ST; QL
tasimelteon oral capsule	1 or 1b*	PA; LD; QL
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	4	QL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1 or 1a*	\$0; QL
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1 or 1a*	\$0; QL
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	1 or 1a*	\$0; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	QL
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1 or 1b*	\$0; QL

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

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Drug Name	Tier	Notes
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
PEG-PREP ORAL KIT	3	QL
PLENVU ORAL SOLUTION RECONSTITUTED	4	QL
SUFLAVE ORAL SOLUTION RECONSTITUTED	4	QL
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	QL
SUTAB ORAL TABLET	4	QL
*LAXATIVES - MISCELLANEOUS***		
CLEARLAX ORAL POWDER	1 or 1b*	\$0
constulose oral solution	1 or 1b*	QL
CVS PURELAX ORAL PACKET	1 or 1b*	\$0
CVS PURELAX ORAL POWDER	1 or 1b*	\$0
EQ CLEARLAX ORAL POWDER	1 or 1b*	\$0
eq laxative oral packet	1 or 1b*	\$0
EQL CLEARLAX ORAL POWDER	1 or 1b*	\$0
ft clearlax oral powder	1 or 1b*	\$0
gavilax oral powder	1 or 1b*	\$0
gentlelax oral powder	1 or 1b*	\$0
GIALAX ORAL KIT	4	
GLYCOLAX ORAL POWDER	1 or 1b*	\$0
GNP CLEARLAX ORAL PACKET	1 or 1b*	\$0
GNP CLEARLAX ORAL POWDER	1 or 1b*	\$0
GOODSENSE CLEARLAX ORAL POWDER	1 or 1b*	\$0
HEALTHYLAX ORAL PACKET	1 or 1b*	\$0

Drug Name	Tier	Notes
HM CLEARLAX ORAL POWDER	1 or 1b*	\$0
KLS LAXACLEAR ORAL POWDER	1 or 1b*	\$0
KRISTALOSE ORAL PACKET	3	QL
lactulose oral packet	3	ST; QL
lactulose oral solution	1 or 1b*	QL
MM CLEARLAX ORAL POWDER	1 or 1b*	\$0
peg 3350 oral packet	1 or 1b*	\$0
peg 3350 oral powder	1 or 1b*	\$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	\$0
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
qc glycerin rectal suppository	1 or 1b*	
qc natura-lax oral powder	1 or 1b*	\$0
ra laxative oral powder	1 or 1b*	\$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	\$0
SM CLEARLAX ORAL POWDER	1 or 1b*	\$0
SMOOTH LAX ORAL PACKET	1 or 1b*	\$0
SMOOTH LAX ORAL POWDER	1 or 1b*	\$0
true laxative oral powder	1 or 1b*	\$0
VIBRANT ORAL CAPSULE	4	
VIBRANT STARTER KIT ORAL KIT	4	
*LUBRICANT LAXATIVES***		
mineral oil heavy oral oil	1 or 1b*	
*SALINE LAXATIVE MIXTURES***		
FLEET SALINE ENEMA RECTAL ENEMA	2	
*SALINE LAXATIVES***		
citrate of magnesia oral solution	1 or 1a*	\$0
CITROMA ORAL SOLUTION	1 or 1a*	\$0
cvs magnesium citrate oral solution	1 or 1a*	\$0
cvs milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION	1 or 1b*	\$0
DULCOLAX ORAL SUSPENSION	1 or 1b*	\$0
eq magnesium citrate oral solution	1 or 1a*	\$0
eql magnesium citrate oral solution	1 or 1a*	\$0
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	\$0
ft magnesium citrate oral solution	1 or 1a*	\$0
ft milk of magnesia oral suspension	1 or 1b*	\$0
gnp magnesium citrate oral solution	1 or 1a*	\$0
gnp milk of magnesia oral suspension	1 or 1b*	\$0
goodsense magnesium citrate oral solution	1 or 1a*	\$0
goodsense milk of magnesia oral suspension	1 or 1b*	\$0
hm milk of magnesia oral suspension	1 or 1b*	\$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	\$0
milk of magnesia oral suspension	1 or 1b*	\$0
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	1 or 1a*	\$0
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	1 or 1b*	\$0
qc magnesium citrate oral solution	1 or 1a*	\$0
qc milk of magnesia oral suspension	1 or 1b*	\$0
ra magnesium citrate oral solution	1 or 1a*	\$0
ra milk of magnesia oral suspension	1 or 1b*	\$0
sb magnesium citrate oral solution	1 or 1a*	\$0
sb milk of magnesia oral suspension	1 or 1b*	\$0

Drug Name	Tier	Notes
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
*STIMULANT LAXATIVES***		
ALOPHEN ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
bisacodyl oral tablet delayed release	1 or 1a*	\$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
eq chocolate laxative oral tablet chewable	1 or 1b*	
eq gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql laxative oral tablet delayed release	1 or 1a*	\$0
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE	1 or 1a*	\$0
ft laxative oral tablet delayed release	1 or 1a*	\$0
gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	\$0
kp bisacodyl oral tablet delayed release	1 or 1a*	\$0
laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
qc laxative oral tablet delayed release	1 or 1a*	\$0
ra laxative oral tablet delayed release	1 or 1a*	\$0
ra womens laxative oral tablet delayed release	1 or 1a*	\$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	\$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	\$0
sm gentle laxative oral tablet delayed release	1 or 1a*	\$0
womans laxative oral tablet delayed release	1 or 1a*	\$0
womens laxative oral tablet delayed release	1 or 1a*	\$0
*SURFACTANT LAXATIVES***		
eq stool softener extra str oral capsule	1 or 1b*	
eq stool softener oral capsule 250 mg	1 or 1b*	
mm stool softener oral capsule	1 or 1b*	
LOCAL ANESTHETICS-PARENTERAL		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000	3	
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
lidocaine(bufferd)-epinephrine injection solution prefilled syringe	4	
lidocaine-epinephrine (3 ml) injection solution prefilled syringe	4	
lidocaine-epinephrine (pf) injection solution 1 %-1:100000, 2 %-1:200000	4	

Drug Name	Tier	Notes
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	1 or 1b*	
lidocaine-epinephrine injection solution 1 %-1:100000	4	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.5% -1:200000, 0.75-1:200000 %	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
*LOCAL ANESTHETIC COMBINATIONS***		
lidocaine hcl-tetracaine hcl injection solution	4	
lidocaine-sodium bicarbonate injection solution prefilled syringe 1-8.4 %	4	
LIDOMAR INJECTION SOLUTION	4	
marlido injection kit	4	
MARLIDO-25 INJECTION KIT	4	

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

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Drug Name	Tier	Notes
*LOCAL ANESTHETICS - AMIDES***		
bupivacaine fisiopharma injection solution	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.125 %, 0.25 %, 0.5 %	4	
bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml), 0.25 % (10 ml)	4	
lidocaine hcl (buffered) injection solution prefilled syringe	4	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
lidocaine hcl injection solution 1 %, 2 %	4	
lidocaine hcl injection solution prefilled syringe 10 mg/ml, 100 mg/10ml, 100 mg/5ml, 200 mg/10ml, 9 mg/ml	4	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT	3	
NAROPIN INJECTION SOLUTION	3	
POLOCAINE INJECTION SOLUTION	1 or 1b*	
POLOCAINE-MPF INJECTION SOLUTION	1 or 1b*	
POSIMIR INJECTION SOLUTION	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ropivacaine hcl injection solution 2 mg/ml	4	
ropivacaine hcl injection solution prefilled syringe	4	

Drug Name	Tier	Notes
ropivacaine hcl-nacl injection solution 0.2-0.9 %	4	
SENSORCAINE INJECTION SOLUTION	1 or 1b*	
SENSORCAINE-MPF INJECTION SOLUTION	1 or 1b*	
XARACOLL IMPLANT IMPLANT	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	3	
*LOCAL ANESTHETICS - ESTERS***		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
tetracaine hcl injection solution	4	
MACROLIDES		
*AZITHROMYCIN***		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	

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

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Drug Name	Tier	Notes
*CLARITHROMYCIN***		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
*ERYTHROMYCINS***		
E.E.S. 400 ORAL TABLET	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	4	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	4	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	4	
ERY-TAB ORAL TABLET DELAYED RELEASE	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
*FIDAXOMICIN***		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	QL

Drug Name	Tier	Notes
MEDICAL DEVICES AND SUPPLIES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	2	\$0
*CONDOMS - FEMALE***		
FC2 FEMALE CONDOM	2	\$0; QL
*CONDOMS - MALE***		
aimsco lubricated	2	\$0
condoms	2	\$0
DUREX EXTRA SENSITIVE THIN	2	\$0
DUREX EXTRA SENSITIVE THIN DEVICE	2	\$0
DUREX REALFEEL DEVICE	2	\$0
DUREX TROPICAL	2	\$0
FANTASY LUBRICATED	2	\$0
FANTASY LUBRICATED/SPERMIC IDE	2	\$0
KAMELEON LUBRICATED	2	\$0
kimono	2	\$0
KIMONO COLORS DEVICE	2	\$0
KIMONO MAXX-LARGE FLARE	2	\$0
kimono micro thin	2	\$0
kimono micro thin plus	2	\$0
kimono plus	2	\$0
kimono ps	2	\$0
kimono ps plus	2	\$0
kimono sensation	2	\$0
kimono sensation plus	2	\$0
KIMONO SPECIAL DEVICE	2	\$0
maxx	2	\$0
maxx plus	2	\$0
REALITY LATEX CONDOMS	2	\$0
REALITY LATEX/ULTRA TEXTURED DEVICE	2	\$0

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

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Drug Name	Tier	Notes
REALITY LATEX/ULTRA THIN DEVICE	2	\$0
true cover device	2	\$0
TRUSTEX COLOR CONDOMS + LUBE	2	\$0
TRUSTEX LUB/RIBBED/STUDDED	2	\$0
TRUSTEX LUB/SPERMICIDE EX ST	2	\$0
TRUSTEX LUB/SPERMICIDE XL	2	\$0
TRUSTEX LUBRICATED	2	\$0
TRUSTEX LUBRICATED EX LARGE	2	\$0
TRUSTEX LUBRICATED EXTRA ST	2	\$0
TRUSTEX LUBRICATED/SPERMICIDE	2	\$0
TRUSTEX NATURAL CONDOMS + LUBE	2	\$0
TRUSTEX NON-LUBRICATED	2	\$0
TRUSTEX RIA LUB/SPERMICIDE	2	\$0
TRUSTEX RIA LUBRICATED	2	\$0
TRUSTEX RIA NON-LUBRICATED	2	\$0
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	\$0
*DENTAL DESENSITIZING PRODUCTS***		
REMESENSE DENTAL	3	
*DENTIFRICES***		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
*DIAPERS***		
HUGGIES LITTLE MOVERS SIZE 7	2	
HUGGIES LITTLE SNUGLER NEWBRN	2	
HUGGIES LITTLE SNUGLERS SZ 3	2	

Drug Name	Tier	Notes
HUGGIES LITTLE SNUGLERS SZ 4	2	
HUGGIES LITTLE SNUGLERS SZ 5	2	
HUGGIES OVERNITES SIZE 3	2	
HUGGIES OVERNITES SIZE 4	2	
HUGGIES SNUG & DRY SIZE 1	2	
HUGGIES SNUG & DRY SIZE 2	2	
HUGGIES SNUG & DRY SIZE 3	2	
HUGGIES SNUG & DRY SIZE 5	2	
HUGGIES SPEC DELIVERY NEWBORN	2	
HUGGIES SPEC DELIVERY SIZE 1	2	
HUGGIES SPEC DELIVERY SIZE 2	2	
HUGGIES SPEC DELIVERY SIZE 3	2	
HUGGIES SPEC DELIVERY SIZE 4	2	
HUGGIES SPEC DELIVERY SIZE 5	2	
HUGGIES SPEC DELIVERY SIZE 6	2	
HUGGIES+ LITTLE SNUGLER NEWBN	2	
HUGGIES+ LITTLE SNUGLER SZ 1	2	
HUGGIES+ LITTLE SNUGLER SZ 2	2	
PAMPERS EASY UPS 2T-3T	2	
PAMPERS EASY UPS 4T-5T	2	
PAMPERS EASY UPS MLP 2T-3T	2	
PAMPERS EASY UPS MLP 4T-5T	2	
PAMPERS SWADDLERS SIZE 7	2	
*DIAPHRAGMS***		
CAYA VAGINAL DIAPHRAGM	2	\$0

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

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Drug Name	Tier	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	\$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
*EMBOUZATION SUPPLIES***		
ONCOZENE 100 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	4	
ONCOZENE 100 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	4	
ONCOZENE 40 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	4	
ONCOZENE 40 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	4	
ONCOZENE 75 MICROMETER (2 ML) INJECTION PREFILLED SYRINGE	4	
ONCOZENE 75 MICROMETER (3 ML) INJECTION PREFILLED SYRINGE	4	

Drug Name	Tier	Notes
*GLUCOSE MONITORING TEST SUPPLIES***		
ACCU-CHEK FASTCLIX LANCETS	2	QL
ACCU-CHEK SAFE-T PRO LANCETS	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
acti-lance 28g	2	QL
acti-lance lite lancets 28g	2	QL
acti-lance special lancets 17g	2	QL
acti-lance universal 23g	2	QL
advanced mobile lancet	2	QL
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 26G	2	QL
AGAMATRIX ULTRA- THIN LANCETS	2	QL
aimsco twist lancets 32g	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
assure comfort lancets 28g	2	QL
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	QL
ASSURE LANCE SAFETY LANCET 28G	2	QL
aurora lancet super thin 30g	2	QL
aurora lancet thin 23g	2	QL
BD MICROTAINER LANCETS	2	QL
CAREONE LANCET SUPER THIN 30G	2	QL
careone lancet thin 23g	2	QL
CARESENS LANCETS	2	QL

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

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Drug Name	Tier	Notes
CARESENS LANCETS 30G	2	QL
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CHOSEN LANCETS 30G	2	QL
CHOSEN SAFETY LANCETS 28G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE COMFORT EZ	2	QL
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
comfort assured lancets 28g	2	QL
comfort assured lancets 33g	2	QL
COMFORT TOUCH LANCETS 31G	2	QL
COMFORT TOUCH PLUS LANCETS 28G	2	QL
COMFORT TOUCH PLUS LANCETS 30G	2	QL
COMFORT TOUCH TWIST LANCET 30G	2	QL
cvs lancets 21g	2	QL
cvs lancets micro thin 33g	2	QL
cvs lancets original	2	QL
cvs lancets thin 26g	2	QL
cvs lancets ultra thin 30g	2	QL
cvs lancets ultra-thin 30g	2	QL
cvs ultra thin lancets	2	QL

Drug Name	Tier	Notes
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DEXCOM G7 RECEIVER DEVICE	2	PA; QL
DEXCOM G7 SENSOR	2	PA; QL
DIATHRIVE LANCET ULTRA THIN 30	2	QL
DIATHRIVE LANCETS	2	QL
DROPLET LANCETS ULTRA THIN 30G	2	QL
DROPLET PERSONAL LANCETS 30G	2	QL
drug mart lancets thin 26g	2	QL
DRUG MART ON-THE-GO LANCET 30G	2	QL
DRUG MART UNILET LANCETS 28G	2	QL
DRUG MART UNILET LANCETS 30G	2	QL
DRUG MART UNILET LANCETS 33G	2	QL
easy comfort lancets	2	QL
easy comfort lancets twist top	2	QL
EASY MAX T1 GLUCOSE SYSTEM KIT	4	QL
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL
EASY TOUCH LANCETS 32G/TWIST	2	QL

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

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Drug Name	Tier	Notes
EASY TOUCH LANCETS 33G/TWIST	2	QL
EASY TOUCH SAFETY LANCETS 21G	2	QL
EASY TOUCH SAFETY LANCETS 23G	2	QL
EASY TOUCH SAFETY LANCETS 26G	2	QL
EASY TOUCH SAFETY LANCETS 28G	2	QL
EMBRACE LANCETS ULTRA THIN 30G	2	QL
EMBRACE PRESSURE ACTIVATED 21G	2	QL
EMBRACE PRESSURE ACTIVATED 28G	2	QL
ENLITE GLUCOSE SENSOR	3	PA
eql color lancets 21g	2	QL
eql color lancets micro 33g	2	QL
eql super thin lancets 30g	2	QL
eql thin lancets 26g	2	QL
EVERSENSE E3 SENSOR/HOLDER	3	PA
EVERSENSE E3 SMART TRANSMITTER	3	PA; QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL
E-Z JECT LANCET MICRO-THIN 33G	2	QL
E-Z JECT LANCET SUPER THIN 30G	2	QL
E-Z JECT LANCETS	2	QL
E-Z JECT LANCETS 21G	2	QL
E-Z JECT LANCETS THIN 26G	2	QL
EZ-LETS LANCETS 21G	2	QL
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINGERSTIX LANCETS	2	QL

Drug Name	Tier	Notes
FORA LANCETS	2	QL
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER DEVICE	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER DEVICE	4	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
global inject ease lancets 28g	2	QL
global inject ease lancets 30g	2	QL
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
gnp lancets 21g	2	QL
gnp lancets thin 26g	2	QL
gnp sterile lancets 28g	2	QL
gnp sterile lancets 30g	2	QL
gnp sterile lancets 33g	2	QL
GOJJI STERILE LANCETS	2	QL
goodsense color lancets 33g	2	QL
goodsense lancets 26g univ	2	QL
goodsense lancets 30g	2	QL
goodsense lancets 30g univ	2	QL
goodsense lancets 33g	2	QL
goodsense lancets 33g univ	2	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; QL

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

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Drug Name	Tier	Notes
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN SENSOR (3)	3	PA; QL
guardian sensor 3	3	PA; QL
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
h-e-b incontrol lancets 28g	2	QL
h-e-b incontrol lancets 30g	2	QL
h-e-b incontrol lancets 33g	2	QL
HY-VEE LANCETS	2	QL
hy-vee thin lancets	2	QL
IN TOUCH STERILE LANCETS 30G	2	QL
kinney lancets	2	QL
kinney thin lancets	2	QL
KROGER HEALTHPRO LANCET 26G	2	QL
croger lancets	2	QL
croger lancets 21g	2	QL
croger lancets micro thin 33g	2	QL
croger lancets super thin	2	QL
croger lancets thin	2	QL
croger lancets thin 26g	2	QL
croger lancets ultrathin 30g	2	QL
lancets	2	QL
lancets 30g	2	QL
lancets 33g	2	QL
lancets micro thin 33g	2	QL
LANCETS SUPER THIN	2	QL
lancets super thin 28g	2	QL
lancets thin	2	QL

Drug Name	Tier	Notes
LANCETS ULTRA THIN	2	QL
lancets ultra thin 30g	2	QL
LIBERTY MEDICAL LANCETS	2	QL
lite touch lancets	2	QL
LITETOUCH LANCETS	2	QL
live better lancet super thin	2	QL
longs lancets standard	2	QL
longs lancets thin	2	QL
longs lancets ultra thin	2	QL
medichoice safety lancet	2	QL
medichoice safety lancet extra	2	QL
medichoice safety lancet norm	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS THIN	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL
MEIJER LANCETS UNIVERSAL 33G	2	QL
MEIJER SUPER THIN LANCETS	2	QL
MICROLET LANCETS	2	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM TWIST LANCETS	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL

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

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Drug Name	Tier	Notes
MYGLUCOHEALTH LANCETS 30G	2	QL
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL
NOVA SUREFLEX LANCETS	2	QL
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL
ONETOUCH ULTRASOFT 2 LANCETS	2	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	QL
PHARMACIST CHOICE LANCETS	2	QL
PHARMACY COUNTER LANCETS	2	QL
pip lancets 28g	2	QL
pip lancets 30g	2	QL
preferred plus lancets colored	2	QL
preferred plus lancets thin	2	QL
pro comfort lancets 30g	2	QL
pro comfort lancets 31g	2	QL
pro comfort safety lancets 30g	2	QL
PRODIGY LANCETS 28G	2	QL
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
pure comfort lancets 30g	2	QL
px lancets microthin 33g	2	QL
px lancets ultra thin 28g	2	QL
qc lancets super thin 30g	2	QL
qc lancets ultra thin	2	QL
qc unilet lancets 28g	2	QL
qc unilet lancets micro thin	2	QL
RA E-ZJECT LANCETS 28G	2	QL
RA E-ZJECT LANCETS THIN 26G	2	QL

Drug Name	Tier	Notes
RA E-ZJECT LANCETS THIN 28G	2	QL
RA E-ZJECT LANCETS ULTRA THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
reality lancets	2	QL
reality trigger lancets	2	QL
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	QL
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL
RELION ULTRA THIN LANCETS 30G	2	QL
RELION ULTRA THIN PLUS LANCETS	2	QL
REXALL LANCETS ULTRA THIN 30G	2	QL
RIGHTEST GL300 LANCETS	2	QL
safety lancet 30g/pressure act	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 23G	2	QL
safety lancets 28g	2	QL
saps health plus lancets	2	QL
saps health twist top lancets	2	QL
saps twist top lancets	2	QL
saps scare twist top lancets	2	QL
sb lancets thin	2	QL
sb lancets ultra thin	2	QL
SINGLE-LET	2	QL
sm lancets 33g	2	QL
SMART SENSE COLOR LANCETS 33G	2	QL
SMART SENSE STANDARD LANCETS	2	QL
SMART SENSE SUPER THIN LANCETS	2	QL
SMART SENSE THIN LANCETS 26G	2	QL
SMARTEST LANCETS 28G	2	QL

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

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Drug Name	Tier	Notes
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE TL	2	QL
super thin lancets	2	QL
sure comfort lancets 18g	2	QL
sure comfort lancets 21g	2	QL
sure comfort lancets 23g	2	QL
sure comfort lancets 28g	2	QL
sure comfort lancets 30g	2	QL
SURELITE LANCETS	2	QL
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 26G	2	QL
tgt lancet micro thin 33g	2	QL
tgt lancet thin 26g	2	QL
tgt lancet ultra thin 30g	2	QL
today's health thin lancets 28g	2	QL
today's health thin lancets 30g	2	QL
topcare lancets micro-thin 33g	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
true comfort safety lancets	2	QL
true comfort twist top lancets	2	QL
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS SAFETY LANCETS 28G	2	QL
twist top lancets 30g	2	QL
ULILET CLASSIC LANCETS	2	QL
ULILET LANCETS	2	QL
ULILET SAFETY LANCETS	2	QL
ULILET SAFETY LANCETS 23G	2	QL
ultra thin lancets 31g	2	QL

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

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

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Drug Name	Tier	Notes
value plus lancets thin 26g	2	QL
VERIFINE SAFE LANCET MINI 21G	2	QL
VERIFINE SAFE LANCET MINI 23G	2	QL
VERIFINE SAFE LANCET MINI 28G	2	QL
VERIFINE SAFE LANCET MINI 30G	2	QL
VERIFINE UNIVERSAL LANCETS 28G	2	QL
VERIFINE UNIVERSAL LANCETS 30G	2	QL
VERIFINE UNIVERSAL LANCETS 33G	2	QL
VIVAGUARD LANCETS	2	QL
VIVAGUARD LANCETS 30G	2	QL
VIVAGUARD SAFETY LANCETS 28G	2	QL
WALGREENS LANCETS	2	QL
walgreens lancets micro thin	2	QL
walgreens lancets super thin	2	QL
WALGREENS THIN LANCETS	2	QL
WALGREENS ULTRA THIN LANCETS	2	QL
zevrx twist top lancets 30g	2	QL
*HOT/COLD COMBINATION THERAPY AIDS***		
eq hot or cold large compress pad	2	
*INCONTINENCE SUPPLIES***		
DEPEND FRESH PROTECTION MENS	2	
*INSULIN ADMINISTRATION SUPPLIES***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	PA; QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA; QL
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL

Drug Name	Tier	Notes
OMNIPOD DASH PDM (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PODS (GEN 4)	2	PA; QL
OMNIPOD GO KIT	4	PA
V-GO 20 KIT 20 UNIT/24HR	4	PA
V-GO 30 KIT 30 UNIT/24HR	4	PA
V-GO 40 KIT 40 UNIT/24HR	4	PA
*NEEDLES & SYRINGES***		
1st tier unifine pentips	3	ST; QL
1st tier unifine pentips plus	3	ST; QL
ADVOCATE INSULIN PEN NEEDLE	3	QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
aq insulin syringe	3	ST; QL
aqinject pen needle	3	ST; QL
ASSURE ID DUO PRO PEN NEEDLES	3	QL
ASSURE ID PRO PEN NEEDLES	3	QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	ST; QL
aum insulin safety pen needle	3	ST; QL
aum mini insulin pen needle	3	ST; QL
aum pen needle	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
aurora pen needles	3	ST; QL
BD AUTOSHIELD DUO	2	QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	2	QL
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL

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

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Drug Name	Tier	Notes
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	QL
BD PEN NEEDLE MICRO U/F	2	QL
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	QL
BD PEN NEEDLE SHORT U/F	2	QL
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
careone insulin syringe	3	ST; QL
careone unifine pentips plus	3	ST; QL
CARETOUCH INSULIN SYRINGE	3	ST; QL
CARETOUCH PEN NEEDLES	3	ST; QL
CEQR SIMPLICITY 2U DEVICE	4	PA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	3	ST; QL

Drug Name	Tier	Notes
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	3	ST; QL
clickfine pen needles 31g x 8 mm	3	ST; QL
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; QL
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
COMFORT EZ PEN NEEDLES	3	ST; QL
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM	3	ST; QL
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	3	QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; QL
DIATHRIVE PEN NEEDLE	3	ST; QL
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	QL

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

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Drug Name	Tier	Notes
DROPLET MICRON	3	QL
DROPLET PEN NEEDLES	3	ST; QL
dropsafe safety pen needles	3	ST; QL
DROPSAFE SAFETY SYRINGE/NEEDLE	3	ST; QL
drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm	3	ST; QL
drug mart unifine pentips plus	3	ST; QL
easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml	3	ST; QL
easy comfort pen needles	3	ST; QL
easy glide pen needles	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SY	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	QL
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; QL

Drug Name	Tier	Notes
EMBRACE PEN NEEDLES	3	ST; QL
eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
global ease inject pen needles	3	ST; QL
global easy glide insulin syr	3	ST; QL
global easy glide pen needles	3	ST; QL
global inject ease insulin syr	3	ST; QL
global insulin syringes	3	ST; QL
GLUCOPRO INSULIN SYRINGE	3	ST; QL
gnp clickfine pen needles	3	ST; QL
gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
gnp insulin syringes	3	QL
gnp insulin syringes 28gx1/2"	3	ST; QL
gnp insulin syringes 29gx1/2"	3	ST; QL
gnp insulin syringes 30gx5/16"	3	ST; QL
gnp insulin syringes 31gx5/16"	3	ST; QL
gnp ulticare pen needles	3	ST; QL
GNP ULTIGUARD SAFEPAK NEEDLE	3	ST; QL
gnp ultra com insulin syringe 28g x 1/2" 1 ml	3	ST; QL
goodsense clickfine pen needle	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
healthwise insulin syr/needle	3	ST; QL
healthwise micron pen needles	3	ST; QL

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

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Drug Name	Tier	Notes
healthwise short pen needles	3	ST; QL
h-e-b incontrol pen needles	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INCONTROL ULTICARE PEN NEEDLES	3	ST; QL
insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
insulin syringe-needle u-100	3	ST; QL
insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm	3	ST; QL
kinray insulin syringe	3	ST; QL
kmart valu insulin syringe 29g	3	ST; QL
kmart valu insulin syringe 30g	3	ST; QL
croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
croger pen needles	3	ST; QL
leader insulin syringe	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
longs insulin syringe 31g x 5/16" 0.5 ml	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL

Drug Name	Tier	Notes
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
medic insulin syringe	3	ST; QL
medicine shoppe pen needles 29g x 12mm , 31g x 8 mm	3	ST; QL
meijer pen needles	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
mm insulin syringe/needle	3	ST; QL
MM PEN NEEDLES	3	ST; QL
MONOJECT INSULIN SYRINGE	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL
ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
NOVOFINE PEN NEEDLE	3	ST; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm	3	ST; QL
pen needles	3	ST; QL
pen needles 5/16" 31g x 8 mm	3	ST; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL

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

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Drug Name	Tier	Notes
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
preferred plus insulin syringe	3	ST; QL
preferred plus unifine pentips 29g x 12mm	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
pro comfort pen needles 31g x 8 mm	4	
pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
pure comfort pen needle	3	ST; QL
pure comfort safety pen needle	3	QL
px extra short pen needles	3	ST; QL
px insulin syringe 30g x 1/2" 0.5 ml	3	ST; QL
px mini pen needles	3	ST; QL
px pen needle	3	ST; QL
qc pen needles	3	ST; QL
qc unifine pentips	3	ST; QL
ra insulin syringe	3	ST; QL
ra pen needles	3	ST; QL
raya sure pen needle	3	ST; QL
reality insulin syringe	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
safety pen needles	3	ST; QL
sb insulin syringe	3	ST; QL

Drug Name	Tier	Notes
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
sure comfort insulin syringe	3	ST; QL
sure comfort pen needles	3	ST; QL
techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	3	ST; QL
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	3	ST; QL
TECHLITE PLUS PEN NEEDLES	3	ST; QL
today's health pen needles	3	ST; QL
today's health short pen needle	3	ST; QL
topcare clickfine pen needles	3	ST; QL
topcare ultra comfort ins syr	3	ST; QL
true comfort insulin syringe	3	ST; QL
true comfort pen needles	3	ST; QL
true comfort pro insulin syr	3	ST; QL
true comfort pro pen needles	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES	3	ST; QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYR 1/2 UNIT	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL

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

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Drug Name	Tier	Notes
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; QL
ULTILET PEN NEEDLE	3	ST; QL
ultra comfort insulin syringe 30g x 5/16" 0.3 ml	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ultracare insulin syringe	3	ST; QL
ultracare pen needles	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	3	QL
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	3	QL
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
value health insulin syringe	3	ST; QL

Drug Name	Tier	Notes
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	3	QL
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL
VERIFINE PLUS PEN NEEDLE	3	ST; QL
vp insulin syringe	3	ST; QL
wegmans unifine pentips plus	3	ST; QL
zevrx insulin syringe	3	ST; QL
zevrx pen needles	3	ST; QL
MIGRAINE PRODUCTS		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	2	QL
QULIPTA ORAL TABLET	2	QL
UBRELVY ORAL TABLET	2	QL
ZAVZPRET NASAL SOLUTION	4	ST; QL
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL

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

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Drug Name	Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
VYEPTI INTRAVENOUS SOLUTION	4	PA; LD; QL
*ERGOT COMBINATIONS***		
ergotamine-caffeine oral tablet	1 or 1b*	
MIGERGOT RECTAL SUPPOSITORY	1 or 1b*	
*MIGRAINE COMBINATIONS***		
SUMANSETRON ORAL TABLET THERAPY PACK	4	
*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
ELYXYB ORAL SOLUTION	4	ST; QL
*MIGRAINE PRODUCTS - NSAIDS***		
CAMBIA ORAL PACKET	4	ST; QL
diclofenac potassium(migraine) oral packet	4	ST; QL
*MIGRAINE PRODUCTS***		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate nasal solution	4	ST; QL

Drug Name	Tier	Notes
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	4	
MIGRANAL NASAL SOLUTION	4	ST; QL
TRUDHESA NASAL AEROSOL SOLUTION	4	ST; QL
*SELECTIVE SEROTONIN AGONIST- NSAID COMBINATIONS***		
sumatriptan-naproxen sodium oral tablet	4	ST; QL
TREXIMET ORAL TABLET 85-500 MG	4	ST; QL
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
FROVA ORAL TABLET	4	ST; QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
IMITREX ORAL TABLET	4	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	ST; QL
MAXALT ORAL TABLET 10 MG	4	ST; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	4	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
ONZETRA XSAIL NASAL EXHALER POWDER	4	ST; QL
RELPAK ORAL TABLET	4	ST; QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL
TOSYMRA NASAL SOLUTION	4	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	ST; QL
zolmitriptan nasal solution 5 mg	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
ZOMIG NASAL SOLUTION	4	ST; QL
ZOMIG ORAL TABLET	4	QL
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
REYVOW ORAL TABLET	4	ST; QL
MINERALS & ELECTROLYTES		
*BICARBONATES***		
sodium acetate intravenous solution 2 meq/ml	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
sodium bicarbonate intravenous solution 8.4 %	4	
THAM INTRAVENOUS SOLUTION	3	
tromethamine intravenous solution	4	

Drug Name	Tier	Notes
*CALCIUM COMBINATIONS***		
CALCIFOL ORAL WAFER	4	
calcium 600-vitamin d3 oral tablet	1 or 1b*	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	3	
calcium gluconate-nacl intravenous solution 1-0.9 gm/100ml-%, 2-0.9 gm/100ml-%	4	
LIQUICAL PLUS ORAL LIQUID	4	
*CALCIUM***		
calcium chloride intravenous solution	4	
calcium gluconate intravenous solution	3	
calcium gluconate intravenous solution prefilled syringe	4	
*ELECTROLYTES & DEXTROSE***		
dextrose 5%/electrolyte #48 intravenous solution	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-sodium chloride intravenous solution 10-0.2 %, 2.5-0.45 %, 5-0.225 %, 5-0.3 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	

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

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Drug Name	Tier	Notes
kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 40-5-0.9 meq/l-%-%	3	
kcl-lactated ringers-d5w intravenous solution	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
*ELECTROLYTES ORAL***		
hydrating electrolyte oral packet	2	
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION	2	
*ELECTROLYTES PARENTERAL***		
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
kcl (0.149%) in nacl intravenous solution	1 or 1b*	
kcl (0.298%) in nacl intravenous solution	1 or 1b*	
kcl (in nacl 0.9%) intravenous solution 40 meq/500ml	4	
kcl-lidocaine-nacl intravenous solution 10-10 meq-mg /100ml	4	
lactated ringers intravenous solution	1 or 1b*	
multiple electro type 1 ph 5.5 intravenous solution	1 or 1b*	
multiple electro type 1 ph 7.4 intravenous solution	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride in nacl intravenous solution 20 meq/250ml	4	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	3	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
*FLUORIDE COMBINATIONS***		
FLORIVA ORAL LIQUID	3	
*FLUORIDE***		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*	\$0
sodium fluoride oral tablet	1 or 1a*	\$0
sodium fluoride oral tablet chewable	1 or 1a*	\$0
*IODINE PRODUCTS***		
iodine strong oral solution	4	
*MAGNESIUM***		
ft magnesium oxide oral tablet	1 or 1b*	
magnesium chloride injection solution	4	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	3	
magnesium sulfate injection solution 50 %	1 or 1b*	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3	
magnesium sulfate-nacl intravenous solution 2-0.9 gm/50ml-%	4	
*MANGANESE***		
manganese chloride intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
*PHOSPHATE***		
GLYCOPHOS INTRAVENOUS SOLUTION	3	
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
PHOSPHA 250 NEUTRAL ORAL TABLET	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET	1 or 1b*	
PHOSPHO-TRIN K500 ORAL TABLET	1 or 1b*	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	3	
potassium phosphates(71 meq k) intravenous solution	3	
potassium phosphates-nacl intravenous solution 15 mmol/250ml	4	
sodium phosphates intravenous solution	1 or 1b*	
wes-phos 250 neutral oral tablet	1 or 1b*	
*POTASSIUM COMBINATIONS***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	4	
*POTASSIUM***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1 or 1b*	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1 or 1a*	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1 or 1a*	

Drug Name	Tier	Notes
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1 or 1a*	
KLOR-CON ORAL PACKET 20 MEQ	1 or 1b*	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1 or 1b*	
KLOR-CON/EF ORAL TABLET EFFERVESCENT	4	
K-PRIME ORAL TABLET EFFERVESCENT	4	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
POKONZA ORAL PACKET	4	ST
potassium acetate intravenous solution 2 meq/ml	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1 or 1b*	
potassium chloride er oral tablet extended release 15 meq	1 or 1a*	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride intravenous solution prefilled syringe 100 meq/50ml	4	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
*SODIUM***		
AQUASTAT INTRAVENOUS SOLUTION	1 or 1b*	

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

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Drug Name	Tier	Notes
AQUASTAT SFR INTRAVENOUS SOLUTION	1 or 1b*	
BD POSIFLUSH INTRAVENOUS SOLUTION	1 or 1b*	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION	1 or 1b*	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION	1 or 1b*	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
sodium chloride (pf) injection solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1 or 1b*	
sodium chloride intravenous solution 4 meq/ml	4	
*TRACE MINERAL COMBINATIONS***		
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION	3	
MULTRYS INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	
*TRACE MINERALS***		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	3	

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

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

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Drug Name	Tier	Notes
DEPEN TITRATABS ORAL TABLET	3	PA; QL; SP
edetate disodium intravenous solution	4	
penicillamine oral capsule	4	PA; QL; SP
penicillamine oral tablet	1 or 1b*	PA; QL; SP
SYPRINE ORAL CAPSULE	4	PA; QL; SP
trientine hcl oral capsule 250 mg	1 or 1b*	PA; QL; SP
trientine hcl oral capsule 500 mg	4	PA; QL; SP
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***		
phoxillum b22k4/0 extracorporeal solution	3	
phoxillum bk4/2.5 extracorporeal solution	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	
REGIOCIT EXTRACORPOREAL SOLUTION	4	
trisodium citrate/crrt extracorporeal solution	4	
*CYCLOSPORINE ANALOGS***		
cyclosporine modified oral capsule	1 or 1b*	

Drug Name	Tier	Notes
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1 or 1b*	
GENGRAF ORAL SOLUTION	1 or 1b*	
LUPKYNIS ORAL CAPSULE	3	PA; LD; QL
NEORAL ORAL CAPSULE	4	
NEORAL ORAL SOLUTION	4	
SANDIMMUNE INTRAVENOUS SOLUTION	4	SP
SANDIMMUNE ORAL CAPSULE	4	
*ENZYMES***		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA; LD; SP
*FARNESYLTRANSFERASE INHIBITORS***		
ZOKINVY ORAL CAPSULE	3	PA; LD; QL; SP
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***		
SOLESTA INJECTION GEL	3	LD; SP
*HOMEOPATHIC PRODUCTS***		
ACUNOL ORAL TABLET	4	
COLCIGEL EXTERNAL GEL	4	
ECZEMOL ORAL TABLET	4	
LICEFREEE EXTERNAL KIT	2	
morcin external cream	4	
PSORIZIDE FORTE ORAL TABLET	4	

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

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Drug Name	Tier	Notes
PSORIZIDE ULTRA ORAL TABLET	4	
SPEEDGEL RX EXTERNAL GEL	4	
streptococcinum 30c sublingual pellet	4	
TRANZGEL EXTERNAL GEL	4	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANT S***		
ATGAM INTRAVENOUS SOLUTION	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*IMMUNOMODULATOR S - COMBINATIONS***		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; LD; QL; SP
*IMMUNOMODULATOR S FOR MYELODYSPLASTIC SYNDROMES***		
lenalidomide oral capsule	1 or 1b*	PA; LD; QL; SP
REVLIMID ORAL CAPSULE	2	PA; LD; QL; SP
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	ST
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	ST
CELLCEPT ORAL TABLET	3	ST
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP

Drug Name	Tier	Notes
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	4	
MYHIBBIN ORAL SUSPENSION	3	ST
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*IRRIGATION SOLUTIONS***		
ARGYLE STERILE WATER IRRIGATION SOLUTION	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
PHYSIOLYTE IRRIGATION SOLUTION	1 or 1b*	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
TIS-U-SOL IRRIGATION SOLUTION	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANT S***		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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

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Drug Name	Tier	Notes
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
*MISC NATURAL PRODUCTS***		
DIM-PLUS ORAL CAPSULE	2	
imubolic oral capsule	4	
ultra hers rx oral capsule	4	
ultra his oral capsule	4	
ultra pcos oral capsule	4	
*MISCELLANEOUS THERAPEUTIC CLASSES***		
NEXAVIR INJECTION SOLUTION	4	
phenol injection solution	4	
*MONOCLONAL ANTIBODIES***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS***		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	3	PA; LD; QL; SP
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	3	PA; QL; SP
VYVGART INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB***		
VIJOICE ORAL PACKET	3	PA; LD; QL
VIJOICE ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
*POTASSIUM REMOVING AGENTS***		
KIONEX COMBINATION SUSPENSION	1 or 1b*	
LOKELMA ORAL PACKET	3	QL
sodium polystyrene sulfonate oral powder	1 or 1b*	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1 or 1b*	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1 or 1b*	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	QL
*PROSTAGLANDINS***		
PROSTIN VR INJECTION SOLUTION	3	
*PURINE ANALOGS***		
AZASAN ORAL TABLET	1 or 1b*	
azathioprine oral tablet	1 or 1b*	
azathioprine sodium injection solution reconstituted	3	
IMURAN ORAL TABLET	3	

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

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Drug Name	Tier	Notes
*ROCK INHIBITORS***		
REZUROCK ORAL TABLET	3	PA; LD; QL
*SCLEROSING AGENTS***		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
polidocanol intravenous solution	4	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
*SELECTIVE T-CELL COSTIMULATION BLOCKERS***		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS***		
SAPHNELO INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
*UREMIC PRURITUS AGENTS***		
KORSUVA INTRAVENOUS SOLUTION	3	PA
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	4	
*ANESTHETICS TOPICAL ORAL***		
lidocaine hcl mouth/throat solution	1 or 1a*	QL

Drug Name	Tier	Notes
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
*ANTI-INFECTIVES - THROAT***		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	3	QL
ORAVIG BUCCAL TABLET	3	
*ANTISEPTIC COMBINATIONS - MOUTH/THROAT***		
DEBACTEROL MOUTH/THROAT SOLUTION	4	
*ANTISEPTICS - MOUTH/THROAT***		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
PERIOGARD MOUTH/THROAT SOLUTION	1 or 1a*	QL
*DENTAL PRODUCTS - COMBINATIONS***		
denta 5000 plus sensitive dental gel	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	4	
fraiche 5000 previ dental gel	4	
fraiche 5000 sensitive dental gel	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL	4	
sod fluoride-potassium nitrate dental gel	4	

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

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Drug Name	Tier	Notes
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***		
AQUORAL MOUTH/THROAT SOLUTION	4	
BOCASAL MOUTH/THROAT PACKET	4	
MUCOSITISRX MOUTH/THROAT PACKET	4	
NUMOISYN MOUTH/THROAT LIQUID	4	
NUMOISYN MOUTH/THROAT LOZENGE	4	
SALIVAMAX MOUTH/THROAT PACKET	4	
*FLUORIDE DENTAL PRODUCTS***		
CLINPRO 5000 DENTAL PASTE	1 or 1b*	QL
DENTA 5000 PLUS DENTAL CREAM	1 or 1b*	QL
DENTAGEL DENTAL GEL	1 or 1a*	QL
EASYGEL DENTAL GEL	1 or 1b*	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE	1 or 1b*	
FLUORIDEX DENTAL PASTE	1 or 1b*	QL
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	1 or 1b*	QL
FLUORIMAX 5000 DENTAL PASTE	4	
JUST RIGHT 5000 DENTAL PASTE	4	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	4	QL
PREVIDENT 5000 KIDS DENTAL PASTE	4	QL

Drug Name	Tier	Notes
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	QL
PREVIDENT 5000 PLUS DENTAL CREAM	4	QL
PREVIDENT DENTAL GEL	4	QL
PREVIDENT MOUTH/THROAT SOLUTION	4	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
sodium fluoride dental gel 1.1 %	4	
VANISH DENTAL LIQUID EXTENDED RELEASE	4	
*LOZENGES***		
medikoff drops mouth/throat lozenge 5.8 mg	1 or 1b*	
*PERIODONTAL ANTI-INFECTIVES***		
ARESTIN DENTAL	4	
*PROTECTANTS - MOUTH/THROAT***		
EPISIL MOUTH/THROAT LIQUID	4	
GELCLAIR MOUTH/THROAT GEL	4	
GELX MOUTH/THROAT GEL	4	
MUCOTROL MOUTH/THROAT WAFER	4	
MUGARD MOUTH/THROAT LIQUID	4	
ORAFATE MOUTH/THROAT PASTE	4	

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

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Drug Name	Tier	Notes
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	4	
ORAPEUTIC MOUTH/THROAT GEL	4	
PROTHELIAL MOUTH/THROAT PASTE	4	
silatrix mouth/throat gel	4	
*SALIVA STIMULANTS***		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
*STEROID COMBINATIONS - MOUTH/THROAT/DENTAL***		
acyclonine mum mouth/throat aerosol powder	4	
*STEROIDS - MOUTH/THROAT/DENTAL***		
KOURZEQ MOUTH/THROAT PASTE	1 or 1b*	
ORALONE MOUTH/THROAT PASTE	1 or 1b*	
triamcinolone acetone mouth/throat paste	1 or 1b*	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
b complex-b12 oral tablet	1 or 1b*	\$0
b-complex plus b-12 oral tablet	1 or 1b*	\$0
b-complex/b-12 oral tablet	1 or 1b*	\$0
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	4	
ra b-complex oral tablet	1 or 1b*	\$0
ra b-complex with b-12 oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
vitamin b complex 100 injection solution	4	
vitamin b complex oral tablet	1 or 1b*	\$0
vitamin b complex w/b-12 oral tablet	1 or 1b*	\$0
vitamin b-complex 100 injection solution	4	
vitamin-b complex oral tablet	1 or 1b*	\$0
*B-COMPLEX W/ C & CALCIUM***		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	\$0
qc b-complex/vitamin c oral tablet	1 or 1b*	\$0
*B-COMPLEX W/ C & FOLIC ACID***		
activite oral tablet	4	
b complex-c-folic acid oral tablet	1 or 1b*	\$0
b-complex balanced oral tablet	1 or 1b*	\$0
b-complex/vitamin c oral tablet	1 or 1b*	\$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	\$0
b-plex oral tablet	4	
DEXIFOL ORAL TABLET	4	
DIALYVITE 800 ORAL TABLET	1 or 1b*	\$0
DIALYVITE ORAL TABLET	4	
eql super b complex/vitamin c oral tablet	1 or 1b*	\$0
folbee plus oral tablet	4	
full spectrum b/vitamin c oral tablet	1 or 1b*	\$0
hylavite oral tablet	4	
kp b complex-c oral tablet	1 or 1b*	\$0
MYNEPHRON ORAL CAPSULE	4	
nephro vitamins oral tablet	1 or 1b*	\$0
NEPHRONEX ORAL TABLET	4	
NEPHRO-VITE ORAL TABLET	1 or 1b*	\$0
RENAL ORAL CAPSULE	4	
renal vitamin oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
rena-vite oral tablet	1 or 1b*	\$0
reno caps oral capsule	4	
sm b super vitamin complex oral tablet	1 or 1b*	\$0
sm b-complex/vitamin c oral tablet	2	\$0
stress formula (folic acid) oral tablet	1 or 1b*	\$0
super b complex/fa/vit c oral tablet	1 or 1b*	\$0
super b-complex/vit c/fa oral tablet	1 or 1b*	\$0
tm-vite rx oral tablet	4	
triphrocaps oral capsule	4	
tronvite oral tablet	4	
vitasure oral tablet	4	
wescaps oral capsule	4	
*B-COMPLEX W/ C***		
ALLBEE/C ORAL TABLET	1 or 1b*	\$0
b complex-c oral tablet	1 or 1b*	\$0
b-complex-c oral tablet	1 or 1b*	\$0
better b complex oral tablet	1 or 1b*	\$0
cvs b complex plus c oral tablet	1 or 1b*	\$0
cvs super b complex/c oral tablet	1 or 1b*	\$0
sm super b complex/c oral tablet	1 or 1b*	\$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	\$0
super b complex/vitamin c oral tablet	1 or 1b*	\$0
super b-complex + vitamin c oral tablet	1 or 1b*	\$0
*B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID***		
VITAL-D RX ORAL TABLET	4	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
b complex-c-biotin-e-fa oral tablet	2	\$0
RENATABS ORAL TABLET	4	

Drug Name	Tier	Notes
*B-COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON***		
RENATABS WITH IRON ORAL	4	
*B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID***		
DIALYVITE 3000 ORAL TABLET	4	
DIALYVITE 5000 ORAL TABLET	4	
*B-COMPLEX W/ C-ZN & FOLIC ACID***		
DIALYVITE/ZINC ORAL TABLET	4	
NEPHPLEX RX ORAL TABLET	4	
*B-COMPLEX W/ FOLIC ACID***		
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	\$0
b-complex (folic acid) oral tablet	1 or 1b*	\$0
b-complex/electrolytes oral tablet	1 or 1b*	\$0
BIG 100 ORAL TABLET	1 or 1b*	\$0
kobee oral tablet	1 or 1b*	\$0
sm balanced b-100 oral tablet	1 or 1b*	\$0
sm balanced b-50 oral tablet	1 or 1b*	\$0
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID***		
NUTRIVIT ORAL LIQUID	4	
*B-COMPLEX W/ LYSINE-ZN & FOLIC ACID***		
SUPERVITE ORAL LIQUID	4	
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
b complex 100 tr oral tablet extended release	1 or 1b*	\$0
b-100 b-complex oral tablet	1 or 1b*	\$0
b-100 complex cr oral tablet extended release	1 or 1b*	\$0
b-100 tr oral tablet extended release	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
b-50 complex oral tablet	1 or 1b*	\$0
balance b-50 oral tablet	1 or 1b*	\$0
balanced b complex oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet extended release	1 or 1b*	\$0
balanced b-50/fa oral tablet	1 or 1b*	\$0
b-compleet-100 oral tablet	1 or 1b*	\$0
b-compleet-50 oral tablet	1 or 1b*	\$0
b-complex oral tablet	1 or 1b*	\$0
BIG 100 (BIOTIN) ORAL TABLET	1 or 1b*	\$0
complex b-100 oral tablet extended release	1 or 1b*	\$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	\$0
ENDUR-B ORAL TABLET EXTENDED RELEASE	1 or 1b*	\$0
eql b complex 50 oral tablet	1 or 1b*	\$0
eql b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-50 complex oral tablet extended release	1 or 1b*	\$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	\$0
quin b strong b-25 oral tablet	1 or 1b*	\$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	\$0
ra balanced b-100 oral tablet	1 or 1b*	\$0
ra balanced b-50 oral tablet	1 or 1b*	\$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	\$0
sm b100 complex oral tablet	1 or 1b*	\$0
sm b-complex oral tablet	1 or 1b*	\$0
super b-complex oral tablet	1 or 1b*	\$0
SUPER DEC B-100 ORAL TABLET	1 or 1b*	\$0
SUPER QUINTS B-50 ORAL TABLET	1 or 1b*	\$0
yl balanced b-100 oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
*BIOFLAVONOID PRODUCTS***		
ADRENAL C FORMULA ORAL TABLET	4	
*MULTIPLE VITAMINS W/ IRON***		
daily vite multivitamin/iron oral tablet	1 or 1b*	\$0
DAVIMET-IRON ORAL TABLET CHEWABLE	4	
multiple vitamins/iron oral tablet	1 or 1b*	\$0
multivitamin plus iron adult oral tablet	1 or 1b*	\$0
multi-vitamin/iron oral tablet	1 or 1b*	\$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	\$0
one daily multivitamin/iron oral tablet	1 or 1b*	\$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	\$0
one-daily/iron oral tablet	1 or 1b*	\$0
qc daily multivitamins/iron oral tablet	1 or 1b*	\$0
sm multiple vitamins/iron oral tablet	1 or 1b*	\$0
stress b complex/iron oral tablet	1 or 1b*	\$0
stress formula/iron oral tablet	1 or 1b*	\$0
tab-a-vite/iron oral tablet	1 or 1b*	\$0
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	2	\$0
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID***		
FOLGARD OS ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
QUFLORA FE ORAL TABLET CHEWABLE	3	

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

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Drug Name	Tier	Notes
*MULTIPLE VITAMINS W/ MINERALS***		
ALIVE CALCIUM BONE SUPPORT ORAL TABLET	2	
alive daily energy oral tablet	2	
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE	2	
BACMIN ORAL TABLET	4	
biocel oral tablet	4	
b-plex plus oral tablet	4	
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET	2	
CORVITA ORAL TABLET	4	
dayavite oral tablet	4	
DERMACINRX MULTITAM ORAL TABLET	4	
DERMACINRX RIBOTIN-E ORAL TABLET	4	
DERMACINRX ZINTREXYL-C ORAL TABLET	4	
DEXATRAN ORAL CAPSULE	4	
DIALYVITE SUPREME D ORAL TABLET	4	
DIATROL ORAL TABLET	4	
FLORRAVITE ORAL TABLET	4	
folagent dha oral capsule	4	
folamax oral tablet	4	
folamed dha oral capsule	4	
folaprime oral tablet	3	
FOLIFLEX ORAL TABLET	4	
FOLITIN-Z ORAL TABLET	4	
gnp century adult oral tablet	2	
hylazinc oral tablet	4	
keyfolic oral tablet	4	
KEYLOSA ORAL TABLET	4	

Drug Name	Tier	Notes
LIVITA ADULTS ORAL LIQUID	4	
LYSIPLEX PLUS ORAL TABLET	4	
MENATROL ORAL CAPSULE	4	
multipro oral capsule	4	
MULTITOL-M ORAL TABLET	4	
neovite oral tablet	4	
NICADAN ORAL TABLET	4	
NICAZEL FORTE ORAL TABLET	4	
NICAZEL ORAL TABLET	4	
NUTRICAP ORAL TABLET	4	
NUTRIFAC ZX ORAL TABLET	4	
OCUVEL ORAL CAPSULE	4	
onevite oral tablet	4	
profola oral tablet	4	
REMEDIENT ORAL CAPSULE	4	
SIDEROL ORAL TABLET	4	
STROVITE FORTE ORAL SYRUP	4	
STROVITE ONE ORAL TABLET	4	
support oral liquid	4	
thera-vite max-m oral tablet	2	
UDAMIN SP ORAL TABLET	4	
v-c forte oral capsule	4	
VENEXA FE ORAL TABLET	4	
VENEXA ORAL TABLET	4	
VENTRIXYL FE ORAL TABLET	4	
VENTRIXYL ORAL TABLET	4	
VIC-FORTE ORAL CAPSULE	4	
VITA S FORTE ORAL TABLET	4	

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

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Drug Name	Tier	Notes
VITACEL ORAL TABLET	4	
VITAROCA PLUS ORAL TABLET	4	
VITRAMYN ORAL TABLET	4	
VITRANOL FE ORAL TABLET	4	
VITRANOL ORAL TABLET	4	
VITREXATE FE ORAL TABLET	4	
VITREXATE ORAL TABLET	4	
VITREXYL + IRON ORAL TABLET	4	
VITREXYL ORAL TABLET	4	
wellfola oral tablet	4	
*MULTIVITAMINS***		
altrixa oral tablet	4	
AMLADEX ORAL TABLET	4	
anti-oxidant oral tablet	1 or 1b*	\$0
daily multiple vitamins oral tablet	1 or 1b*	\$0
daily value multivitamin oral tablet	1 or 1b*	\$0
daily vitamins oral tablet	1 or 1b*	\$0
daily vite oral tablet	1 or 1b*	\$0
daily vites oral tablet	1 or 1b*	\$0
daily-vite multivitamin oral tablet	1 or 1b*	\$0
daily-vite oral tablet	1 or 1b*	\$0
DAVIMET-M ORAL TABLET CHEWABLE	4	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	4	
ESTROFACTORS ORAL TABLET	2	\$0
FOLCYTEINE ORAL TABLET	4	
gnp essential one daily oral tablet	1 or 1b*	\$0
healthy hair/skin/nails oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
high potency multivitamin oral tablet	2	\$0
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
multi vitamin oral tablet	2	\$0
multi vitamin w/d-3 oral tablet	2	\$0
multiple vitamin-folic acid oral tablet	1 or 1b*	\$0
multiple vitamins essential oral tablet	1 or 1b*	\$0
multiple vitamins oral tablet	1 or 1b*	\$0
multivitamin adult oral tablet	2	\$0
multivitamin iron-free oral tablet	1 or 1b*	\$0
multivitamin oral tablet	2	\$0
multi-vitamin oral tablet	1 or 1b*	\$0
NEOMULTIVITE ORAL TABLET	2	\$0
novite oral capsule	1 or 1b*	
omnicap oral tablet	2	\$0
once daily oral tablet	1 or 1b*	\$0
ONE DAILY ESSENTIAL ORAL TABLET	2	\$0
one daily essentials oral tablet	2	\$0
one daily multivitamin adult oral tablet	1 or 1b*	\$0
one daily oral tablet	1 or 1b*	\$0
ONE VITE DAILY MULTIVITAMIN ORAL TABLET	2	\$0
ONE-A-DAY ESSENTIAL ORAL TABLET	2	\$0
ONE-A-DAY MENS ORAL TABLET	2	\$0
one-daily multi vitamins oral tablet	1 or 1b*	\$0
one-daily multi-vitamin oral tablet	1 or 1b*	\$0
qc essentials oral tablet	1 or 1b*	\$0
quintabs oral tablet	2	\$0
sm multiple vitamins essential oral tablet	1 or 1b*	\$0
stress formula oral tablet	1 or 1b*	\$0
STRESSTABS ENERGY ORAL TABLET	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
TAB-A-VITE ORAL TABLET	1 or 1b*	\$0
TAB-A-VITE/BETA CAROTENE ORAL TABLET	1 or 1b*	\$0
THERA ORAL TABLET	2	\$0
thera-tabs oral tablet	1 or 1b*	\$0
THEREMS ORAL TABLET	2	\$0
tm-daily vite oral tablet	2	\$0
true daily vite oral tablet	1 or 1b*	\$0
true multivitamin oral tablet	2	\$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	\$0
vitalee oral tablet	1 or 1b*	\$0
VITLIPID N ADULT INTRAVENOUS EMULSION	3	
*NIACINAMIDE W/ ZINC-COPPER & FOLIC ACID***		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	4	
nicotinamide oral tablet	4	
*PED MULTI VITAMINS W/FL & FE***		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	3	
QUFLORA FE PEDIATRIC ORAL LIQUID	3	
*PED MULTIPLE VITAMINS W/ MINERALS***		
LIVITA CHILDREN ORAL LIQUID	4	
*PED MV W/ FLUORIDE***		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE	3	
FLORIVA PLUS ORAL SOLUTION	3	
multivitamin w/fluoride oral tablet chewable	1 or 1b*	\$0

Drug Name	Tier	Notes
multivitamin/fluoride oral solution	1 or 1b*	\$0
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 1 mg	2	\$0
multivitamin/fluoride oral tablet chewable 0.5 mg	2	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE	3	
POLY-VI-FLOR ORAL SUSPENSION	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
QUFLORA PEDIATRIC ORAL SOLUTION	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
*PED VITAMINS ACD & FA W/ FLUORIDE***		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	3	
tri-vi-floro oral suspension	3	
*PED VITAMINS ACD W/ FLUORIDE***		
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acid-fluoride oral solution	1 or 1b*	\$0
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
FLORIVA ORAL TABLET CHEWABLE	3	
*PEDIATRIC MULTIPLE VITAMINS***		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
VITALIPID N INFANT INTRAVENOUS EMULSION	3	
VITLIPID N INFANT INTRAVENOUS EMULSION	3	

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

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Drug Name	Tier	Notes
*PRENATAL MV & MIN W/FE-FA***		
ATABEX EC ORAL TABLET DELAYED RELEASE	2	QL
ATABEX OB ORAL TABLET	2	QL
azesco oral tablet	3	ST; QL
CITRANATAL B-CALM ORAL	2	QL
classic prenatal oral tablet	2	\$0; QL
c-nate dha oral capsule	2	QL
completenate oral tablet chewable	2	QL
CO-NATAL FA ORAL TABLET	2	QL
CONCEPT DHA ORAL CAPSULE	2	QL
CONCEPT OB ORAL CAPSULE	2	QL
cvs prenatal oral tablet 27-0.8 mg	2	ST; \$0; QL
DERMACINRX PRETRATE ORAL TABLET	4	
ELITE-OB ORAL TABLET	1 or 1b*	QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
eql prenatal formula oral tablet	2	\$0; QL
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
gnp prenatal oral tablet	2	\$0; QL
INATAL GT ORAL TABLET	1 or 1b*	QL
jenliva prenatal/postnatal oral capsule	3	ST; QL
kosher prenatal plus iron oral tablet	3	ST; QL
kp prenatal multivitamins oral tablet	2	\$0; QL
kpn prenatal oral tablet	2	\$0; QL
masonatal oral tablet	2	\$0; QL
m-natal plus oral tablet	2	QL
multi prenatal oral tablet	2	ST; \$0; QL
natal pnv oral tablet	3	ST; QL

Drug Name	Tier	Notes
NATALVIT ORAL TABLET	2	QL
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
neonatal complete oral tablet 27-1 mg	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	QL
neonatal prenatal oral tablet	2	\$0; QL
NEONATAL VITAMIN ORAL TABLET	2	ST; \$0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	2	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
one vite womens oral tablet	2	ST; \$0; QL
one vite womens plus oral tablet	2	QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	\$0; QL
pnv prenatal plus multivit+dha oral	2	QL
pnv tabs 20-1 oral tablet	3	ST; QL
pnv-omega oral capsule	3	ST; QL
pnv-select oral tablet	1 or 1b*	ST; QL
pregenna oral tablet	3	ST; QL
prena1 pearl oral capsule extended release	3	ST; QL
prenatal (w/iron & fa) oral tablet	2	ST; \$0; QL
prenatal 19 oral tablet 29-1 mg	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
prenatal 19 oral tablet chewable 29-1 mg	2	QL

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

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Drug Name	Tier	Notes
prenatal complete oral tablet	2	ST; \$0; QL
prenatal forte oral tablet	2	ST; \$0; QL
prenatal one daily oral tablet	2	ST; \$0; QL
prenatal oral tablet 27-0.8 mg	2	ST; \$0; QL
prenatal oral tablet 27-1 mg	2	QL
prenatal oral tablet 28-0.8 mg	2	\$0; QL
prenatal plus oral tablet	2	QL
prenatal plus vitamin/mineral oral tablet	2	QL
prenatal vitamin and mineral oral tablet	2	\$0; QL
prenatal vitamins oral tablet 28-0.8 mg	2	\$0; QL
prenatal/iron oral tablet	2	ST; \$0; QL
prenatal/iron oral tablet 28-0.8 mg	2	\$0; QL
PRENATAL-U ORAL CAPSULE	2	QL
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATOL-M ORAL TABLET	4	
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	2	QL
qc prenatal oral tablet	2	\$0; QL
ra prenatal formula oral tablet	2	\$0; QL
ra prenatal oral tablet	2	\$0; QL
relnate dha oral capsule	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	QL
se-natal 19 oral tablet	2	QL
se-natal 19 oral tablet chewable	2	QL
sm one daily prenatal oral	2	\$0; QL
sm prenatal vitamins oral tablet	2	\$0; QL

Drug Name	Tier	Notes
TARON-C DHA ORAL CAPSULE 35-1 MG	2	QL
thrivite rx oral tablet	2	ST; QL
TRICARE ORAL TABLET	2	QL
trinatal rx 1 oral tablet	2	QL
TRINATE ORAL TABLET	1 or 1a*	QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
VITAFOL-OB ORAL TABLET	3	ST; QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
wescap-c dha oral capsule	4	
wesnate dha oral capsule	4	
westab plus oral tablet	2	QL
zalvit oral tablet	3	ST; QL
ziphex oral tablet	3	ST; QL
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
complete natal dha oral 29-1-200 & 200 mg	2	QL
wesnatal dha complete oral	2	QL
*PRENATAL MV & MIN W/FE-FA-DHA***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	QL
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL
ENFAMIL EXPECTA ORAL	2	\$0; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL

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

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Drug Name	Tier	Notes
pnv-dha oral capsule	1 or 1b*	QL
pnv-dha+docusate oral capsule	3	ST; QL
pregen dha oral capsule	3	ST; QL
prena 1 true oral	2	QL
prenaissance oral capsule	3	ST; QL
prenaissance plus oral capsule	3	ST; QL
PRENATAL MULTIVITAMIN + DHA ORAL	2	\$0; QL
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
PRENATE PIXIE ORAL CAPSULE	3	ST; QL
PRENATE RESTORE ORAL CAPSULE	3	ST; QL
SELECT-OB+DHA ORAL	3	ST; QL
tristart dha oral capsule	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
wescap-pn dha oral capsule	4	
westgel dha oral capsule	3	ST; QL
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL

Drug Name	Tier	Notes
*PRENATAL VITAMINS***		
PREMESISRX ORAL TABLET	3	ST; QL
prena1 oral tablet chewable	3	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAFOL STRIPS ORAL FILM	2	ST; QL
*SPECIALTY VITAMINS PRODUCTS***		
INFLAMEX ORAL CAPSULE	4	
nitrvia oral capsule	4	
pro hers rx oral capsule	4	
pro his rx oral capsule	4	
pro pcos rx oral capsule	4	
urosex oral tablet	4	
*VITAMIN D & K***		
d3 + k2 oral capsule	2	
*VITAMINS A & D***		
cod liver oil oral oil	3	
*VITAMINS W/ LIPOTROPICS***		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	\$0
b complex (lipotropics) oral tablet	1 or 1b*	\$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	\$0
balance b-100 oral tablet	1 or 1b*	\$0
balanced b-50 complex oral tablet	1 or 1b*	\$0
complex b-100-inositol oral tablet extended release	2	\$0
CVS BALANCED B50 ORAL TABLET	1 or 1b*	\$0
cvs inner ear plus oral tablet	1 or 1b*	\$0
ear health formula oral tablet	1 or 1b*	\$0
ear health plus oral tablet	1 or 1b*	\$0
LIPO FLAVONOID PLUS ORAL TABLET	1 or 1b*	\$0
LIPOFLAVOVIT ORAL TABLET	1 or 1b*	\$0
LIPOTRIAD ORAL TABLET	2	\$0

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

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Drug Name	Tier	Notes
mega multiple/chelated mineral oral tablet	1 or 1b*	\$0
nat-rul b-50 oral tablet	1 or 1b*	\$0
risanoid plus oral tablet	1 or 1b*	\$0
ultra b-100 complex oral tablet	1 or 1b*	\$0
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL
baclofen oral solution	4	PA; QL
baclofen oral suspension	4	PA; QL
baclofen oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
baclofen oral tablet 15 mg	4	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 250 mg	4	ST; QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl er oral capsule extended release 24 hour	4	ST; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 7.5 mg	4	ST; QL
enovarx-cyclobenzaprine hcl transdermal cream	4	
FEXMID ORAL TABLET	4	ST; QL
FLEQSUVY ORAL SUSPENSION	4	PA; QL
LYVISPAH ORAL PACKET	4	PA; QL
metaxalone oral tablet	4	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL

Drug Name	Tier	Notes
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX DS ORAL SOLUTION	4	PA; QL
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	
SOMA ORAL TABLET	4	ST; QL
TABRADOL FUSEPAQ ORAL SUSPENSION	4	
tizanidine hcl oral capsule 2 mg, 4 mg	4	ST; QL
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG	4	ST; QL
ZANAFLEX ORAL CAPSULE 6 MG	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
*DIRECT MUSCLE RELAXANTS***		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	3	
*MUSCLE RELAXANT COMBINATIONS***		
norgesic forte oral tablet	4	
NORGESIC ORAL TABLET	1 or 1b*	ST; QL
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1 or 1b*	ST; QL

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

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Drug Name	Tier	Notes
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	1 or 1b*	ST; QL
*RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS***		
SOHONOS ORAL CAPSULE	3	PA; LD; QL; SP
*VISCOSUPPLEMENT COMBINATIONS***		
HYRONAN INJECTION KIT	4	
*VISCOSUPPLEMENTS**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	3	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION	3	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; LD
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA

Drug Name	Tier	Notes
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; LD
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; LD
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*ANTIHISTAMINE-STERIOD***		
azelastine-fluticasone nasal suspension	3	QL
DYMISTA NASAL SUSPENSION	4	QL
RYALTRIS NASAL SUSPENSION	4	QL
*NASAL ANESTHETICS***		
cocaine hcl nasal solution	3	
goprelto nasal solution	3	
NUMBRINO NASAL SOLUTION	3	
*NASAL ANTICHOLINERGICS***		
ipratropium bromide nasal solution	1 or 1b*	QL
*NASAL ANTIHISTAMINES***		
azelastine hcl nasal solution	1 or 1b*	QL
olopatadine hcl nasal solution	1 or 1b*	QL
*NASAL STEROIDS***		
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL
fluticasone propionate nasal suspension	1 or 1b*	QL
mometasone furoate nasal suspension	3	ST; QL

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

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Drug Name	Tier	Notes
OMNARIS NASAL SUSPENSION	4	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL MINI SDS NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	ST; QL
QNASL NASAL AEROSOL SOLUTION	4	ST; QL
SINUVA NASAL IMPLANT	4	
XHANCE NASAL EXHALER SUSPENSION	3	PA; QL
*SYSTEMIC DECONGESTANTS***		
eq sinus & congestion max str oral tablet	1 or 1b*	
*TOPICAL DECONGESTANTS***		
ADRENALIN NASAL SOLUTION	4	
epinephrine hcl (nasal) nasal solution	4	
NEUROMUSCULAR AGENTS		
*ALS AGENT COMBINATIONS***		
RELYVRIO ORAL PACKET	3	PA; LD; QL; SP
*ALS AGENTS - MISCELLANEOUS***		
edaravone intravenous solution	4	PA; LD; SP
RADICAVA ORS ORAL SUSPENSION	3	PA; LD; QL; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA; LD; QL; SP
*BENZATHIAZOLES***		
EXSERVAN ORAL FILM	4	PA; LD; QL
riluzole oral tablet	1 or 1b*	PA; QL; SP
TEGLUTIK ORAL SUSPENSION	3	PA; LD; QL

Drug Name	Tier	Notes
*DEPOLARIZING MUSCLE RELAXANTS***		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
succinylcholine chloride injection solution	4	
succinylcholine chloride injection solution prefilled syringe 100 mg/5ml	3	
succinylcholine chloride injection solution prefilled syringe 200 mg/10ml	4	
succinylcholine chloride intravenous solution prefilled syringe	4	
*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS***		
SKYCLARYS ORAL CAPSULE	3	PA; LD; QL
*MUSCULAR DYSTROPHY - GENE THERAPY AGENTS***		
amondys 45 intravenous solution	3	PA; LD
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT	4	LD; SP

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

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Drug Name	Tier	Notes
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT	4	LD; SP

Drug Name	Tier	Notes
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT	4	LD; SP

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

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Drug Name	Tier	Notes
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT	4	LD; SP
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT	4	LD; SP
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; LD
VILTEPSO INTRAVENOUS SOLUTION	3	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA; LD
*MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS**		
DUVYZAT ORAL SUSPENSION	3	PA; LD; QL
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***		
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; LD; SP
*NONDEPOLARIZING MUSCLE RELAXANTS***		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	

Drug Name	Tier	Notes
rocuronium bromide intravenous solution prefilled syringe 100 mg/10ml, 50 mg/5ml, 75 mg/7.5ml	4	
vecuronium bromide intravenous solution prefilled syringe	4	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS***		
DAYBUE ORAL SOLUTION	3	PA; LD; QL
*SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS***		
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT	4	LD

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

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Drug Name	Tier	Notes
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT	4	LD
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT	4	LD

Drug Name	Tier	Notes
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***		
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; LD; QL
NUTRIENTS		
*AMINO ACID MIXTURES***		
amino acid infusion in d10w intravenous solution	4	
amino acid intravenous solution 5 %	4	
amino acid-calcium-hep in d10w intravenous solution	4	
amino acid-calcium-hep in d5w intravenous solution	4	
AMINOAMRMS ORAL CAPSULE	4	
AMINOPROTECT INTRAVENOUS SOLUTION	4	
AMINORELIEFRMS ORAL CAPSULE	4	
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
AMINOSYN II INTRAVENOUS SOLUTION 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
clinimix e/dextrose (8/10) intravenous solution	3	
clinimix e/dextrose (8/14) intravenous solution	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
clinimix/dextrose (6/5) intravenous solution	3	
clinimix/dextrose (8/10) intravenous solution	3	
clinimix/dextrose (8/14) intravenous solution	3	
CLINISOL SF INTRAVENOUS SOLUTION	1 or 1b*	
PLENAMINE INTRAVENOUS SOLUTION	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROSOL INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	
*AMINO ACIDS-SINGLE***		
arginine hcl injection solution	4	
ELCYS INTRAVENOUS SOLUTION	3	
glutathione injection solution	4	
glutathione intravenous solution	4	

Drug Name	Tier	Notes
glycine injection solution	4	
lysine hcl injection solution	4	
NEOKE ALCAR ORAL POWDER	4	
taurine injection solution	4	
*CARBOHYDRATES***		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
dextrose intravenous solution 20 %, 30 %, 40 %	3	
dextrose intravenous solution 250 mg/ml, 50 %	4	
*LIPIDS***		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	3	PA; LD; QL; SP
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
*LIPOTROPIC COMBINATIONS***		
lecithin oral granules	3	
lipo intramuscular solution	4	
lipo-c intramuscular solution	4	
mic-l-carnitine injection solution	4	
*MISC. NUTRITIONAL SUBSTANCES***		
ALTEMIA ORAL EMULSION	4	
asian ginseng oral capsule	2	
CYTOTINE ORAL POWDER	4	
OVEGA-3 ORAL CAPSULE 250 MG	2	
*PROTEIN COMBINATIONS***		
tri-amino injection solution	4	

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

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Drug Name	Tier	Notes
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
brimonidine-dorzolamide ophthalmic solution	4	
SIMBRINZA OPTHALMIC SUSPENSION	2	QL
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS***		
lubricant eye pm ophthalmic ointment	1 or 1b*	
REFRESH P.M. OPTHALMIC OINTMENT	1 or 1b*	
*ARTIFICIAL TEARS AND LUBRICANTS***		
EYES ALIVE OPTHALMIC SOLUTION	1 or 1b*	
*BETA-BLOCKERS - OPTHALMIC COMBINATIONS***		
bimatoprost-timolol maleate ophthalmic solution	4	
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
COMBIGAN OPTHALMIC SOLUTION	4	QL
COSOPT OPTHALMIC SOLUTION	4	QL
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	4	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL

Drug Name	Tier	Notes
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1 or 1b*	QL
latanoprost-timolol maleate ophthalmic solution	4	
timolol-brimon-dorzol-bimatopr ophthalmic solution	4	
timolol-brimon-dorzol-latanopr ophthalmic solution	4	
timolol-brimonidine-dorzolamid ophthalmic solution	4	
timolol-dorzolamid-bimatoprost ophthalmic solution	4	
timolol-dorzolamid-latanoprost ophthalmic solution	4	
*BETA-BLOCKERS - OPTHALMIC***		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
BETIMOL OPTHALMIC SOLUTION	4	QL
BETOPTIC-S OPTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPTHALMIC SOLUTION	4	QL
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
TIMOLOL MALEATE OCUDOSE OPTHALMIC SOLUTION	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION	3	QL

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

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Drug Name	Tier	Notes
*CHOLINERGIC AGONISTS***		
TYRVAYA NASAL SOLUTION	4	PA; QL
*CYCLOPLEGIC MYDRIATIC COMBINATIONS***		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
tropicamide-cyclopentolate-pe ophthalmic solution	4	
tropicamide-phenylephrine ophthalmic solution	4	
tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-2.5-0.5 %	4	
tropic-proparaca-pe-ketorolac ophthalmic solution	4	
*CYCLOPLEGIC MYDRIATICS***		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	4	
atropine sulfate ophthalmic ointment	4	
atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %	4	
atropine sulfate ophthalmic solution 1 %	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
HOMATROPAIRE OPHTHALMIC SOLUTION	4	
MYDRIACYL OPHTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	

Drug Name	Tier	Notes
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	2	QL
*MIOTICS - CHOLINESTERASE INHIBITORS***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	QL
*MIOTICS - DIRECT ACTING***		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
VUITY OPHTHALMIC SOLUTION	4	PA; QL
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS***		
VABYSMO INTRAVITREAL SOLUTION	3	PA; LD; SP
*OPHTHALMIC ANTIALLERGIC***		
ALOCRIAL OPHTHALMIC SOLUTION	4	ST; QL
ALOMIDE OPHTHALMIC SOLUTION	4	ST; QL
azelastine hcl ophthalmic solution	1 or 1b*	QL
bepotastine besilate ophthalmic solution	4	ST; QL
BEPREVE OPHTHALMIC SOLUTION	4	ST; QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL

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

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Drug Name	Tier	Notes
epinastine hcl ophthalmic solution	1 or 1b*	QL
eq olopatadine hcl ophthalmic solution	1 or 1b*	
ZERVIAE OPTHALMIC SOLUTION	4	ST; QL
*OPHTHALMIC ANTIBIOTICS***		
AZASITE OPTHALMIC SOLUTION	3	QL
bacitracin ophthalmic ointment	1 or 1b*	QL
BESIVANCE OPTHALMIC SUSPENSION	3	QL
CILOXAN OPTHALMIC OINTMENT	3	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL
erythromycin ophthalmic ointment	3	QL
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
KLARITY-A OPTHALMIC SOLUTION	4	
levofloxacin ophthalmic solution 1.5 %	1 or 1b*	QL
MITOSOL OPTHALMIC KIT	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacin hcl intraocular solution	4	
moxifloxacin hcl intraocular solution prefilled syringe	4	
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
OCUFLOX OPTHALMIC SOLUTION	3	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL

Drug Name	Tier	Notes
TOBREX OPTHALMIC OINTMENT	3	QL
VIGAMOX OPTHALMIC SOLUTION	3	QL
*OPHTHALMIC ANTIFUNGAL***		
NATACYN OPTHALMIC SUSPENSION	3	QL
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	QL
moxifloxacin hcl-bss intravitreal solution	4	
moxifloxacin-bromfenac ophthalmic solution	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
NEO-POLYCIN OPTHALMIC OINTMENT	1 or 1b*	QL
POLYCIN OPTHALMIC OINTMENT	1 or 1a*	QL
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
tobramycin-vancomycin hcl ophthalmic solution	4	
*OPHTHALMIC ANTISEPTICS***		
BETADINE OPTHALMIC PREP OPTHALMIC SOLUTION	3	
povidone-iodine ophthalmic solution	4	
*OPHTHALMIC ANTIVIRALS***		
trifluridine ophthalmic solution	1 or 1b*	QL
ZIRGAN OPTHALMIC GEL	3	QL

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

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Drug Name	Tier	Notes
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
AZOPT OPHTHALMIC SUSPENSION	4	QL
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
*OPHTHALMIC COMPLEMENT C3 INHIBITORS***		
SYFOVRE INTRAVITREAL SOLUTION	3	PA; LD
*OPHTHALMIC COMPLEMENT C5 INHIBITORS***		
IZERVAY INTRAVITREAL SOLUTION	3	PA; LD; SP
*OPHTHALMIC DIAGNOSTIC PRODUCTS***		
ak-fluor intravenous solution 10 %	1 or 1b*	
ak-fluor intravenous solution 25 %	3	
altafluor benox ophthalmic solution	1 or 1b*	
BIO GLO OPHTHALMIC STRIP	4	
FLUCAINE OPHTHALMIC SOLUTION	4	
fluorescein intravenous solution	1 or 1b*	
fluorescein sodium/benoxinate ophthalmic solution	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION	3	
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP	4	
FLURA-SAFE OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
GLOSTRIPS OPHTHALMIC STRIP 1 MG	4	
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP	4	
proparacaine-fluorescein ophthalmic solution	4	
*OPHTHALMIC ECTOPARASITICIDE**		
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL
*OPHTHALMIC GENE THERAPY***		
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML	4	LD
*OPHTHALMIC IMMUNOMODULATORS ***		
CEQUA OPHTHALMIC SOLUTION	4	PA; QL
cyclosporine ophthalmic emulsion	4	QL
KLARITY-C DROPS OPHTHALMIC EMULSION	4	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL
RESTASIS OPHTHALMIC EMULSION	1 or 1b*	QL
VERKAZIA OPHTHALMIC EMULSION	3	PA; QL
VEVYE OPHTHALMIC SOLUTION	4	PA; QL
*OPHTHALMIC IRRIGATION SOLUTIONS***		
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	

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

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Drug Name	Tier	Notes
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN OPTHALMIC SOLUTION	3	QL
*OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS***		
lidocaine-epinephrine intraocular solution	4	
lidocaine-phenylephrine intraocular solution	4	
lidocaine-phenylephrine-bss intraocular solution prefilled syringe	4	
*OPHTHALMIC LOCAL ANESTHETICS***		
AKTEN OPTHALMIC GEL	3	
ALCAINE OPTHALMIC SOLUTION	3	
ALTACAINE OPTHALMIC SOLUTION	4	
IHEEZO OPTHALMIC GEL	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
*OPHTHALMIC NERVE GROWTH FACTORS***		
OXERVATE OPTHALMIC SOLUTION	3	PA; LD; QL
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
ACULAR LS OPTHALMIC SOLUTION	3	QL
ACULAR OPTHALMIC SOLUTION	3	QL
ACUVAIL OPTHALMIC SOLUTION	3	QL
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL

Drug Name	Tier	Notes
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1 or 1b*	QL
BROMSITE OPTHALMIC SOLUTION	3	QL
diclofenac sodium ophthalmic solution	1 or 1b*	QL
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
ILEVRO OPTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
NEVANAC OPTHALMIC SUSPENSION	3	QL
PROLENSA OPTHALMIC SOLUTION	4	QL
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS***		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; QL; SP
*OPHTHALMIC PHOTOENHANCER COMBINATIONS***		
PHOTREXA-PHOTREXA VISCIOUS KIT OPTHALMIC SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA OPTHALMIC SOLUTION	3	QL
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
ALPHAGAN P OPTHALMIC SOLUTION	4	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
*OPHTHALMIC STEROID COMBINATIONS***		
bacitra-neomycin- polymyxin-hc ophthalmic ointment	1 or 1b*	QL
dexamethasone-moxifloxacin intraocular solution	4	
dexameth-moxiflox- ketorolac intraocular solution	4	
double pm ophthalmic solution reconstituted	4	
MAXITROL OPHTHALMIC OINTMENT	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	QL
neomycin-polymyxin- dexameth ophthalmic ointment	1 or 1a*	QL
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5- 10000-1	1 or 1b*	
NEO-POLYCYN HC OPHTHALMIC OINTMENT	1 or 1b*	QL
prednisol ace-moxiflox- bromfen ophthalmic suspension	4	
prednisolone acetate- nepafenac ophthalmic suspension	4	
prednisolone acet- moxifloxacin ophthalmic suspension	4	
prednisolone-bromfenac ophthalmic solution	4	
prednisolone-bromfenac ophthalmic suspension	4	
prednisolone-gatifloxacin ophthalmic suspension	4	
prednisolone-moxifloxacin ophthalmic solution	4	

Drug Name	Tier	Notes
prednisolon-gatiflox- bromfenac ophthalmic solution	4	
prednisolon-gatiflox- bromfenac ophthalmic suspension	4	
prednisolon-moxiflox- bromfenac ophthalmic solution 1-0.5-0.075 %	4	
prednisolon-moxiflox- ketorolac ophthalmic solution	4	
prednisolon-moxiflox- nepafenac ophthalmic suspension	4	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	4	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
triamcinolone-moxifloxacin intraocular suspension	4	
TRIMOXI+ INTRAOCULAR SUSPENSION	4	
triple pmb ophthalmic solution reconstituted	4	
triple pmk ophthalmic solution reconstituted	4	
ZYLET OPHTHALMIC SUSPENSION	2	QL
*OPHTHALMIC STERIODS***		
ALREX OPHTHALMIC SUSPENSION	4	
clobetasol propionate ophthalmic suspension	4	QL
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	

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Drug Name	Tier	Notes
difluprednate ophthalmic emulsion	1 or 1b*	QL
DUREZOL OPTHALMIC EMULSION	3	QL
EYSUVIS OPTHALMIC SUSPENSION	4	PA; QL
FLAREX OPTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPTHALMIC SUSPENSION	3	
FML LIQUIFILM OPTHALMIC SUSPENSION	3	
ILUVIEN INTRAVITREAL IMPLANT	3	PA; LD; SP
INVELTYS OPTHALMIC SUSPENSION	3	QL
KLARITY-L OPTHALMIC EMULSION	4	
LOTEMAX OPTHALMIC GEL	3	QL
LOTEMAX OPTHALMIC OINTMENT	3	QL
LOTEMAX OPTHALMIC SUSPENSION	3	QL
LOTEMAX SM OPTHALMIC GEL	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension 0.2 %	4	
loteprednol etabonate ophthalmic suspension 0.5 %	1 or 1b*	QL
MAXIDEX OPTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; LD; SP
PRED FORTE OPTHALMIC SUSPENSION	4	QL

Drug Name	Tier	Notes
PRED MILD OPTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
prednisolone acetate p-f ophthalmic suspension	4	
prednisolone sodium phosphate ophthalmic solution	3	QL
RETISERT INTRAVITREAL IMPLANT	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	3	PA; LD
YUTIQ INTRAVITREAL IMPLANT	3	PA; LD
*OPHTHALMIC SULFONAMIDES***		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS***		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML	3	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	4	
OMIDRIA INTRAOCULAR SOLUTION	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC SURGICAL AIDS***		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	

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

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Drug Name	Tier	Notes
CELLUGEL INTRAOCULAR SOLUTION	3	
GELFILM OPHTHALMIC FILM	4	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
*OPHTHALMICS - CYSTINOSIS AGENTS**		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
*OPHTHALMICS MISC. - OTHER***		
chondroitin sulfate ophthalmic solution	4	
MIEBO OPHTHALMIC SOLUTION	4	PA; QL
*PROSTAGLANDINS - OPHTHALMIC***		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	3	PA; LD; QL; SP
IDOSE TR INTRAOCULAR IMPLANT	4	PA; LD; QL
IYUZEH OPHTHALMIC SOLUTION	3	QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
TRAVATAN Z OPHTHALMIC SOLUTION	4	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	4	QL
XALATAN OPHTHALMIC SOLUTION	4	QL
XELPROS OPHTHALMIC EMULSION	4	QL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	QL
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; LD; SP

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

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Drug Name	Tier	Notes
bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 2.75 mg/0.11ml, 3.25 mg/0.13ml	4	
BYOOVIZ INTRAVITREAL SOLUTION	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	3	LD; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	3	LD; SP
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
acetic acid otic solution	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS***		
PRAMOTIC OTIC LIQUID	3	
*OTIC ANTI-INFECTIVES***		
CETRAXAL OTIC SOLUTION	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL

Drug Name	Tier	Notes
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
CIPRO HC OTIC SUSPENSION	4	QL
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
CORTISPORIN-TC OTIC SUSPENSION	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL
OTOVEL OTIC SOLUTION	3	QL
*OTIC STEROIDS***		
DERMOTIC OTIC OIL	3	
FLAC OTIC OIL	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	3	QL
OXYTOCICS		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***		
carboprost tromethamine intramuscular solution	1 or 1b*	
carboprost tromethamine intramuscular solution prefilled syringe	3	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
*OXYTOCICS***		
METHERGINE ORAL TABLET	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	

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

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Drug Name	Tier	Notes
oxytocin-lactated ringers intravenous solution 15 unit/250ml, 20 unit/l, 30 unit/500ml	4	
oxytocin-sodium chloride intravenous solution 15-0.9 ut/250ml-%, 20-0.9 unit/l-%, 30-0.9 ut/500ml-%	4	
PITOCIN INJECTION SOLUTION	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTITOXINS-ANTIVENINS***		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
antivenin latrodoctus mactans injection kit	3	
antivenin micrurus fulvius intravenous solution reconstituted	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; \$0; QL
PEMGARDA INTRAVENOUS SOLUTION	3	
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; LD; SP
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA

Drug Name	Tier	Notes
*IMMUNE SERUMS***		
ALYGLO INTRAVENOUS SOLUTION	4	PA
ASCENIV INTRAVENOUS SOLUTION	4	PA; LD; SP
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION 5000 UNIT/VIAL	3	
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; LD; SP
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	4	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; LD; SP
GAMMAGARD INJECTION SOLUTION	4	PA; LD; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	4	PA; LD; SP

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

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Drug Name	Tier	Notes
GAMUNEX-C INJECTION SOLUTION	3	PA; LD; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	3	LD; SP
HYPERRAB INJECTION SOLUTION	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	SP
kedrab injection solution	3	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	3	PA; LD; SP

Drug Name	Tier	Notes
PANZYGA INTRAVENOUS SOLUTION	4	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	LD; QL; SP
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	QL; SP
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; LD; SP
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT	4	PA; LD; SP
PENICILLINS		
*AMINOPENICILLINS**		
*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml	1 or 1a*	
amoxicillin oral suspension reconstituted 400 mg/5ml	3	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	

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

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

Drug Name	Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
AUGMENTIN ORAL TABLET 500-125 MG	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION	3	
*PENICILLINASE-RESISTANT PENICILLINS***		
dicloxacillin sodium oral capsule	1 or 1b*	
nafcillin sodium in dextrose intravenous solution 2 gm/100ml	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted 10 gm	1 or 1b*	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
PHARMACEUTICAL ADJUVANTS		
*SEMI SOLID VEHICLES***		
ft petroleum jelly external gel	1 or 1b*	

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

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Drug Name	Tier	Notes
PROGESTINS		
*PROGESTINS***		
ec-rx progesterone transdermal cream	4	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized transdermal cream	4	
progesterone oral capsule	1 or 1b*	QL
PROMETRIUM ORAL CAPSULE	4	QL
PROVERA ORAL TABLET	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	QL
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	
*ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES***		
KISUNLA INTRAVENOUS SOLUTION	4	SP
*ANTI-CATAPLECTIC AGENTS***		
LUMRYZ ORAL PACKET	4	PA; LD; QL; SP
sodium oxybate oral solution	3	PA; LD; QL
XYREM ORAL SOLUTION	3	PA; LD; QL
*ANTI-CATAPLECTIC COMBINATIONS***		
XYWAV ORAL SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
*CALD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS***		
SKYSONA INTRAVENOUS SUSPENSION	4	LD
*CHOLINOMIMETICS - ACHE INHIBITORS***		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	ST; QL
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL

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

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Drug Name	Tier	Notes
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
*FIBROMYALGIA AGENT - SNRIS***		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL
*MELANOCORTIN RECEPTOR AGONISTS***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
*MLD - AUTOLOGOUS CELLULAR GENE THERAPY AGENTS***		
LENMELDY INTRAVENOUS SUSPENSION	4	
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO ORAL TABLET	3	PA; QL; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; QL; SP

Drug Name	Tier	Notes
INGREZZA ORAL CAPSULE 40 MG	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; LD; QL; SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	3	PA; LD; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	3	PA; LD; QL; SP
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LD; QL; SP
tetrabenazine oral tablet	1 or 1b*	PA; LD; QL; SP
XENAZINE ORAL TABLET	4	PA; LD; QL; SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
AUBAGIO ORAL TABLET	4	PA; LD; QL; SP
teriflunomide oral tablet	1 or 1b*	PA; LD; QL; SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	3	PA; LD; QL; SP
EXTAVIA SUBCUTANEOUS KIT	4	LD; QL; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP

Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***		
BRIUMVI INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; LD; QL; SP
LEMTRADA INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
OCREVUS INTRAVENOUS SOLUTION	4	PA; LD; QL; SP
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; LD; QL; SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL; SP
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; LD; QL; SP
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1 or 1b*	PA; LD; QL; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	4	PA; LD; QL; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; LD; QL; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA; LD; QL; SP
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; LD; QL; SP
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL; SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL; SP
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; QL; SP
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	QL; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	QL; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL
memantine hcl oral solution 2 mg/ml	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG	4	DO
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG	4	QL

Drug Name	Tier	Notes
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline oral tablet	1 or 1b*	AL
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
gabapentin (once-daily) oral tablet	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG	3	PA; DO
GRALISE ORAL TABLET 450 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG	3	PA; QL
GRALISE ORAL TABLET 750 MG	2	PA; DO; QL
GRALISE ORAL TABLET 900 MG	2	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	4	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	4	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***		
NUDEXTA ORAL CAPSULE	3	QL
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***		
ergoloid mesylates oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
pimozide oral tablet	1 or 1b*	AL; QL
*RESTLESS LEG SYNDROME (RLS) AGENTS***		
HORIZANT ORAL TABLET EXTENDED RELEASE	4	PA; QL
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	3	PA; QL
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; QL; SP
ONPATRO INTRAVENOUS SOLUTION	3	PA; LD; QL; SP
*SMOKING DETERRENTS***		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	\$0
cvs nicotine mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
eq nicotine mouth/throat lozenge	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0

Drug Name	Tier	Notes
ft nicotine mini mouth/throat lozenge	1 or 1b*	\$0
ft nicotine mouth/throat gum	1 or 1b*	\$0
ft nicotine mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mouth/throat gum	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	\$0
goodsense nicotine mouth/throat gum	1 or 1b*	\$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	\$0
HABITROL TRANSDERMAL PATCH 24 HOUR	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat lozenge 2 mg	1 or 1b*	\$0
KLS QUIT2 MOUTH/THROAT GUM	1 or 1b*	\$0
KLS QUIT2 MOUTH/THROAT LOZENGE	1 or 1b*	\$0
KLS QUIT4 MOUTH/THROAT GUM	1 or 1b*	\$0
KLS QUIT4 MOUTH/THROAT LOZENGE	1 or 1b*	\$0
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	\$0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	\$0
NICORETTE MOUTH/THROAT GUM	2	\$0
NICORETTE MOUTH/THROAT LOZENGE	2	\$0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	\$0

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

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Drug Name	Tier	Notes
nicotine mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0
nicotine transdermal kit	2	\$0
nicotine transdermal patch 24 hour	1 or 1b*	\$0
NICOTROL INHALATION INHALER	3	PA; \$0; QL
NICOTROL NS NASAL SOLUTION	3	PA; \$0; QL
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	\$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	\$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	\$0
ra nicotine mouth/throat gum	1 or 1b*	\$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0
sm nicotine mouth/throat gum	1 or 1b*	\$0
sm nicotine mouth/throat lozenge	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
sm nicotine transdermal patch 24 hour	1 or 1b*	\$0
THRIVE MOUTH/THROAT GUM 2 MG	1 or 1b*	\$0
varenicline tartrate (starter) oral tablet therapy pack	1 or 1b*	\$0; QL

Drug Name	Tier	Notes
varenicline tartrate oral tablet 0.5 mg, 1 mg	1 or 1b*	PA; \$0; QL
varenicline tartrate(continue) oral tablet	1 or 1b*	PA; \$0; QL
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS****		
fangolimod hcl oral capsule	1 or 1b*	PA; QL; SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL; SP
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL; SP
MAYZENT ORAL TABLET	3	PA; LD; QL; SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
PONVORY ORAL TABLET	3	PA; LD; QL; SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL; SP
TASCENSO ODT ORAL TABLET DISPERSIBLE	4	PA; LD; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; LD; QL; SP
ZEPOSIA ORAL CAPSULE	3	PA; LD; QL; SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA; LD; QL; SP
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS****		
LYBALVI ORAL TABLET	3	ST; QL
*THIENBENZODIAZEPINES & SSRIS****		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	AL; QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO; AL

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

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Drug Name	Tier	Notes
*VASOMOTOR SYMPTOM AGENTS - SSRIS***		
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION	3	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*CFTR POTENTIATORS***		
KALYDECO ORAL PACKET	3	PA; LD; QL
KALYDECO ORAL TABLET	3	PA; LD; QL
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET	3	PA; LD; QL
ORKAMBI ORAL TABLET	3	PA; LD; QL
SYMDEKO ORAL TABLET THERAPY PACK	3	PA; LD; QL
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; LD; QL
TRIKAFTA ORAL THERAPY PACK	3	PA; LD; QL
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS***		
BRONCHITOL INHALATION CAPSULE	3	PA; LD; QL; SP

Drug Name	Tier	Notes
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	3	PA; LD; QL; SP
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	PA; LD; QL; SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	3	PA; LD; QL; SP
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	4	PA; LD; QL; SP
ESBRIET ORAL TABLET 267 MG	4	LD; QL; SP
ESBRIET ORAL TABLET 801 MG	4	PA; LD; QL; SP
pirfenidone oral capsule	1 or 1b*	PA; LD; QL; SP
pirfenidone oral tablet 267 mg, 801 mg	1 or 1b*	PA; LD; QL; SP
pirfenidone oral tablet 534 mg	1 or 1b*	PA; QL
SULFONAMIDES		
*SULFONAMIDES***		
sulfadiazine oral tablet	1 or 1b*	
TETRACYCLINES		
*AMINOMETHYLCYCLINES***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
*FLUOROCYCLINES***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
*GLYCYLCYCLINES***		
tigecycline intravenous solution reconstituted	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
*TETRACYCLINES***		
avidoxy oral tablet	4	
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	4	ST
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg	1 or 1b*	QL
doxycycline hyclate oral tablet 150 mg, 75 mg	4	ST; QL
doxycycline hyclate oral tablet 50 mg	4	QL
doxycycline hyclate oral tablet delayed release	4	ST; QL
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
minocycline hcl er oral tablet extended release 24 hour	4	ST; QL
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL

Drug Name	Tier	Notes
MONDOXYNE NL ORAL CAPSULE 100 MG	1 or 1b*	QL
SEYSARA ORAL TABLET	4	ST; QL
TARGADOX ORAL TABLET	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	QL
tetracycline hcl oral tablet	4	ST; QL
THYROID AGENTS		
*ANTITHYROID AGENTS - RADIOPHARMACEUTIC ALS***		
sodium iodide i-131 oral solution	3	
*ANTITHYROID AGENTS***		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
*THYROID HORMONES***		
ADTHYZA ORAL TABLET	4	
ARMOUR THYROID ORAL TABLET	4	
CYTOMEL ORAL TABLET	4	
ERMEZA ORAL SOLUTION	4	
EUTHYROX ORAL TABLET	1 or 1b*	
LEVO-T ORAL TABLET	1 or 1b*	
levothyroxine sodium intravenous solution	3	
levothyroxine sodium intravenous solution reconstituted	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
LEVOXYL ORAL TABLET	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
niva thyroid oral tablet	4	

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

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Drug Name	Tier	Notes
NP THYROID ORAL TABLET	1 or 1a*	
SYNTHROID ORAL TABLET	4	
THYQUIDITY ORAL SOLUTION	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	3	
UNITHROID ORAL TABLET	1 or 1a*	
TOXOIDS		
*TOXOID COMBINATIONS***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	\$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	\$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0

Drug Name	Tier	Notes
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	\$0
tetanus-diphtheria toxoids td intramuscular suspension	3	\$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTICHOLINERGIC COMBINATIONS***		
belladonna alkaloids-opium rectal suppository	4	
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
DONNATAL ORAL ELIXIR	4	
DONNATAL ORAL TABLET	4	
LIBRAX ORAL CAPSULE	3	
pb-hyoscy-atropine-scopolamine oral elixir	4	
pb-hyoscy-atropine-scopolamine oral tablet	4	
PHENOHYTRO ORAL ELIXIR	4	
PHENOHYTRO ORAL TABLET	4	
*ANTISPASMODICS***		
BENTYL INTRAMUSCULAR SOLUTION	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
*BELLADONNA ALKALOIDS***		
ANASPAZ ORAL TABLET DISPERSIBLE	4	
atropine sulfate injection solution 8 mg/20ml	4	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	3	
atropine sulfate injection solution prefilled syringe 0.8 mg/2ml, 1 mg/2.5ml	4	
atropine sulfate intravenous solution	3	
atropine sulfate intravenous solution prefilled syringe 0.8 mg/2ml, 1 mg/2.5ml, 1.2 mg/3ml	4	
hyoscyamine sulfate er oral tablet extended release 12 hour	4	
hyoscyamine sulfate injection solution	4	
hyoscyamine sulfate oral elixir	4	
hyoscyamine sulfate oral solution	4	
hyoscyamine sulfate oral tablet	4	
hyoscyamine sulfate oral tablet dispersible	4	
hyoscyamine sulfate sublingual tablet sublingual	4	
hyosyne oral elixir	4	
hyosyne oral solution	4	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
LEVSIN ORAL TABLET	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL	4	
NULEV ORAL TABLET DISPERSIBLE	4	
oscimin oral tablet	4	
oscimin sublingual tablet sublingual	4	

Drug Name	Tier	Notes
*H-2 ANTAGONIST-ANTACID COMBINATIONS***		
goodsense dual action complete oral tablet chewable	1 or 1b*	
*H-2 ANTAGONISTS***		
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	QL
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	QL
eq famotidine oral tablet	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL
PEPCID ORAL TABLET	3	QL
*MISC. ANTI-ULCER***		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
*PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)***		
VOQUEZNA ORAL TABLET	4	PA; QL
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***		
KONVOMEF ORAL SUSPENSION RECONSTITUTED	4	ST; QL
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	4	ST; QL
omeprazole-sodium bicarbonate oral packet	4	ST; QL
ZEGERID ORAL CAPSULE	4	ST; QL

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

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Drug Name	Tier	Notes
ZEGERID ORAL PACKET	4	ST; QL
*PROTON PUMP INHIBITORS***		
ACIPHEX ORAL TABLET DELAYED RELEASE	4	ST
DEXILANT ORAL CAPSULE DELAYED RELEASE	4	ST
dexlansoprazole oral capsule delayed release	4	ST
esomeprazole magnesium oral capsule delayed release	1 or 1b*	
esomeprazole magnesium oral packet	1 or 1b*	
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
FIRST PANTOPRAZOLE ORAL SUSPENSION	4	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	4	
FIRST-OMEPRAZOLE ORAL SUSPENSION	4	
ft acid reducer oral capsule delayed release 20 mg	1 or 1b*	
lansoprazole oral capsule delayed release 30 mg	1 or 1b*	
lansoprazole oral tablet delayed release dispersible	4	ST; QL
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	4	ST
NEXIUM ORAL PACKET	4	ST
omeprazole oral capsule delayed release	1 or 1b*	
OMEPRAZOLE+SYRSPE ND SF ALKA ORAL SUSPENSION	4	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral packet	4	ST

Drug Name	Tier	Notes
pantoprazole sodium oral tablet delayed release	1 or 1b*	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	4	ST
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	4	ST; QL
PRIOSEC ORAL PACKET	4	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	4	ST
PROTONIX ORAL TABLET DELAYED RELEASE	4	ST
rabeprazole sodium oral capsule sprinkle	4	ST
rabeprazole sodium oral tablet delayed release	1 or 1b*	
*QUATERNARY ANTICHOLINERGICS***		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate injection solution prefilled syringe	4	
glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml	4	
glycopyrrolate oral solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
glycopyrrolate oral tablet 1.5 mg	3	PA
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1 or 1b*	
glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml	3	
GLYRX-PF INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	3	
methscopolamine bromide oral tablet	1 or 1b*	
ROBINUL ORAL TABLET	3	
ROBINUL-FORTE ORAL TABLET	3	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS***		
bis subcit-metronid-tetracyc oral capsule	1 or 1b*	ST; QL
bismuth/metronidaz/tetracycl in oral capsule	1 or 1b*	ST; QL
HELIDAC THERAPY ORAL	3	ST; QL
PYLERA ORAL CAPSULE	3	ST; QL
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS***		
amoxicill-clarithro-lansopraz oral therapy pack	1 or 1b*	ST; QL
OMECLAMOX-PAK ORAL	3	ST; QL
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
*ULCER ANTI-INFECTIVE-PCAB COMBINATIONS***		
VOQUEZNA DUAL PAK ORAL THERAPY PACK	4	PA; QL
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	4	PA; QL
*ULCER DRUGS - PROSTAGLANDINS***		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1 or 1a*	

Drug Name	Tier	Notes
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
*		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL
DETROL ORAL TABLET	4	ST; QL
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL
GELNIQUE TRANSDERMAL GEL 10 %	4	ST; QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral solution	1 or 1b*	QL
oxybutynin chloride oral tablet	1 or 1b*	QL
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	4	ST; QL
solifenacin succinate oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL
tropium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
tropium chloride oral tablet	1 or 1b*	QL
VESICARE LS ORAL SUSPENSION	4	PA; QL
VESICARE ORAL TABLET	4	ST; QL

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

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Drug Name	Tier	Notes
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
GEMTESA ORAL TABLET	3	QL
mirabegron er oral tablet extended release 24 hour	1 or 1b*	QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
flavoxate hcl oral tablet	1 or 1b*	
VACCINES		
*BACTERIAL VACCINES***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
bcg vaccine injection solution reconstituted	3	\$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	\$0
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	\$0
MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0

Drug Name	Tier	Notes
MENVEO INTRAMUSCULAR SOLUTION	3	\$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	2	\$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
*VIRAL VACCINE COMBINATIONS***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0

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

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Drug Name	Tier	Notes
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
*VIRAL VACCINES***		
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0; QL
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	\$0
AFLURIA INTRAMUSCULAR SUSPENSION	2	\$0; QL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; AL; \$0; QL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	\$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL

Drug Name	Tier	Notes
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION	2	\$0; QL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION	2	\$0; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	\$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	\$0
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	\$0
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	\$0
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0; QL
PFIZER COVID-19 VAC- TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	2	\$0
pfizer covid-19 vac-tris 6m- 4y intramuscular suspension 3 mcg/0.3ml	2	\$0
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3	\$0
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	\$0
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
ROTARIX ORAL SUSPENSION	3	\$0
ROTATEQ ORAL SOLUTION	3	\$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
stamaril injection suspension reconstituted	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Tier	Notes
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	\$0
VARIVAX INJECTION SUSPENSION RECONSTITUTED	3	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS****		
eq miconazole 3-day combo vaginal kit	1 or 1b*	
eq miconazole 7 vaginal cream	1 or 1b*	
ft miconazole 3 comb pack- supp vaginal kit	1 or 1b*	
ft miconazole 3 combo pack vaginal kit	1 or 1b*	
GYNAZOLE-1 VAGINAL CREAM	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL
*MISCELLANEOUS VAGINAL COMBINATIONS****		
FEM PH VAGINAL GEL	4	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	4	
*MISCELLANEOUS VAGINAL PRODUCTS****		
INTRAROSA VAGINAL INSERT	3	ST; QL
*SPERMICIDES****		
ENCARE VAGINAL SUPPOSITORY	2	\$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	\$0
TODAY SPONGE VAGINAL	2	\$0

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

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Drug Name	Tier	Notes
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	\$0
*VAGINAL ANTI-INFECTIVES***		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
VANDAZOLE VAGINAL GEL	1 or 1b*	
XACIATO VAGINAL GEL	3	PA; QL
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
PHEXXI VAGINAL GEL	3	
*VAGINAL ESTROGENS***		
ESTRACE VAGINAL CREAM	4	QL
estradiol vaginal cream	1 or 1b*	QL
estradiol vaginal tablet	1 or 1b*	QL
ESTRING VAGINAL RING 7.5 MCG/24HR	4	QL
FEMRING VAGINAL RING	4	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	4	QL
IMVEXXY STARTER PACK VAGINAL INSERT	4	QL
PREMARIN VAGINAL CREAM	2	QL
VAGIFEM VAGINAL TABLET 10 MCG	4	QL
YUVAFEM VAGINAL TABLET	1 or 1b*	QL

Drug Name	Tier	Notes
*VAGINAL PROGESTINS***		
CRINONE VAGINAL GEL 4 %	3	SP
CRINONE VAGINAL GEL 8 %	3	PA; QL; SP
ENDOMETRIN VAGINAL INSERT	3	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	4	
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
ADRENALIN INJECTION SOLUTION	4	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	2	QL
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
epinephrine professional injection kit	4	
EPINEPHRINESNAP INJECTION KIT	3	
EPINEPHRINESNAP-EMS INJECTION KIT	4	
EPINEPHRINESNAP-V INJECTION KIT	4	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	4	ST; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	4	ST; QL
EPISNAP INJECTION KIT	4	
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
droxidopa oral capsule	1 or 1b*	PA; LD; QL; SP
NORTHERA ORAL CAPSULE	4	PA; LD; QL; SP

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

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Drug Name	Tier	Notes
*VASOPRESSORS***		
AKOVAZ INTRAVENOUS SOLUTION	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
BIORPHEN INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ephedrine sulfate (pressors) injection solution prefilled syringe	4	
ephedrine sulfate (pressors) intravenous solution	3	
ephedrine sulfate (pressors) intravenous solution prefilled syringe 25 mg/5ml	4	
ephedrine sulfate-nacl intravenous solution prefilled syringe 10-0.9 mg/ml-%, 100-0.9 mg/10ml-%, 25-0.9 mg/5ml-%, 50-0.9 mg/10ml- %, 50-0.9 mg/5ml-%	4	
epinephrine hcl-dextrose intravenous solution 4-5 mg/250ml-%	4	
epinephrine hcl-nacl intravenous solution 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%	4	
epinephrine injection solution 1 mg/ml	4	
epinephrine injection solution 10 mg/10ml	3	
epinephrine injection solution prefilled syringe 0.2 mg/0.2ml, 1 mg/ml	4	
epinephrine intravenous solution	4	
epinephrine intravenous solution prefilled syringe 0.1 mg/10ml	4	

Drug Name	Tier	Notes
epinephrine intravenous solution prefilled syringe 1 mg/10ml	3	
epinephrine pf injection solution	3	
epinephrine-dextrose intravenous solution	4	
epinephrine-dextrose intravenous solution prefilled syringe	4	
epinephrine-nacl intravenous solution	4	
epinephrine-nacl intravenous solution prefilled syringe	4	
GIAPREZA INTRAVENOUS SOLUTION	3	
IMMPHENTIV INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution 1 mg/ml	4	
norepinephrine-dextrose intravenous solution 16-5 mg/250ml-%, 4-5 mg/250ml- %, 8-5 mg/250ml-%, 8-5 mg/500ml-%	4	
norepinephrine-sodium chloride intravenous solution 16-0.9 mg/250ml-%, 32-0.9 mg/250ml-%, 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%, 8-0.9 mg/500ml-%	4	
phenylephrine hcl (pressors) intravenous solution 0.4 mg/10ml, 0.8 mg/10ml	4	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	3	
phenylephrine hcl (pressors) intravenous solution prefilled syringe	4	
phenylephrine hcl intravenous solution	4	
phenylephrine hcl intravenous solution prefilled syringe	4	

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

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Drug Name	Tier	Notes
phenylephrine hcl-nacl intravenous solution 10-0.9 mg/250ml-%, 100-0.9 mg/250ml-%, 20-0.9 mg/250ml-%, 25-0.9 mg/250ml-%, 40-0.9 mg/250ml-%, 50-0.9 mg/250ml-%, 80-0.9 mg/250ml-%	4	
phenylephrine hcl-nacl intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 0.4-0.9 mg/5ml-%, 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 1-0.9 mg/10ml-%, 100-0.9 mcg/10ml-%, 20-0.9 mg/50ml-%, 5-0.9 mg/50ml-%	4	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
VITAMINS		
*VITAMIN A***		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	
*VITAMIN B-1***		
thiamine hcl injection solution	1 or 1b*	
thiamine hcl-nacl intravenous solution	4	
*VITAMIN B-6***		
pyridoxal-5 phosphate injection solution	4	
pyridoxine hcl injection solution	4	
*VITAMIN C***		
ASCOR INTRAVENOUS SOLUTION	3	
ascorbic acid injection solution	4	
ascorbic acid intravenous solution	4	
*VITAMIN D***		
DRISDOL ORAL CAPSULE	3	
ergocalciferol oral capsule	1 or 1a*	

Drug Name	Tier	Notes
true vitamin d3 oral capsule 50 mcg (2000 ut)	1 or 1b*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
*VITAMIN E***		
wheat germ oil oral oil	4	
*VITAMIN K***		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

Effective 01/01/2025

Most plans include our home delivery program at no extra cost to you. Find out more by going online to anthem.com or call 866-281-4279.

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 Member Services number on your ID card.

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



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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Arabic

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

Armenian

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

Farsi

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

French

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

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

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

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