



National Drug List

Drug list — Five 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 ingenio-rx.com and go Manage prescriptions -> Benefits.
- 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 ingenio-rx.com and choose Tools & resources.

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

National Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.
- Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.
- Tier 5 drugs have the highest cost share. Drugs in this tier are non-preferred specialty brand and generic drugs. Tier 5 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?

You can go online and with the Price a Medication Tool, get pricing information for home delivery and local retail pharmacies in your zip code.

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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

Online 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 ingenio-rx.com

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

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

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

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

National Drug List 5 Tier

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

Drug Name	Tier	Notes
*AMPHETAMINES***		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL
EVEKEO ODT ORAL TABLET DISPERSIBLE	3	ST; QL
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	2	PA; QL
zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
*ANALEPTICS***		
CAF CIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	
*ANOREXIANT COMBINATIONS***		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
*ANOREXIANTS NON- AMPHETAMINE***		
ADIPEX-P ORAL CAPSULE	3	PA
ADIPEX-P ORAL TABLET	3	PA
benzphetamine hcl oral tablet 25 mg	1 or 1b*	
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA
diethylpropion hcl oral tablet	1 or 1b*	PA
LOMAIRA ORAL TABLET	3	PA
phendimetrazine tartrate oral tablet	1 or 1b*	PA
phentermine hcl oral capsule	1 or 1b*	PA
phentermine hcl oral tablet	1 or 1b*	PA
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA

Drug Name	Tier	Notes
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
*HISTAMINE H3- RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
WAKIX ORAL TABLET 17.8 MG	5	PA; LD; SP; QL
WAKIX ORAL TABLET 4.45 MG	5	PA; DO; LD; SP
*LIPASE INHIBITORS***		
XENICAL ORAL CAPSULE	3	PA; QL
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS***		
IMCIVREE SUBCUTANEOUS SOLUTION	5	PA; LD; QL
*STIMULANT COMBINATIONS***		
AZSTARYS ORAL CAPSULE	3	ST; QL
*STIMULANTS - MISC.***		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
armodafinil oral tablet	1 or 1b*	PA; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERISIBLE	3	ST; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR	3	ST; QL
dexamethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1 or 1b*	PA; DO

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

Drug Name	Tier	Notes
dexamethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexamethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexamethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG	3	PA; QL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3	PA; DO
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG	3	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	ST; DO
METHYLIN ORAL SOLUTION	3	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 (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg, 36 mg, 54 mg	1 or 1b*	PA; QL

Drug Name	Tier	Notes
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	3	ST; QL
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
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG	3	ST; QL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	ST; QL
RELEXXII ORAL TABLET EXTENDED RELEASE	3	ST; QL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG	3	PA; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET 10 MG, 5 MG	3	PA; DO
RITALIN ORAL TABLET 20 MG	3	PA; QL

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

Drug Name	Tier	Notes
ALLERGENIC EXTRACTS/BIOLOGICA LS MISC		
*ALLERGENIC EXTRACTS***		
ACACIA SUBCUTANEOUS SOLUTION	3	
ACREMONIUM SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
ALTERNARIA SUBCUTANEOUS SOLUTION	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION	3	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BOTRYTIS INJECTION SOLUTION	3	
BOTRYTIS SUBCUTANEOUS SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION	3		GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
COCKLEBUR SUBCUTANEOUS SOLUTION	3		HACKBERRY SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3		HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
CURVULARIA SUBCUTANEOUS SOLUTION	3		HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
DANDELION SUBCUTANEOUS SOLUTION	3		HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3		JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3		JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
DRECHSLERA SUBCUTANEOUS SOLUTION	3		KAPOK SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3		KOCHIA SUBCUTANEOUS SOLUTION	3	
EPICOCCUM NIGRUM INJECTION SOLUTION	3		LENSCALE SUBCUTANEOUS SOLUTION	3	
EPICOCCUM SUBCUTANEOUS SOLUTION	3		MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3		MELALEUCA SUBCUTANEOUS SOLUTION	3	
FUSARIUM SUBCUTANEOUS SOLUTION	3		MESQUITE SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3		MITE (D. FARINAЕ) INJECTION SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3		MITE (D. FARINAЕ) SUBCUTANEOUS SOLUTION	3	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3		MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3		PALFORZIA (240 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3		PALFORZIA (3 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3		PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	5	PA; LD; SP; QL
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3		PALFORZIA (300 MG TITRATION) ORAL PACKET	5	PA; LD; SP; QL
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3		PALFORZIA (40 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3		PALFORZIA (6 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL
MUCOR INJECTION SOLUTION	3		PALFORZIA (80 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL
MUCOR INTRADERMAL SOLUTION	3		PALFORZIA INITIAL ESCALATION ORAL	5	PA; LD; SP; QL
MUCOR SUBCUTANEOUS SOLUTION	3		PENICILLIUM NOTATUM INJECTION SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3		PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3		PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3		PHOMA EXIGUA SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL	PRIVET SUBCUTANEOUS SOLUTION	3	
PALFORZIA (120 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL	QUEEN PALM SUBCUTANEOUS SOLUTION	3	
PALFORZIA (160 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL	RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
PALFORZIA (20 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL	RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	5	PA; LD; SP; QL	RED MAPLE SUBCUTANEOUS SOLUTION	3	
			RED MULBERRY SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3		TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION	3	
RHIZOPUS SUBCUTANEOUS SOLUTION	3		TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3		TRICHOPHYTON SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3		VENOMIL HONEY BEE VENOM INJECTION KIT	3	
SACCHAROMYCES CEREVIAE INJECTION SOLUTION	3		VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED	3	
SACCHAROMYCES CEREVIAE SUBCUTANEOUS SOLUTION	3		VENOMIL WASP VENOM INJECTION KIT	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3		VENOMIL WHITE FACED HORNET INJECTION KIT	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3		VENOMIL YELLOW HORNET VENOM INJECTION KIT	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3		VENOMIL YELLOW JACKET VENOM INJECTION KIT	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3		WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
STEMPHYLIUM SUBCUTANEOUS SOLUTION	3		WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3		WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3		WHITE BIRCH SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3		WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3		WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	

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

Drug Name	Tier	Notes
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS SOLUTION	3	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	3	
YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
*MIXED ALLERGENIC EXTRACTS***		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL

Drug Name	Tier	Notes
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; LD; QL
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
AMEBICIDES		
*AMEBICIDES***		
SOLOSEC ORAL PACKET	3	ST; QL
AMINOGLYCOSIDES		
*AMINOGLYCOSIDES**		
*		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	5	PA; LD; QL
BETHKIS INHALATION NEBULIZATION SOLUTION	5	LD; SP; QL
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE	3	
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE	5	LD; SP; QL
tobramycin inhalation nebulization solution	4	SP; QL
tobramycin sulfate injection solution	1 or 1b*	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ANALGESICS - ANTI-INFLAMMATORY			HUMIRA PEN-SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***			HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; LD; SP; QL	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
XELJANZ ORAL SOLUTION	5	PA; SP; QL	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
XELJANZ ORAL TABLET	5	PA; SP; QL	HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA; SP; QL	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL
*ANTIRHEUMATIC ANTIMETABOLITES***			SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; SP
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	5	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; SP; QL	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL	*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***			celecoxib oral capsule	1 or 1b*	ST; QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL	*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE	2	QL	*INTERLEUKIN-1 BLOCKERS***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP; QL			

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

Drug Name	Tier	Notes
*INTERLEUKIN-1BETA BLOCKERS***		
ILARIS SUBCUTANEOUS SOLUTION	5	PA; LD; SP; QL
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
cataflam oral tablet	1 or 1b*	
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
FELDENE ORAL CAPSULE	3	QL
flurbiprofen oral tablet	1 or 1b*	QL
ibu oral tablet	1 or 1a*	QL
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL

Drug Name	Tier	Notes
indomethacin sodium intravenous solution reconstituted	1 or 1b*	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketoprofen oral capsule 50 mg, 75 mg	1 or 1b*	
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
LODINE ORAL TABLET	3	QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
naproxen oral tablet	1 or 1b*	
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
NEOPROFEN INTRAVENOUS SOLUTION	3	
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
relafen oral tablet	1 or 1b*	QL
sulindac oral tablet	1 or 1b*	QL
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	4	PA; SP; QL
OTEZLA ORAL TABLET THERAPY PACK	4	PA; SP; QL
*PYRIMIDINE SYNTHESIS INHIBITORS***		
ARAVA ORAL TABLET	3	QL
leflunomide oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
acetaminophen intravenous solution	1 or 1b*	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
OFIRMEV INTRAVENOUS SOLUTION	3	
*ANALGESICS-SEDATIVES***		
bac oral tablet	1 or 1b*	QL
butilbital-acetaminophen oral capsule	1 or 1b*	QL
butilbital-acetaminophen oral tablet 25-325 mg, 50-325 mg	1 or 1b*	QL
butilbital-apap-caffeine oral capsule	1 or 1b*	QL
butilbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butilbital-aspirin-caffeine oral capsule	1 or 1b*	QL
esgc oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
tencon oral tablet 50-325 mg	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	1 or 1b*	QL
*SALICYLATE COMBINATIONS***		
sm aspirin tri-buffered oral tablet	1 or 1b*	OTC; \$0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	OTC; \$0
*SALICYLATES***		
adult aspirin regimen oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin 81 oral tablet chewable	1 or 1a*	OTC; \$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin childrens oral tablet chewable	1 or 1a*	OTC; \$0
aspirin ec adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin low strength oral tablet chewable	1 or 1a*	OTC; \$0
aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
aspirin oral tablet chewable	1 or 1a*	OTC; \$0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	OTC; \$0
bayer advanced aspirin reg st oral tablet	1 or 1a*	OTC; \$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
bayer aspirin oral tablet	1 or 1a*	OTC; \$0
bayer aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
bayer low dose oral tablet chewable	1 or 1a*	OTC; \$0

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

Drug Name	Tier	Notes
bayer low dose oral tablet delayed release	1 or 1a*	OTC; \$0
childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
cvs genuine aspirin oral tablet	1 or 1a*	OTC; \$0
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eq aspirin oral tablet	1 or 1a*	OTC; \$0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	OTC; \$0
eql aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	OTC; \$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
gnp aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
gnp aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense aspirin adult low st oral tablet chewable	1 or 1a*	OTC; \$0
goodsense aspirin adults oral tablet	1 or 1a*	OTC; \$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense aspirin oral tablet	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
goodsense aspirin oral tablet chewable	1 or 1a*	OTC; \$0
goodsense aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
hm adult aspirin oral tablet	1 or 1a*	OTC; \$0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
hm aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
hm aspirin oral tablet	1 or 1a*	OTC; \$0
hm aspirin oral tablet chewable	1 or 1a*	OTC; \$0
hm aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
kls aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
kp aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
meijer aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
px aspirin oral tablet	1 or 1a*	OTC; \$0
px aspirin oral tablet chewable	1 or 1a*	OTC; \$0
px enteric aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
qc aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
qc aspirin oral tablet	1 or 1a*	OTC; \$0
qc aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
qc childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
qc enteric aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin childrens oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	OTC; \$0

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

Drug Name	Tier	Notes
ra aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
ra pain relief aspirin oral tablet	1 or 1a*	OTC; \$0
sb aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
sb aspirin oral tablet	1 or 1a*	OTC; \$0
sb childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; \$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
sm aspirin oral tablet	1 or 1a*	OTC; \$0
sm childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
st joseph aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
st joseph low dose oral tablet chewable	1 or 1a*	OTC; \$0
st joseph low dose oral tablet delayed release	1 or 1a*	OTC; \$0
*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS***		
PRIALT INTRATHECAL SOLUTION	5	PA; LD
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL

Drug Name	Tier	Notes
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
*DIHYDROCODEINE COMBINATIONS***		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
*FENTANYL COMBINATIONS***		
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.8-0.1667-0.9 MG/200ML-%	3	
*HYDROCODONE COMBINATIONS***		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
*OPIOID AGONISTS***		
ALFENTANIL HCL INTRAVENOUS SOLUTION	3	
CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	3	QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
codeine sulfate oral tablet 30 mg	1 or 1b*	QL	FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%, 500-0.9 MCG/50ML-%	3	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL	fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	QL	FENTORA Buccal TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML	3	QL	hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	1 or 1b*	PA; QL
DILAUDID ORAL LIQUID	3	QL	hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
DILAUDID ORAL TABLET	3	QL	HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3		hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	QL
duramorph injection solution	1 or 1b*	QL	hydromorphone hcl oral liquid	1 or 1b*	QL
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*		hydromorphone hcl oral tablet	1 or 1b*	QL
fentanyl citrate (pf) injection solution cartridge	1 or 1b*		HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML	3	QL
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL	hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL	HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/2ML	3		HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-%, 5-0.9 MG/25ML-%	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML	3		INFUMORPH 200 INJECTION SOLUTION	3	QL
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MCG/ML, 100 MCG/10ML, 1000 MCG/20ML, 1250 MCG/25ML, 20 MCG/2ML, 50 MCG/5ML, 50 MCG/ML, 500 MCG/50ML	3		INFUMORPH 500 INJECTION SOLUTION	3	QL
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE	3				

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
levorphanol tartrate oral tablet	1 or 1b*	PA; QL	morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL	MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	QL
meperidine hcl oral solution	1 or 1b*	QL	morphine sulfate intravenous solution 4 mg/ml	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL	MORPHINE SULFATE INTRAVENOUS SOLUTION 8 MG/ML	3	QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL	morphine sulfate oral solution	1 or 1b*	QL
methadone hcl oral concentrate	1 or 1b*	PA; QL	morphine sulfate oral tablet	1 or 1b*	QL
methadone hcl oral solution	1 or 1b*	PA; QL	MORPHINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
methadone hcl oral tablet	1 or 1b*	PA; QL	NUCYNTA ORAL TABLET	3	QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL	OLINVYK INTRAVENOUS SOLUTION	3	
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	PA; QL	OXAYDO ORAL TABLET	3	QL
methadose oral tablet soluble	1 or 1b*	PA; QL	oxycodone hcl er oral tablet er 12 hour abuse-deterrant	3	PA; QL
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL	oxycodone hcl oral capsule	1 or 1b*	QL
mitigo injection solution	1 or 1b*	QL	oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1 or 1b*	QL	oxycodone hcl oral solution	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL	oxycodone hcl oral tablet	1 or 1b*	QL
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	QL	OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML	3		oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML, 8 MG/ML	3	QL	oxymorphone hcl oral tablet	1 or 1b*	QL
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL	QDOLO ORAL SOLUTION	3	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	remifentanil hcl intravenous solution reconstituted	1 or 1b*	
			ROXICODONE ORAL TABLET	3	QL
			tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 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
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl oral tablet	1 or 1b*	QL
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
*OPIOID COMBINATIONS***		
APADAZ ORAL TABLET	3	QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
*OPIOID PARTIAL AGONISTS***		
BELBUCA Buccal FILM	3	PA; QL
BUPRENEX INJECTION SOLUTION	3	QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	QL
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal solution	1 or 1b*	QL
BUTTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
nalbuphine hcl injection solution	1 or 1b*	QL

Drug Name	Tier	Notes
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
SUBLINER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	LD; QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL
*TRAMADOL COMBINATIONS***		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ANDROGENS-ANABOLIC		
*ANABOLIC STEROIDS***		
oxandrolone oral tablet	1 or 1b*	PA; QL
*ANDROGENS***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
danazol oral capsule	1 or 1b*	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
JATENZO ORAL CAPSULE	3	PA; QL
TESTOPEL IMPLANT PELLET	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	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
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	3	QL
*NITRATE VASODILATING AGENTS***		
RECTIV RECTAL OINTMENT	3	QL
*RECTAL ANESTHETIC/STEROIDS ***		
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM	3	
*RECTAL STEROIDS***		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
ANTACIDS		
*ANTACIDS - BICARBONATE***		
SODIUM BICARBONATE ORAL POWDER	3	

Drug Name	Tier	Notes
ANTHELMINTICS		
*ANTHELMINTICS***		
albendazole oral tablet	1 or 1b*	PA; QL
ALBENZA ORAL TABLET	3	PA; QL
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	PA; QL
praziquantel oral tablet	1 or 1b*	
STROMECTOL ORAL TABLET	3	PA; QL
ANTIANGINAL AGENTS		
*ANTIANGINALS- OTHER***		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
*NITRATES***		
GONITRO SUBLINGUAL PACKET	3	
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	

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

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

Drug Name	Tier	Notes
*BENZODIAZEPINES***		
alprazolam er oral tablet extended release 24 hour	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	1 or 1b*	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam intensol oral concentrate	1 or 1a*	QL
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
oxazepam oral capsule	1 or 1b*	QL
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS - MISC.***		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A***		
disopyramide phosphate oral capsule	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
NORPACE ORAL CAPSULE	3	

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

Drug Name	Tier	Notes
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	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-C***		
flecainide acetate oral tablet	1 or 1b*	QL
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
*ANTIARRHYTHMICS TYPE III***		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	3	
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	

Drug Name	Tier	Notes
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL
CORVERT INTRAVENOUS SOLUTION	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
MULTAQ ORAL TABLET	3	QL
NEXTERONE INTRAVENOUS SOLUTION	3	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ADVAIR HFA INHALATION AEROSOL	2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
BREZTRI AEROSPHERE INHALATION AEROSOL	3	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated	1 or 1b*	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT INHALATION AEROSOL	2	QL

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

Drug Name	Tier	Notes
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	QL
*ANTI-IGE MONOCLONAL ANTIBODIES***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
*ANTI-INFLAMMATORY AGENTS***		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
*BETA ADRENERGICS***		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
BROVANA INHALATION NEBULIZATION SOLUTION	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl injection solution	1 or 1b*	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
ISUPREL INJECTION SOLUTION	3	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	QL
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	QL
PROAIR DIGITALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	ST; QL
PROAIR HFA INHALATION AEROSOL SOLUTION	2	ST; QL
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	ST; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	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	2	ST; QL
XOPENEX HFA INHALATION AEROSOL	3	QL
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	QL
ipratropium bromide inhalation solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; QL
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	QL
YUPELRI INHALATION SOLUTION	3	ST; QL
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; LD; SP; QL
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; LD; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LD; SP; QL
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS SOLUTION	4	PA; LD; SP
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
ACCOLATE ORAL TABLET	3	QL

Drug Name	Tier	Notes
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
zafirlukast oral tablet	1 or 1b*	QL
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
DALIRESP ORAL TABLET	3	PA; QL
*STEROID INHALANTS***		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
budesonide inhalation suspension	1 or 1b*	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
FLOVENT HFA INHALATION AEROSOL	2	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
*XANTHINES***		
aminophylline intravenous solution	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR	2	QL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ANTICOAGULANTS					
*ANTICOAGULANTS - MISC.***					
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION	3		HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3		heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	1 or 1b*	
*COUMARIN ANTICOAGULANTS***					
jantoven oral tablet	1 or 1a*		heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
warfarin sodium oral tablet	1 or 1a*		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
*DIRECT FACTOR XA INHIBITORS***					
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL	HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
ELIQUIS ORAL TABLET	2	QL	heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*	
XARELTO ORAL TABLET	2	QL	HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL	heparin sodium lock flush intravenous solution 100 unit/ml	1 or 1b*	
*HEPARINS AND HEPARINOID-LIKE AGENTS***					
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1 or 1b*		*LOW MOLECULAR WEIGHT HEPARINS***		
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3		enoxaparin sodium injection solution	4	QL
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-%	3		enoxaparin sodium subcutaneous solution	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML					

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

Drug Name	Tier	Notes
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
ARIXTRA SUBCUTANEOUS SOLUTION	5	QL
fondaparinux sodium subcutaneous solution	4	QL
*THROMBIN INHIBITORS - HIRUDIN TYPE***		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE***		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	3	
ANTICONVULSANTS		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL
*ANTICONVULSANTS - BENZODIAZEPINES***		
clobazam oral suspension	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
DIASTAT ACUDIAL RECTAL GEL	3	QL

Drug Name	Tier	Notes
DIASTAT PEDIATRIC RECTAL GEL	3	QL
diazepam rectal gel	1 or 1b*	QL
NAYZILAM NASAL SOLUTION	3	PA; QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
*ANTICONVULSANTS - MISC.***		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET	3	QL
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	QL
BRIVIACT ORAL TABLET	3	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL
carbamazepine oral suspension	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
DIACOMIT ORAL CAPSULE	5	PA; LD; QL
DIACOMIT ORAL PACKET	5	PA; LD; QL

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

Drug Name	Tier	Notes
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
EPIDIOLEX ORAL SOLUTION	5	PA
epitol oral tablet	1 or 1b*	QL
FINTEPLA ORAL SOLUTION	5	PA; LD; QL
gabapentin oral capsule	1 or 1b*	QL
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet	1 or 1b*	QL
lamotrigine er oral tablet extended release 24 hour	1 or 1b*	QL
lamotrigine oral kit 25 & 50 & 100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	QL
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible	1 or 1b*	QL
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet	1 or 1b*	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet	1 or 1b*	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	ST; QL
roweepra oral tablet 500 mg	1 or 1b*	QL
rufinamide oral suspension	1 or 1b*	QL

Drug Name	Tier	Notes
rufinamide oral tablet	1 or 1b*	QL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	QL
subvenite oral tablet	1 or 1b*	QL
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle	1 or 1b*	QL
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet	1 or 1b*	QL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	QL
VIMPAT ORAL TABLET	3	QL
zonisamide oral capsule	1 or 1b*	QL
*CARBAMATES***		
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI ORAL TABLET THERAPY PACK	3	QL
*GABA MODULATORS***		
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; SP; QL
vigabatrin oral tablet	1 or 1b*	LD; SP; QL
vigadronе oral packet	1 or 1b*	LD; QL

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

Drug Name	Tier	Notes
*HYDANTOINS***		
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE 100 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN ORAL SUSPENSION	3	
fosphenytoin sodium injection solution	1 or 1b*	
PHENYTEK ORAL CAPSULE	3	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
*SUCCINIMIDES***		
CELONTIN ORAL CAPSULE	3	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
*VALPROIC ACID***		
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution	1 or 1b*	

Drug Name	Tier	Notes
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
mirtazapine oral tablet 15 mg, 7.5 mg	1 or 1b*	DO
mirtazapine oral tablet 30 mg, 45 mg	1 or 1b*	QL
mirtazapine oral tablet dispersible 15 mg	1 or 1b*	DO
mirtazapine oral tablet dispersible 30 mg, 45 mg	1 or 1b*	QL
REMERON ORAL TABLET 15 MG	3	DO
REMERON ORAL TABLET 30 MG	3	QL
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	3	DO
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG, 45 MG	3	QL
*ANTIDEPRESSANTS - MISC.***		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	3	ST; DO
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

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

Drug Name	Tier	Notes
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO INTRAVENOUS SOLUTION	5	PA; LD; SP
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR	3	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR	3	DO
MARPLAN ORAL TABLET	3	QL
NARDIL ORAL TABLET	3	QL
PARNATE ORAL TABLET	3	QL
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
*N-METHYL-D- ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; LD; QL
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	5	PA; LD; QL
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
citalopram hydrobromide oral solution	1 or 1b*	QL
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	QL
escitalopram oxalate oral solution	1 or 1b*	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
escitalopram oxalate oral tablet 20 mg	1 or 1b*	QL
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	QL
fluoxetine hcl oral capsule delayed release	1 or 1b*	QL
fluoxetine hcl oral solution	1 or 1b*	QL
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	QL
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	QL
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	QL
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	QL
paroxetine hcl oral suspension	1 or 1b*	ST; QL
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	QL
PAXIL ORAL SUSPENSION	3	ST; QL
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO
PEXEVA ORAL TABLET 30 MG, 40 MG	3	ST; QL
sertraline hcl oral concentrate	1 or 1b*	QL
sertraline hcl oral tablet 100 mg	1 or 1b*	QL
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
*SEROTONIN MODULATORS***		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
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	3	DO
TRINTELLIX ORAL TABLET 20 MG	3	QL
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	1 or 1b*	QL
duloxetine hcl oral capsule delayed release particles 30 mg	1 or 1b*	DO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	QL
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	1 or 1b*	QL

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

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

Drug Name	Tier	Notes
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
PRECOSE ORAL TABLET	3	QL
*ANTIDIABETIC - AMYLYIN ANALOGS***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
*BIGUANIDES***		
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet	1 or 1b*	QL
RIOMET ORAL SOLUTION	3	PA; QL
*DIABETIC OTHER***		
BAQSIMI ONE PACK NASAL POWDER	3	QL
BAQSIMI TWO PACK NASAL POWDER	3	QL
diazoxide oral suspension	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL

Drug Name	Tier	Notes
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***		
CYCLOSET ORAL TABLET	3	QL
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
*HUMAN INSULIN***					
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL	HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL	HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL	INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	QL	INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL	INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	QL	INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	QL
HUMALOG SUBCUTANEOUS SOLUTION	2	QL	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	QL	LANTUS SUBCUTANEOUS SOLUTION	2	QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC; QL	LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	OTC; QL	LEVEMIR SUBCUTANEOUS SOLUTION	2	QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC; QL	LYUMJEV INJECTION SOLUTION	2	QL
HUMULIN N SUBCUTANEOUS SUSPENSION	2	OTC; QL	LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMULIN R INJECTION SOLUTION	2	OTC; QL	MYXREDLIN INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
OZEMPIK (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
OZEMPIK (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
RYBELSUS ORAL TABLET	2	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	ST; QL

Drug Name	Tier	Notes
*MEGLITINIDE ANALOGUES***		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
*PROGESTERONE RECEPTOR ANTAGONISTS***		
KORLYM ORAL TABLET	5	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
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
FARXIGA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*SULFONYLUREA- BIGUANIDE COMBINATIONS***		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
*SULFONYLUREAS***		
AMARYL ORAL TABLET	3	ST; QL

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

Drug Name	Tier	Notes
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
GLYNASE ORAL TABLET	3	ST; QL
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***		
DUETACT ORAL TABLET	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***		
ACTOPLUS MET ORAL TABLET	3	ST; QL
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONES ***		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; LD; QL
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
PROBONATE ORAL CAPSULE	3	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
RESTORA RX ORAL CAPSULE	3	

Drug Name	Tier	Notes
*ANTIPERISTALTIC AGENTS***		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	QL
MOTOFEN ORAL TABLET	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTE COMBINATIONS***		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
*ANTIDOTES - CHELATING AGENTS***		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	4	PA; SP
deferasirox oral packet	4	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
deferiprone oral tablet	4	PA
FERRIPROX ORAL SOLUTION	5	PA; LD
FERRIPROX ORAL TABLET	5	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET	5	PA; LD
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3		PROVAYBLUE INTRAVENOUS SOLUTION	3	
*ANTIDOTES AND SPECIFIC ANTAGONISTS***			RADIOGARDASE ORAL CAPSULE	3	
ACETADOTE INTRAVENOUS SOLUTION	3		SODIUM NITRITE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*		VISTOGARD ORAL PACKET	3	PA; LD; QL
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3		*BENZODIAZEPINE ANTAGONISTS***		
BAL IN OIL INTRAMUSCULAR SOLUTION	3		flumazenil intravenous solution	1 or 1b*	
BRIDION INTRAVENOUS SOLUTION	3		*OPIOID ANTAGONISTS***		
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	3		naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3		naloxone hcl injection solution cartridge	1 or 1b*	QL
deferoxamine mesylate injection solution reconstituted	4	SP	naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	5	SP	naltrexone hcl oral tablet	1 or 1b*	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3		NARCAN NASAL LIQUID	2	QL
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*		VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	LD; SP; QL
PRAXBIND INTRAVENOUS SOLUTION	3		*ANTIEMETICS*		
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3		*5-HT3 RECEPTOR ANTAGONISTS***		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	PA	ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	3	PA
gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1 or 1b*		gransetron hcl oral tablet	1 or 1b*	QL
gransetron hcl oral tablet	1 or 1b*		ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL	ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron hcl oral tablet dispersible	1 or 1b*	QL	ondansetron oral tablet dispersible	1 or 1b*	QL
PALONOSSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA	PALONOSSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA

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

Drug Name	Tier	Notes
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	
ZUPLENZ ORAL FILM 4 MG	3	QL
*ANTIEMETIC COMBINATIONS***		
AKYNZEO INTRAVENOUS SOLUTION	3	PA; QL
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
AKYNZEO ORAL CAPSULE	3	QL
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
*ANTIEMETICS - ANTICHOLINERGIC***		
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
DIMENHYDRINATE INJECTION SOLUTION	3	
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
trimethobenzamide hcl oral capsule	1 or 1b*	

Drug Name	Tier	Notes
*ANTIEMETICS - ANTIDOPAMINERGIC**		
*		
BARHEMSYS INTRAVENOUS SOLUTION	3	
*ANTIEMETICS - MISCELLANEOUS***		
dronabinol oral capsule	1 or 1b*	QL
MARINOL ORAL CAPSULE	3	QL
SYNDROS ORAL SOLUTION	3	
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***		
aprepitant oral	1 or 1b*	QL
aprepitant oral capsule	1 or 1b*	QL
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL
ANTIFUNGALS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)***		
BREXAFEMME ORAL TABLET	3	PA; QL

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

Drug Name	Tier	Notes
*ANTIFUNGALS***		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL
*IMIDAZOLES***		
ketoconazole oral tablet	1 or 1b*	QL
*TRIAZOLES***		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	QL
DIFLUCAN ORAL TABLET	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

Drug Name	Tier	Notes
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFILE INTRAVENOUS SOLUTION	3	
NOXAFILE ORAL SUSPENSION	3	PA; QL
NOXAFILE ORAL TABLET DELAYED RELEASE	3	PA; QL
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
rycloba oral solution	1 or 1b*	
*ANTIHISTAMINES - ETHANOLAMINES***		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
CLEMASTINE FUMARATE ORAL SYRUP	3	QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	QL
di-phen oral elixir	1 or 1a*	QL
diphenhydramine hcl injection solution	1 or 1b*	

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

Drug Name	Tier	Notes
diphenhydramine hcl oral elixir	1 or 1a*	QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	QL
RYVENT ORAL TABLET	1 or 1b*	QL
*ANTIHISTAMINES - NON-SEDATING***		
cetirizine hcl oral solution	1 or 1b*	
CLARINEX ORAL TABLET	3	ST; QL
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
QUZYTIR INTRAVENOUS SOLUTION	3	
*ANTIHISTAMINES - PHENOTHIAZINES***		
PHENERGAN INJECTION SOLUTION	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	
promethazine hcl oral syrup	1 or 1a*	
promethazine hcl oral tablet 12.5 mg, 50 mg	1 or 1a*	
promethazine hcl oral tablet 25 mg	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
*ANTIHISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ANTIHYPERLIPIDEMI CS		
*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET	3	PA; QL
*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET	3	PA; QL
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***		
EVKEEZA INTRAVENOUS SOLUTION	5	PA; LD
*ANTIHYPERLIPIDEMI CS - MISC.***		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
*BILE ACID SEQUESTRANTS***		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
COLESTID FLAVORED ORAL GRANULES	3	QL
COLESTID FLAVORED ORAL PACKET	3	QL
COLESTID ORAL GRANULES	3	QL
COLESTID ORAL PACKET	3	QL
COLESTID ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
colestipol hcl oral granules	1 or 1b*	QL
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
prevalite oral packet	1 or 1b*	QL
prevalite oral powder	1 or 1b*	QL
QUESTRAN LIGHT ORAL POWDER	3	QL
QUESTRAN ORAL PACKET	3	QL
QUESTRAN ORAL POWDER	3	QL
*FIBRIC ACID DERIVATIVES***		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
LIPOFEN ORAL CAPSULE	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
TRICOR ORAL TABLET	3	ST; QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	ST; QL
*HMG COA REDUCTASE INHIBITORS***		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0

Drug Name	Tier	Notes
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
*INTEST CHOEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet	1 or 1b*	ST; QL
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; DO; LD
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; LD; QL
*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
NIASPAN ORAL TABLET EXTENDED RELEASE	3	ST; QL

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

Drug Name	Tier	Notes
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL
*ANTIHYPERTENSIVES		
*		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO
PRESTALIA ORAL TABLET 14-10 MG	3	QL
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg	1 or 1b*	QL
TRANDOLAPRIL- VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 2- 180 MG, 2-240 MG, 4-240 MG	1 or 1b*	QL
*ACE INHIBITORS & THIAZIDE/THIAZIDE- LIKE***		
ACCURETIC ORAL TABLET	3	QL
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
BENAZEPRIL- HYDROCHLOROTHIAZI DE ORAL TABLET 5-6.25 MG	1 or 1b*	DO
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
fosinopril sodium-hctz oral tablet	1 or 1b*	QL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG	3	DO
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20- 25 MG	3	QL
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	QL
VASERETIC ORAL TABLET	3	QL
ZESTORETIC ORAL TABLET 10-12.5 MG	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG, 20- 25 MG	3	QL
*ACE INHIBITORS***		
benazepril hcl oral tablet	1 or 1a*	QL
captopril oral tablet	1 or 1b*	QL
enalapril maleate oral solution	1 or 1b*	QL
enalapril maleate oral tablet	1 or 1b*	QL
enalaprilat intravenous injectable	1 or 1b*	
EPANED ORAL SOLUTION	3	QL
fosinopril sodium oral tablet	1 or 1b*	QL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL

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

Drug Name	Tier	Notes
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL
moexipril hcl oral tablet	1 or 1b*	QL
perindopril erbumine oral tablet	1 or 1b*	QL
QBRELIS ORAL SOLUTION	3	QL
quinapril hcl oral tablet	1 or 1b*	QL
ramipril oral capsule	1 or 1b*	QL
trandolapril oral tablet	1 or 1b*	QL
*AGENTS FOR PHEOCHROMOCYTOM A***		
DEMSER ORAL CAPSULE	3	
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
telmisartan-amldipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL
telmisartan-amldipine oral tablet 40-5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
EDARBYCLOR ORAL TABLET	3	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
candesartan cilexetil oral tablet	1 or 1b*	QL
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	QL
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL
losartan potassium oral tablet	1 or 1b*	QL
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
olmesartan medoxomil oral tablet 40 mg, 5 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 tablet	1 or 1b*	QL
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***		
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL
*ANTIADRENERGICS - CENTRALLY ACTING***		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	QL
clonidine hcl oral tablet	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	DO
guanfacine hcl oral tablet 2 mg	1 or 1b*	QL
METHYLDOPA ORAL TABLET 250 MG	1 or 1b*	DO
METHYLDOPA ORAL TABLET 500 MG	1 or 1b*	QL
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
CARDURA ORAL TABLET	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
MINIPRESS ORAL CAPSULE	3	

Drug Name	Tier	Notes
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
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
TENORETIC 100 ORAL TABLET	3	QL
TENORETIC 50 ORAL TABLET	3	QL
ZIAC ORAL TABLET	3	QL
*DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB***		
TEKTURN HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURN HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	QL
*DIRECT RENIN INHIBITORS***		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
*DOPAMINE D1 RECEPTOR AGONISTS***		
CORLOPAM INTRAVENOUS SOLUTION	3	

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

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*	
sodium nitroprusside intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
bacitracin intramuscular solution reconstituted	1 or 1b*	
FLAGYL ORAL CAPSULE	3	
IMPAVIDO ORAL CAPSULE	3	PA; QL
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	1 or 1b*	
METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
PENTAM INJECTION SOLUTION RECONSTITUTED	5	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	4	
tinidazole oral tablet	1 or 1b*	QL
trimethoprim oral tablet	1 or 1a*	
XIFAXAN ORAL TABLET	3	PA; QL
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
*ANTIPROTOZOAL AGENTS***		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	QL
ALINIA ORAL TABLET	3	QL
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET	3	
MEPRON ORAL SUSPENSION	3	
nitazoxanide oral tablet	1 or 1b*	QL
*CARBAPENEM COMBINATIONS***		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500- 500 MG	3		KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
RECARBRIOS INTRAVENOUS SOLUTION RECONSTITUTED	3		ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3		VANCOCIN HCL ORAL CAPSULE 125 MG	3	PA; QL
*CARBAPEMENS***			VANCOCIN ORAL CAPSULE	3	PA; QL
ertapenem sodium injection solution reconstituted	1 or 1b*		VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	QL
INVANZ INJECTION SOLUTION RECONSTITUTED	3		VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%	3	QL
meropenem intravenous solution reconstituted	1 or 1b*		VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	3	QL
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3		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
*CHLORAMPHENICALS***			vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 5 gm, 500 mg	1 or 1b*	QL
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*		VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	3	QL
*CYCLIC LIPOPEPTIDES***			vancomycin hcl oral capsule	1 or 1b*	PA; QL
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	3				
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3				
*GLYCOPEPTIDES***					
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3				
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL			

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

Drug Name	Tier	Notes
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED	3	PA; QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
*LEPROSTATICSS***		
dapsone oral tablet	1 or 1b*	
*LINCOSAMIDES***		
CLEOCIN ORAL CAPSULE	3	QL
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	QL
clindamycin hcl oral capsule	1 or 1b*	QL
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml	1 or 1b*	QL
clindamycin phosphate injection solution 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	5	LD; SP; QL

Drug Name	Tier	Notes
*OXAZOLIDINONES***		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	PA; QL
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
*PLEUROMUTILINS***		
XENLETA INTRAVENOUS SOLUTION	3	
XENLETA ORAL TABLET	3	PA; QL
*POLYMYXINS***		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
*STREPTOGRAMIN COMBINATIONS***		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	
*URINARY ANTI-INFECTIVES***		
fosfomycin tromethamine oral packet	1 or 1b*	QL
HIPREX ORAL TABLET	3	

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

Drug Name	Tier	Notes
MACROBID ORAL CAPSULE	3	QL
MACRODANTIN ORAL CAPSULE	3	QL
methenamine hippurate oral tablet	1 or 1b*	
MONUROL ORAL PACKET	3	QL
nitrofurantoin macrocrystal oral capsule	1 or 1b*	QL
nitrofurantoin monohyd macro oral capsule	1 or 1b*	QL
nitrofurantoin oral suspension	1 or 1b*	QL
ANTIMALARIALS		
*ANTIMALARIAL COMBINATIONS***		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
COARTEM ORAL TABLET	3	
MALARONE ORAL TABLET	3	
*ANTIMALARIALS***		
ARAKODA ORAL TABLET	3	QL
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
chloroquine phosphate oral tablet	1 or 1a*	
DARAPRIM ORAL TABLET	3	PA; QL
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG	3	QL
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL
KRINTAFEL ORAL TABLET	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
pyrimethamine oral tablet	1 or 1b*	PA; QL
QUALAQUN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL

Drug Name	Tier	Notes
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
BLOXIVERZ INTRAVENOUS SOLUTION	3	
FIRDAPSE ORAL TABLET	5	PA; LD; QL
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION	3	
RUZURGI ORAL TABLET	5	PA; LD; QL
ANTIMYCOBACTERIA L AGENTS		
*ANTIMYCOBACTERIA L AGENTS***		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	3	
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
PASER ORAL PACKET	3	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET	2	

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

Drug Name	Tier	Notes
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; 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
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	SP

Drug Name	Tier	Notes
thiotepa injection solution reconstituted	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
abiraterone acetate oral tablet	1 or 1b*	PA; SP; QL
YONSA ORAL TABLET	3	PA; LD; SP; QL
ZYTIGA ORAL TABLET	3	PA; LD; SP; QL
*ANTIADRENALS***		
LYSODREN ORAL TABLET	2	QL
*ANTIANDROGENS***		
bicalutamide oral tablet	1 or 1b*	QL
CASODEX ORAL TABLET	3	QL
ERLEADA ORAL TABLET	2	PA; LD; SP; QL
flutamide oral capsule	1 or 1b*	
NILANDRON ORAL TABLET	3	QL
nileutamide oral tablet	1 or 1b*	QL
NUBEQA ORAL TABLET	3	PA; LD; SP; QL
XTANDI ORAL CAPSULE	2	PA; LD; SP; QL
XTANDI ORAL TABLET	2	PA; LD; SP; QL
*ANTIESTROGENS***		
FARESTON ORAL TABLET	3	QL
SOLTAMOX ORAL SOLUTION	2	\$0
tamoxifen citrate oral tablet	1 or 1b*	\$0
toremifene citrate oral tablet	1 or 1b*	QL
*ANTIMETABOLITES***		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

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

Drug Name	Tier	Notes
ARRANON INTRAVENOUS SOLUTION	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; SP
capecitabine oral tablet	1 or 1b*	PA; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	
CLOLAR INTRAVENOUS SOLUTION	3	
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
floxuridine injection solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION 1.5 GM/15ML	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
INFUGEM INTRAVENOUS SOLUTION	3	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate oral tablet	1 or 1b*	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	

Drug Name	Tier	Notes
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
nelarabine intravenous solution	1 or 1b*	SP
ONUREG ORAL TABLET	3	PA; LD; SP; QL
PURIXAN ORAL SUSPENSION	3	PA; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; SP
XATMEP ORAL SOLUTION	3	PA; SP
XELODA ORAL TABLET	3	PA; SP
*ANTINEOPLASTIC - ALK INHIBITORS***		
ALECensa ORAL CAPSULE	3	PA; LD; SP; QL
ALUNBRIG ORAL TABLET	3	PA; QL
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL
LORBRENA ORAL TABLET	3	PA; LD; SP; QL
XALKORI ORAL CAPSULE	2	PA; LD; SP; QL
ZYKADIA ORAL TABLET	3	PA; LD; SP; QL
*ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX***		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD

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

Drug Name	Tier	Notes
*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
GAZYVA INTRAVENOUS SOLUTION	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION	3	PA; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; SP
TRUXIMA INTRAVENOUS SOLUTION	3	PA; SP
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES***		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP

Drug Name	Tier	Notes
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX***		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX***		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX***		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***		
DARZALEX INTRAVENOUS SOLUTION	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***		
YEROVY INTRAVENOUS SOLUTION	3	PA; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***		
DANYELZA INTRAVENOUS SOLUTION	3	PA; LD

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
UNITUXIN INTRAVENOUS SOLUTION	3	LD	KEYTRUDA INTRAVENOUS SOLUTION	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-HER2 AGENTS***			LIBTAYO INTRAVENOUS SOLUTION	3	PA; LD
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	SP	OPDIVO INTRAVENOUS SOLUTION	3	PA; LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES***		
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	BAVENCIO INTRAVENOUS SOLUTION	3	PA; LD
MARGENZA INTRAVENOUS SOLUTION	3	PA; LD; SP	IMFINZI INTRAVENOUS SOLUTION	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	TECENTRIQ INTRAVENOUS SOLUTION	3	PA; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES***		
PERJETA INTRAVENOUS SOLUTION	3	PA; LD; SP	EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	SP	*ANTINEOPLASTIC - ANTI-TF ANTIBODY- DRUG COMPLEX***		
TUKYSA ORAL TABLET	3	PA; LD; QL	TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX***			*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY***		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP	PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS	5	PA
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES***			TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS	3	
JEMPERLI INTRAVENOUS SOLUTION	3	PA; LD; SP	*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
			VENCLEXTA ORAL TABLET	3	PA; LD; QL

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

Drug Name	Tier	Notes
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; LD; QL
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
BOSULIF ORAL TABLET	2	PA; SP; QL
ICLUSIG ORAL TABLET	2	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; SP; QL
SPRYCEL ORAL TABLET	2	PA; SP; QL
TASIGNA ORAL CAPSULE	2	PA; SP; QL
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; SP; QL
TAFINLAR ORAL CAPSULE	3	PA; LD; SP; QL
ZELBORAF ORAL TABLET	2	PA; LD; SP; QL
*ANTINEOPLASTIC - BTK INHIBITORS***		
BRUKINSA ORAL CAPSULE	3	PA; LD; QL
CALQUENCE ORAL CAPSULE	3	PA; LD; QL
IMBRUVICA ORAL CAPSULE	3	PA; LD; QL
IMBRUVICA ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - EGFR INHIBITORS***		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; SP; QL
EXKIVITY ORAL CAPSULE	3	PA; QL

Drug Name	Tier	Notes
GILOTrif ORAL TABLET	3	PA; LD; QL
IRESSA ORAL TABLET	2	PA; LD; SP; QL
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
TAGRISSO ORAL TABLET	3	PA; LD; SP; QL
TARCEVA ORAL TABLET	3	PA; LD; SP; QL
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; SP
VIZIMPRO ORAL TABLET	3	PA; LD; SP; QL
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
BALVERSA ORAL TABLET	3	PA; LD; QL
PEMAZYRE ORAL TABLET	3	PA; LD; QL
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; QL
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; QL
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; QL
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; QL
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***		
DAURISMO ORAL TABLET	3	PA; LD; SP; QL
ERIVEDGE ORAL CAPSULE	2	PA; LD; SP; QL
ODOMZO ORAL CAPSULE	3	PA; LD; SP; QL

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

Drug Name	Tier	Notes
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS***		
WELIREG ORAL TABLET	3	PA; LD; QL
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
FARYDAK ORAL CAPSULE	3	PA; SP; QL
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; LD; SP
ZOLINZA ORAL CAPSULE	2	PA; SP; QL
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
LEUPROLIDE ACETATE- BUPIVACAINE INTRAMUSCULAR SOLUTION	3	
*ANTINEOPLASTIC - IMMUNOMODULATORS ***		
POMALYST ORAL CAPSULE	3	PA; LD; SP; QL
*ANTINEOPLASTIC - KRAS INHIBITORS***		
LUMAKRAS ORAL TABLET	3	PA; LD; SP; QL
*ANTINEOPLASTIC - MEK INHIBITORS***		
COTELLIC ORAL TABLET	3	PA; LD; SP; QL
KOSELUGO ORAL CAPSULE	3	PA; LD; QL
MEKINIST ORAL TABLET	3	PA; LD; SP; QL

Drug Name	Tier	Notes
MEKTOVI ORAL TABLET	3	PA; LD; SP; QL
*ANTINEOPLASTIC - MET INHIBITORS***		
TABRECTA ORAL TABLET	3	PA; LD; SP; QL
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	3	PA; SP
AFINITOR ORAL TABLET 10 MG	2	PA; SP
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	3	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
temsirolimus intravenous solution	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
CABOMETYX ORAL TABLET	3	PA; LD; SP; QL
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; LD; SP; QL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; LD; SP; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; LD; SP; QL
FOTIVDA ORAL CAPSULE	3	PA; LD; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
lapatinib ditosylate oral tablet	1 or 1b*	PA; SP; QL	VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
NERLYNX ORAL TABLET	3	PA; LD; SP; QL	*ANTINEOPLASTIC - RET INHIBITORS***		
NEXAVAR ORAL TABLET	2	PA; LD; SP; QL	GAVRETO ORAL CAPSULE	3	PA; LD; SP; QL
QINLOCK ORAL TABLET	3	PA; LD; QL	RETEVMO ORAL CAPSULE	3	PA; LD; SP; QL
RYDAPT ORAL CAPSULE	3	PA; SP; QL	*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
STIVARGA ORAL TABLET	2	PA; LD; SP; QL	ROZLYTREK ORAL CAPSULE	3	PA; SP; QL
sunitinib malate oral capsule	1 or 1b*	PA; SP; QL	VITRAKVI ORAL CAPSULE	3	PA; LD; SP; QL
SUTENT ORAL CAPSULE	2	PA; SP; QL	VITRAKVI ORAL SOLUTION	3	PA; LD; SP; QL
TURALIO ORAL CAPSULE	3	PA; LD; QL	*ANTINEOPLASTIC - XPO1 INHIBITORS***		
TYKERB ORAL TABLET	3	PA; LD; SP; QL	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; LD; QL
UKONIQ ORAL TABLET	3	PA; LD; QL	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
VOTRIENT ORAL TABLET	2	PA; LD; SP; QL	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
XOSPATA ORAL TABLET	3	PA; LD; QL	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; LD; QL
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***			XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
RYBREVANT INTRAVENOUS SOLUTION	3	PA; LD; SP	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; LD; QL
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***			XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; LD; QL
AYVAKIT ORAL TABLET	3	PA; LD; QL			
*ANTINEOPLASTIC - PROTEASOME INHIBITORS***					
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP			
NINLARO ORAL CAPSULE	3	PA; LD; SP; QL			

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

Drug Name	Tier	Notes
*ANTINEOPLASTIC ANTIBIOTICS***		
adriamycin intravenous solution	1 or 1b*	SP
adriamycin intravenous solution reconstituted 10 mg, 50 mg	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML	3	SP
DOXIL INTRAVENOUS INJECTABLE	3	PA; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted 10 mg	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; SP
ELLENCE INTRAVENOUS SOLUTION	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED	3	PA; LD
mitomycin intravenous solution reconstituted	1 or 1b*	SP
MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE	3	
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	SP

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

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

Drug Name	Tier	Notes
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD; SP
*ANTINEOPLASTIC ENZYMES***		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; LD; SP
ERWINASE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
ONCASPAR INJECTION SOLUTION	3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION	3	PA; LD
*ANTINEOPLASTIC RADIOPHARMACEUTIC ALS***		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	5	PA; LD
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	5	PA; LD
LUTATHERA INTRAVENOUS SOLUTION	3	PA; LD
QUADRAMET INTRAVENOUS SOLUTION	3	
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCC/ML	3	PA
*ANTINEOPLASTICS - INTERLEUKINS***		
ELZONRIS INTRAVENOUS SOLUTION	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS***		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
UVADEX INJECTION SOLUTION	3	
*ANTINEOPLASTICS MISC.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LD; SP
ALFERON N INJECTION SOLUTION	5	SP
arsenic trioxide intravenous solution	1 or 1b*	SP
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
INTRON A INJECTION SOLUTION RECONSTITUTED	5	LD; SP
MATULANE ORAL CAPSULE	2	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	5	SP
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	3	SP
*AROMATASE INHIBITORS***		
anastrozole oral tablet	1 or 1b*	\$0; QL
AROMASIN ORAL TABLET	3	QL
exemestane oral tablet	1 or 1b*	\$0; QL
FEMARA ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
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
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS***		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	2	PA; LD; SP; QL
IBRANCE ORAL TABLET	2	PA; LD; SP; QL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
VERZENIO ORAL TABLET	3	PA; LD; SP; QL

Drug Name	Tier	Notes
*ESTROGEN RECEPTOR ANTAGONIST***		
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	3	PA; SP
fulvestrant intramuscular solution	1 or 1b*	PA; SP
*ESTROGENS- ANTINEOPLASTIC***		
EMCYT ORAL CAPSULE	2	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	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*	
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; SP; QL
ORGOVYX ORAL TABLET	3	PA; LD; QL
*IMIDAZOTETRAZINES ***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	3	PA; SP; QL	ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; SP; QL
temozolomide oral capsule	1 or 1b*	PA; SP; QL	*MITOTIC INHIBITORS***		
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***			ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
TIBSOVO ORAL TABLET	3	PA; LD; QL	ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***			etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
IDHIFA ORAL TABLET	3	PA; LD; SP; QL	etoposide oral capsule	1 or 1b*	SP
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***			HALAVEN INTRAVENOUS SOLUTION	3	PA; SP
INREBIC ORAL CAPSULE	3	PA; LD; SP; QL	IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
JAKAFI ORAL TABLET	2	PA; LD; SP; QL	JEVTANA INTRAVENOUS SOLUTION	3	PA; SP
*LHRH ANALOGS***			MARQIBO INTRAVENOUS SUSPENSION	3	LD
ELIGARD SUBCUTANEOUS KIT	3	PA; SP; QL	paclitaxel intravenous concentrate	1 or 1b*	SP
leuprolide acetate injection kit	1 or 1b*	PA; SP	toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA; SP; QL	vinblastine sulfate intravenous solution	1 or 1b*	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; SP; QL	vincristine sulfate intravenous solution	1 or 1b*	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; SP; QL	vinorelbine tartrate intravenous solution 10 mg/ml	1 or 1b*	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	3	PA; SP; QL	vinorelbine tartrate intravenous solution 50 mg/5ml	1 or 1b*	SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL	*MYELOPROTECTIVE AGENTS***		
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL	COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; SP; QL			

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

Drug Name	Tier	Notes
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	SP
cyclophosphamide oral capsule	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL TABLET	3	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET	2	
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
*NITROSOUREAS***		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
carmustine intravenous solution reconstituted	1 or 1b*	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA

Drug Name	Tier	Notes
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*ONCOLYTIC VIRAL AGENTS - HSV1***		
IMLYGIC INTRALESIONAL SUSPENSION	3	LD
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD
COPIKTRA ORAL CAPSULE	3	PA; LD; QL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
ZYDELIG ORAL TABLET	3	PA; LD; SP; QL
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL TABLET	3	PA; LD; SP; QL
RUBRACA ORAL TABLET	3	PA; LD; SP; QL
TALZENNA ORAL CAPSULE	3	PA; LD; SP; QL
ZEJULA ORAL CAPSULE	3	PA; LD; QL
*PROGESTINS-ANTINEOPLASTIC***		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1 or 1b*	

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

Drug Name	Tier	Notes
megestrol acetate oral tablet	1 or 1b*	
*RETINOIDES***		
tretinoin oral capsule	1 or 1b*	
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bevacizumab oral capsule	1 or 1b*	PA; SP; QL
*TETRAHYDROISOQUI NOLINES***		
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 100 MG/5ML, 300 MG/15ML	3	SP
CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2ML	3	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 500 mg/25ml	1 or 1b*	SP
irinotecan hcl intravenous solution 40 mg/2ml	1 or 1b*	
ONIVYDE INTRAVENOUS INJECTABLE	3	LD
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP

Drug Name	Tier	Notes
*URINARY TRACT PROTECTIVE AGENTS***		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***		
AVASTIN INTRAVENOUS SOLUTION	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; LD; SP
INLYTA ORAL TABLET	2	PA; LD; SP; QL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
MVASI INTRAVENOUS SOLUTION	3	PA; SP

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

Drug Name	Tier	Notes
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LD; SP
ZIRABEV INTRAVENOUS SOLUTION	3	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ADENOSINE RECEPTOR ANTAGONIST***		
NOURIANZ ORAL TABLET	5	PA; SP; QL
*ANTIPARKINSON ANTICHOLINERGICS***		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
COGENTIN INJECTION SOLUTION	3	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS***		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	5	PA; LD; QL
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; QL

Drug Name	Tier	Notes
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	3	PA; QL
PARLODEL ORAL CAPSULE		
PARLODEL ORAL TABLET		
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
*CENTRAL/PERIPHERAL COMT INHIBITORS***		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
*DECARBOXYLASE INHIBITORS***		
carbidopa oral tablet	1 or 1b*	
LODOSYN ORAL TABLET	3	
*LEVODOPA COMBINATIONS***		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
DHIVY ORAL TABLET	3	

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

Drug Name	Tier	Notes
DUOPA ENTERAL SUSPENSION	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	QL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LD; SP; QL
KYNMOBI SUBLINGUAL FILM	3	PA; LD; SP; QL
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
*PERIPHERAL COMT INHIBITORS***		
COMTAN ORAL TABLET	3	QL
entacapone oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
ONGENTYS ORAL CAPSULE	3	PA; QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule 150 mg, 300 mg	1 or 1a*	DO
lithium carbonate oral capsule 600 mg	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	DO
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	PA; QL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
NUPLAZID ORAL CAPSULE	5	PA; LD; SP; QL
NUPLAZID ORAL TABLET 10 MG	5	PA; LD; SP; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	QL

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

Drug Name	Tier	Notes
*BENZISOXAZOLES***		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL
risperidone oral tablet dispersible 0.25 mg	1 or 1b*	PA; DO
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	QL
*BUTYROPHENONES***		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	QL

Drug Name	Tier	Notes
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
DIBENZODIAZEPINES		
**		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	QL
*DIBENZO-OXEPINO PYRROLES***		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
*DIBENZOTHIAZEPINE S***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
*DIBENZOAZEPINES**		
*		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
loxpine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxpine succinate oral capsule 50 mg	1 or 1b*	QL
DIHYDROINDOLONES		
**		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL
*PHENOTHIAZINES***		
chlorpromazine hcl injection solution	1 or 1b*	
CHLORPROMAZINE HCL ORAL CONCENTRATE	3	QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL
perphenazine oral tablet 2 mg	1 or 1b*	DO
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	

Drug Name	Tier	Notes
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
thioridazine hcl oral tablet 100 mg	1 or 1b*	QL
trifluoperazine hcl oral tablet 1 mg, 2 mg	1 or 1b*	DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
*QUINOLINONE DERIVATIVES***		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 20 MG, 30 MG	3	ST; QL
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE ORAL TABLET 20 MG, 30 MG	3	ST; QL
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET 20 MG, 30 MG	3	ST; QL
aripiprazole oral solution	1 or 1b*	QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1 or 1b*	DO
aripiprazole oral tablet 20 mg, 30 mg	1 or 1b*	QL
aripiprazole oral tablet dispersible	1 or 1b*	QL
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	QL

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

Drug Name	Tier	Notes
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	PA; QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL
*THIENBENZODIAZEPINES***		
olanzapine intramuscular solution reconstituted	1 or 1b*	PA; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	DO
olanzapine oral tablet 15 mg, 20 mg	1 or 1b*	QL
olanzapine oral tablet dispersible 10 mg, 5 mg	1 or 1b*	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	1 or 1b*	QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	QL
*THIOXANTHENES***		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	PA; DO
thiothixene oral capsule 10 mg	1 or 1b*	PA; QL
ANTISEPTICS & DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS***		
FORMALDEHYDE EXTERNAL SOLUTION 37 %	3	
GLUTARALDEHYDE EXTERNAL SOLUTION	2	

Drug Name	Tier	Notes
*CHLORINE ANTISEPTICS***		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %	3	
*IODINE ANTISEPTICS***		
IODINE TINCTURE EXTERNAL TINCTURE 2 %	3	
IODOFLEX EXTERNAL PAD	3	
IODOSORB EXTERNAL GEL	3	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	QL
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	PA; LD; QL
CIMDUO ORAL TABLET	3	QL
COMBIVIR ORAL TABLET	3	QL
COMPLERA ORAL TABLET	3	PA; QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	3	ST; \$0; QL
DOVATO ORAL TABLET	2	QL
efavirenz-emtricitab-tenofovir oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL

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

Drug Name	Tier	Notes
EPZICOM ORAL TABLET	3	QL
EVOTAZ ORAL TABLET	3	QL
GENVOYA ORAL TABLET	2	QL
JULUCA ORAL TABLET	3	PA; QL
KALETRA ORAL SOLUTION	3	QL
KALETRA ORAL TABLET	2	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	3	PA; QL
PREZCOBIX ORAL TABLET	3	QL
STRIBILD ORAL TABLET	2	QL
SYMTUZA ORAL TABLET	3	QL
TEMIXYS ORAL TABLET	3	QL
TRIUMEQ ORAL TABLET	2	QL
TRIZIVIR ORAL TABLET	3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	ST; QL
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET	2	QL
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
TROGARZO INTRAVENOUS SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; LD; QL
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS HD ORAL TABLET	3	QL
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
TIVICAY ORAL TABLET	3	LD; QL
TIVICAY PD ORAL TABLET SOLUBLE	3	LD; QL
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTVUS ORAL CAPSULE	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
INVIRASE ORAL TABLET	2	QL
LEXIVA ORAL SUSPENSION	2	QL
LEXIVA ORAL TABLET	3	QL
NORVIR ORAL PACKET	3	QL
NORVIR ORAL SOLUTION	2	QL
NORVIR ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	2	QL

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

Drug Name	Tier	Notes
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	QL
REYATAZ ORAL PACKET	2	QL
ritonavir oral tablet	1 or 1b*	QL
VIRACEPT ORAL TABLET	2	QL
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET	2	PA; QL
efavirenz oral capsule	1 or 1b*	QL
efavirenz oral tablet	1 or 1b*	QL
etravirine oral tablet	1 or 1b*	PA; QL
INTELENCE ORAL TABLET	2	PA; QL
nevirapine er oral tablet extended release 24 hour	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
PIFELTRO ORAL TABLET	3	QL
SUSTIVA ORAL CAPSULE	3	QL
SUSTIVA ORAL TABLET	3	QL
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
ZIAGEN ORAL SOLUTION	3	QL
ZIAGEN ORAL TABLET	3	QL

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

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

Drug Name	Tier	Notes
FOSCAVIR INTRAVENOUS SOLUTION 6000 MIG/250ML	3	
GANCICLOVIR INTRAVENOUS SOLUTION	5	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	5	SP
ganciclovir sodium intravenous solution reconstituted	4	SP
PREVYMIS INTRAVENOUS SOLUTION	5	PA; SP; QL
PREVYMIS ORAL TABLET	5	PA; SP; QL
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
*HEPATITIS B AGENTS***		
adefovir dipivoxil oral tablet	4	SP; QL
BARACLUDÉ ORAL SOLUTION	5	QL
entecavir oral tablet	4	QL
EPIVIR HBV ORAL SOLUTION	5	QL
EPIVIR HBV ORAL TABLET	5	QL
HEPSERA ORAL TABLET	5	SP; QL
lamivudine oral tablet 100 mg	1 or 1b*	QL
VEMLIDY ORAL TABLET	5	SP; QL
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL PACKET	4	PA; QL
EPCLUSA ORAL TABLET	4	PA; SP; QL

Drug Name	Tier	Notes
HARVONI ORAL PACKET	4	PA; SP; QL
HARVONI ORAL TABLET	4	PA; SP; QL
MAVYRET ORAL PACKET	5	PA; SP; QL
VOSEVI ORAL TABLET	4	PA; SP; QL
*HEPATITIS C AGENTS***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	SP; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	SP; QL
ribavirin oral capsule	4	SP; QL
ribavirin oral tablet 200 mg	4	SP; QL
*HERPES AGENTS - PURINE ANALOGUES***		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet	1 or 1b*	QL
ZOVIRAX ORAL SUSPENSION	3	
*HERPES AGENTS - THYMIDINE ANALOGUES***		
famciclovir oral tablet	1 or 1b*	QL
*INFLUENZA AGENTS***		
rimantadine hcl oral tablet	1 or 1b*	
*NEURAMINIDASE INHIBITORS***		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
RAPIVAB INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	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	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	QL
*RSV AGENTS - NUCLEOSIDE ANALOGUES***		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
carvedilol oral tablet	1 or 1b*	QL
carvedilol phosphate er oral capsule extended release 24 hour	1 or 1b*	QL
labetalol hcl oral tablet	1 or 1b*	QL
LABETALOL HCL- DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
*BETA BLOCKERS CARDIO-SELECTIVE***		
acebutolol hcl oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
atenolol oral tablet	1 or 1a*	QL
betaxolol hcl oral tablet	1 or 1b*	QL
bisoprolol fumarate oral tablet	1 or 1b*	QL
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	2	QL
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	QL
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	QL
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	QL
nebivolol hcl oral tablet	1 or 1b*	QL
*BETA BLOCKERS NON-SELECTIVE***		
HEMANGEOL ORAL SOLUTION	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL	cartia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1 or 1b*	QL	cartia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	QL
pindolol oral tablet	1 or 1b*	QL	CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML	3	
propranolol hcl er oral capsule extended release 24 hour	1 or 1b*	QL	CONJUPRI ORAL TABLET 2.5 MG	3	ST; DO
propranolol hcl intravenous solution	1 or 1b*		CONJUPRI ORAL TABLET 5 MG	3	ST; QL
propranolol hcl oral solution	1 or 1b*	QL	diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
propranolol hcl oral tablet	1 or 1b*	QL	diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
sorine oral tablet	1 or 1b*	QL	diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
sotalol hcl (af) oral tablet	1 or 1b*		diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	QL
SOTALOL HCL INTRAVENOUS SOLUTION	3		diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg	1 or 1b*	DO
sotalol hcl oral tablet	1 or 1b*	QL	diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
SOTYLIZE ORAL SOLUTION	3		diltiazem hcl er oral capsule extended release 12 hour	1 or 1b*	QL
timolol maleate oral tablet	1 or 1b*	QL	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1 or 1b*	
CALCIUM CHANNEL BLOCKERS			diltiazem hcl intravenous solution	1 or 1b*	
*CALCIUM CHANNEL BLOCKERS***			DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL	diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO	diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
CALAN SR ORAL TABLET EXTENDED RELEASE	3	QL			
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	3				
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	DO			
CARDIZEM ORAL TABLET 120 MG	3	QL			
CARDIZEM ORAL TABLET 30 MG, 60 MG	3	DO			

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3		nifedipine oral capsule	1 or 1b*	QL
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO	nimodipine oral capsule	1 or 1b*	QL
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	QL	nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL	nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO	NYMALIZE ORAL SOLUTION 6 MG/ML	3	QL
isradipine oral capsule	1 or 1b*	QL	PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	3	DO
KATERZIA ORAL SUSPENSION	3	QL	PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG	3	QL
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	DO	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG	3	DO
matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL	SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	QL
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3		taztia xt oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	QL
nicardipine hcl intravenous solution	1 or 1b*		tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
nicardipine hcl oral capsule	1 or 1b*	QL	tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
nifedipine er oral tablet extended release 24 hour 30 mg	1 or 1b*	DO	TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL	TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG, 420 MG	3	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO	verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL			

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

Drug Name	Tier	Notes
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, 180 mg, 240 mg	1 or 1b*	QL
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet	1 or 1b*	QL
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG	3	QL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG	3	QL
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
digitek oral tablet 125 mcg	1 or 1b*	DO
digitek oral tablet 250 mcg	1 or 1b*	QL
digox oral tablet 125 mcg	1 or 1b*	DO
digox oral tablet 250 mcg	1 or 1b*	QL
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	
digoxin oral tablet 125 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 62.5 MCG	2	DO
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
*INOTROPES***		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
DOPAMINE IN D5W INTRAVENOUS SOLUTION	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC.		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB***		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	QL
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	3	QL
*NITRATE & VASODILATOR COMBINATIONS***		
BIDIL ORAL TABLET	2	QL
*PROSTAGLANDIN - IMPOTENCE AGENTS***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	PA

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

Drug Name	Tier	Notes
EDEX INTRACAVERNOSAL KIT	3	PA
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	3	PA
*PROSTAGLANDIN VASODILATORS***		
epoprostenol sodium intravenous solution reconstituted	4	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	5	PA; LD; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA; LD; SP
treprostинil injection solution	4	PA; SP
TYVASO INHALATION SOLUTION	5	PA; LD; SP; QL
TYVASO REFILL INHALATION SOLUTION	5	PA; LD; SP; QL
TYVASO STARTER INHALATION SOLUTION	5	PA; LD; SP; QL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION	5	PA; LD; SP; QL
*PULM HYPERTEN- SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***		
ADEMPAS ORAL TABLET	4	PA; LD; SP; QL
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
ambrisentan oral tablet	4	PA; LD; SP; QL

Drug Name	Tier	Notes
bosentan oral tablet	4	PA; LD; SP; QL
OPSUMIT ORAL TABLET	4	PA; LD; SP; QL
TRACLEER ORAL TABLET SOLUBLE	4	PA; LD; SP; QL
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
alyq oral tablet	4	PA; SP; QL
sildenafil citrate intravenous solution	4	PA; SP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah) oral tablet	4	PA; SP; QL
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; QL
UPTRAVI ORAL TABLET	5	PA; LD; SP; QL
UPTRAVI ORAL TABLET THERAPY PACK	5	PA; LD; SP; QL
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
*SEPTAL AGENTS - ABLATION**		
ABLYSINOL INTRA- ARTERIAL SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
*SINUS NODE INHIBITORS**					
CORLANOR ORAL SOLUTION	3	PA; QL	CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML	3	
CORLANOR ORAL TABLET	2	PA; QL	cefazolin sodium intravenous solution reconstituted	1 or 1b*	
*TRANSTHYRETIN STABILIZERS***					
VYNDAMAX ORAL CAPSULE	5	PA; SP; QL	CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
VYNDAQEL ORAL CAPSULE	5	PA; SP; QL	CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***					
VERQUVO ORAL TABLET	3	PA; QL	CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)	3	
CEPHALOSPORINS					
*CEPHALOSPORIN COMBINATIONS***					
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3		cephalexin oral capsule	1 or 1a*	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3		cephalexin oral suspension reconstituted	1 or 1a*	
*CEPHALOSPORINS - 1ST GENERATION***					
cefadroxil oral capsule	1 or 1b*		cephalexin oral tablet	1 or 1a*	
cefadroxil oral suspension reconstituted	1 or 1b*		KEFLEX ORAL CAPSULE 750 MG	3	
cefadroxil oral tablet	1 or 1b*		*CEPHALOSPORINS - 2ND GENERATION***		
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%	3		CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1 or 1b*		cefaclor oral capsule	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3		cefaclor oral suspension reconstituted	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED					
cefotetan disodium injection solution reconstituted 1 gm, 2 gm					
CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)					

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
cefoxitin sodium intravenous solution reconstituted	1 or 1b*		ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	3		CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	QL
cefprozil oral suspension reconstituted	1 or 1b*		ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
cefprozil oral tablet	1 or 1b*		CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	3	QL
cefuroxime axetil oral tablet	1 or 1b*		FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG	3	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*		FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*		SUPRAX ORAL CAPSULE	3	QL
*CEPHALOSPORINS - 3RD GENERATION***			SUPRAX ORAL SUSPENSION RECONSTITUTED	3	QL
cefdinir oral capsule	1 or 1b*	QL	SUPRAX ORAL TABLET CHEWABLE	3	QL
cefdinir oral suspension reconstituted	1 or 1b*	QL	tazicef injection solution reconstituted 1 gm	1 or 1b*	
cefixime oral capsule	1 or 1b*	QL	TAZICEF INTRAVENOUS SOLUTION	3	
cefixime oral suspension reconstituted	1 or 1b*	QL	tazicef intravenous solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*		TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*		*CEPHALOSPORINS - 4TH GENERATION***		
cefpodoxime proxetil oral tablet	1 or 1b*		cefepime hcl injection solution reconstituted	1 or 1b*	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3		CEFEPIME HCL INTRAVENOUS SOLUTION	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*				
ceftazidime intravenous solution reconstituted	1 or 1b*				
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL			

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

Drug Name	Tier	Notes
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
*CEPHALOSPORINS - 5TH GENERATION***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - SIDEROPHORES***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
azurette oral tablet	1 or 1b*	\$0
desogestrel-ethynodiol estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
kariva oral tablet	1 or 1b*	\$0
LO LOESTRIN FE ORAL TABLET	2	
MIRCETTE ORAL TABLET	3	
pimtrea oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viovere oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - ORAL***		
afirmelle oral tablet	1 or 1a*	\$0
altavera oral tablet	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
apri oral tablet	1 or 1a*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aubra oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
aurovela 1.5/30 oral tablet	1 or 1a*	\$0
aurovela 1/20 oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	\$0
aurovela fe 1/20 oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
BALCOLTRA ORAL TABLET	3	
balziva oral tablet	1 or 1a*	\$0
BEYAZ ORAL TABLET	3	
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
charlotte 24 fe oral tablet chewable	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
chateal oral tablet	1 or 1a*	\$0
cryselle-28 oral tablet	1 or 1a*	\$0
cyclafem 1/35 oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 oral tablet	1 or 1a*	\$0
delyla oral tablet	1 or 1a*	\$0
desogestrel-ethynodiol estradiol oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
drospirene-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethynodiol estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
emoquette oral tablet	1 or 1a*	\$0
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
estarrylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina oral tablet	1 or 1a*	\$0
femynor oral tablet	1 or 1a*	\$0
gemma oral capsule	1 or 1b*	\$0
GENERESS FE ORAL TABLET CHEWABLE	3	

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

Drug Name	Tier	Notes
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey fe 1.5/30 oral tablet	1 or 1a*	\$0
hailey fe 1/20 oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kelnor 1/35 oral tablet	1 or 1a*	\$0
kelnor 1/50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
larin 1.5/30 oral tablet	1 or 1a*	\$0
larin 1/20 oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 oral tablet	1 or 1a*	\$0
larin fe 1/20 oral tablet	1 or 1a*	\$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
lillow 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

Drug Name	Tier	Notes
merzee oral capsule	1 or 1b*	\$0
microgestin 1.5/30 oral tablet	1 or 1a*	\$0
microgestin 1/20 oral tablet	1 or 1a*	\$0
microgestin 24 fe oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 oral tablet	1 or 1a*	\$0
microgestin fe 1/20 oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
MINASTRIN 24 FE ORAL TABLET CHEWABLE	3	
mono-linyah oral tablet	1 or 1a*	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
NEXTSTELLIS ORAL TABLET	3	
nikki oral tablet	1 or 1b*	\$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	\$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	\$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	\$0
norethindrone acet-ethinylest oral tablet	1 or 1a*	\$0
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*	\$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nymyo oral tablet	1 or 1a*	\$0
ocella oral tablet	1 or 1b*	\$0
orsythia oral tablet	1 or 1a*	\$0
philith oral tablet	1 or 1a*	\$0
pirmella 1/35 oral tablet	1 or 1a*	\$0
portia-28 oral tablet	1 or 1a*	\$0
previfem oral tablet	1 or 1a*	\$0
reclipsen oral tablet	1 or 1a*	\$0
SAFYRAL ORAL TABLET	3	
sprintec 28 oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0

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

Drug Name	Tier	Notes
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 eq oral tablet	1 or 1a*	\$0
tarina fe 1/20 oral tablet	1 or 1a*	\$0
taysofy oral capsule	1 or 1b*	\$0
TAYTULLA ORAL CAPSULE	3	
TYBLUME ORAL TABLET CHEWABLE	3	
tydemy oral tablet	1 or 1b*	\$0
vestura oral tablet	1 or 1b*	\$0
vienna oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
zarah oral tablet	1 or 1b*	\$0
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
TWIRLA TRANSDERMAL PATCH WEEKLY	3	
xulane transdermal patch weekly	1 or 1b*	\$0
zafemly transdermal patch weekly	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - VAGINAL***		
ANNOVERA VAGINAL RING	3	
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethynodiol vaginal ring	1 or 1b*	\$0
NUVARING VAGINAL RING	3	

Drug Name	Tier	Notes
*CONTINUOUS CONTRACEPTIVES - ORAL***		
amethyst oral tablet	1 or 1b*	\$0
dolishale oral tablet	1 or 1b*	\$0
levonorgestrel-ethynodiol oral tablet 90-20 mcg	1 or 1b*	\$0
*COPPER CONTRACEPTIVES - IUD***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
*EMERGENCY CONTRACEPTIVES***		
aftera oral tablet	1 or 1b*	OTC; \$0
afterpill oral tablet	1 or 1b*	OTC; \$0
econtra ez oral tablet	1 or 1b*	OTC; \$0
econtra one-step oral tablet	1 or 1b*	OTC; \$0
ELLA ORAL TABLET	3	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	OTC; \$0
my choice oral tablet	1 or 1b*	OTC; \$0
my way oral tablet	1 or 1b*	OTC; \$0
new day oral tablet	1 or 1b*	OTC; \$0
opcicon one-step oral tablet	1 or 1b*	OTC; \$0
option 2 oral tablet	1 or 1b*	OTC; \$0
react oral tablet	1 or 1b*	OTC; \$0
take action oral tablet	1 or 1b*	OTC; \$0
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
amethia oral tablet	1 or 1b*	\$0
ashlyna oral tablet	1 or 1b*	\$0
camrese lo oral tablet	1 or 1b*	\$0
camrese oral tablet	1 or 1b*	\$0
daysee oral tablet	1 or 1b*	\$0
fayosim oral tablet	1 or 1b*	\$0
iclevia oral tablet	1 or 1b*	\$0
introvale oral tablet	1 or 1b*	\$0
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0

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

Drug Name	Tier	Notes
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimies oral tablet	1 or 1b*	\$0
LOSEASONIQUE ORAL TABLET	3	
QUARTETTE ORAL TABLET	3	
rivelsa oral tablet	1 or 1b*	\$0
SEASONIQUE ORAL TABLET	3	
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET	3	
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON SUBCUTANEOUS IMPLANT	5	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

Drug Name	Tier	Notes
*PROGESTIN CONTRACEPTIVES - IUD***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	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
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
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
SLYND ORAL TABLET	3	
tulana oral tablet	1 or 1b*	\$0
*TRIPHASIC CONTRACEPTIVES - ORAL***		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
caziant oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 oral tablet	1 or 1a*	\$0
dasetta 7/7/7 oral tablet	1 or 1a*	\$0
enpresse-28 oral tablet	1 or 1a*	\$0

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
ESTROSTEP FE ORAL TABLET	3		DEXABLISS ORAL TABLET THERAPY PACK	3	
leena oral tablet	1 or 1a*	\$0	DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
levonest oral tablet	1 or 1a*	\$0	dexamethasone oral elixir	1 or 1a*	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0	dexamethasone oral solution	1 or 1a*	
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0	dexamethasone oral tablet	1 or 1a*	
nortrel 7/7/7 oral tablet	1 or 1a*	\$0	dexamethasone oral tablet therapy pack	1 or 1b*	
nylia 7/7/7 oral tablet	1 or 1a*	\$0	DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	3	
pirmella 7/7/7 oral tablet	1 or 1a*	\$0	dexamethasone sod phosphate pf injection solution	1 or 1b*	
tilia fe oral tablet	1 or 1b*	\$0	DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
tri-femynor oral tablet	1 or 1b*	\$0	dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
tri-estarrylla oral tablet	1 or 1b*	\$0	DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
tri-legest fe oral tablet	1 or 1b*	\$0	ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	QL
tri-linyah oral tablet	1 or 1b*	\$0	HEMADY ORAL TABLET	3	PA; QL
tri-lo-estarrylla oral tablet	1 or 1b*	\$0	HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
tri-lo-marzia oral tablet	1 or 1b*	\$0	hydrocortisone oral tablet	1 or 1b*	
tri-lo-mili oral tablet	1 or 1b*	\$0	KENALOG INJECTION SUSPENSION	3	
tri-lo-sprintec oral tablet	1 or 1b*	\$0	KENALOG-80 INJECTION SUSPENSION	3	
tri-mili oral tablet	1 or 1b*	\$0	MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
tri-nymyo oral tablet	1 or 1b*	\$0	MEDROL ORAL TABLET 2 MG	2	
tri-previfem oral tablet	1 or 1b*	\$0			
tri-sprintec oral tablet	1 or 1b*	\$0			
trivora (28) oral tablet	1 or 1a*	\$0			
tri-vylibra lo oral tablet	1 or 1b*	\$0			
tri-vylibra oral tablet	1 or 1b*	\$0			
velivet oral tablet	1 or 1a*	\$0			
CORTICOSTEROIDS					
*GLUCOCORTICOSTEROIDS***					
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	PA			
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL			
budesonide oral capsule delayed release particles	1 or 1b*	QL			
CORTEF ORAL TABLET	3				
decadron oral tablet	1 or 1a*				
DEPO-MEDROL INJECTION SUSPENSION	3				

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

Drug Name	Tier	Notes
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG	3	QL
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG	3	DO
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
PEDIAPRED ORAL SOLUTION	3	
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack 1.5 mg (27)	1 or 1b*	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
ZCORT 7-DAY ORAL TABLET THERAPY PACK	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	5	PA; QL
*MINERALOCORTICOIDS***		
fludrocortisone acetate oral tablet	1 or 1b*	
*STEROID COMBINATIONS***		
BSP 0820 INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule	1 or 1b*	
*ANTITUSSIVE - OPIOID***		
HYCODAN ORAL SYRUP	3	QL
hydrocodone-homatropine oral syrup	1 or 1a*	QL
hydrocodone-homatropine oral tablet	1 or 1a*	PA
hydromet oral syrup	1 or 1a*	QL
*ANTITUSSIVE-EXPECTORANT***		
CODITUSSIN AC ORAL LIQUID	3	OTC
g tussin ac oral solution	1 or 1a*	OTC
guaiatussin ac oral syrup	1 or 1a*	OTC
guaifenesin ac oral syrup	1 or 1a*	OTC

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

Drug Name	Tier	Notes
guaifenesin-codeine oral solution	1 or 1a*	OTC
MAR-COF CG EXPECTORANT ORAL LIQUID	2	OTC
maxi-tuss ac oral solution	1 or 1a*	OTC
M-CLEAR WC ORAL SOLUTION	2	OTC
NINJACOF-XG ORAL LIQUID	3	OTC
trymine cg oral liquid	1 or 1a*	OTC
virtussin a/c oral solution	1 or 1a*	OTC
virtussin ac w/alc oral liquid	1 or 1a*	OTC
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
CODITUSSIN DAC ORAL LIQUID	3	OTC
TUSNEL C ORAL SYRUP	2	PA; OTC
VIRTUSSIN DAC ORAL SOLUTION	2	OTC
*DECONGESTANT & ANTIHISTAMINE***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine vc oral syrup	1 or 1b*	QL
promethazine-phenylephrine oral syrup	1 or 1b*	QL
*DECONGESTANT W/ EXPECTORANT***		
GILPHEX TR ORAL TABLET	3	
*IODINE EXPECTORANTS***		
SSKI ORAL SOLUTION	3	
*MISC. RESPIRATORY INHALANTS***		
HYPERSAL INHALATION NEBULIZATION SOLUTION	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	

Drug Name	Tier	Notes
*MUCOLYTICS***		
acetylcysteine inhalation solution	1 or 1b*	
*NON-NARC ANTITUSSIVE- ANTIHISTAMINE***		
promethazine-dm oral syrup	1 or 1a*	QL
*NON-NARC ANTITUSSIVE- DECONGESTANT- ANTIHISTAMINE***		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
*OPIOID ANTITUSSIVE- ANTIHISTAMINE***		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
promethazine-codeine oral syrup	1 or 1a*	QL
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
*OPIOID ANTITUSSIVE- DECONGESTANT- ANTIHISTAMINE***		
CAPCOF ORAL SYRUP	3	OTC
HISTEX-AC ORAL SYRUP	3	OTC
MAR-COF BP ORAL LIQUID	3	OTC
MAXI-TUSS CD ORAL LIQUID	2	OTC
M-END PE ORAL LIQUID	3	OTC
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	OTC
promethazine vc/codeine oral syrup	1 or 1b*	QL

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

Drug Name	Tier	Notes
promethazine-phenyleph- codeine oral syrup	1 or 1b*	QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA; OTC
RYDEX ORAL LIQUID	2	OTC
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL
ERYGEL EXTERNAL GEL	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	
EVOCLIN EXTERNAL FOAM	3	ST; QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
*ACNE COMBINATIONS***		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1 or 1b*	PA; QL
BENZAMYCIN EXTERNAL GEL	3	ST; QL
benzoyl peroxide- erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL

Drug Name	Tier	Notes
clindamycin-tretinoin external gel	3	ST
neuac external gel	1 or 1b*	QL
ONEXTON EXTERNAL GEL	2	QL
sulfacetamide sod-sulfur wash external liquid	1 or 1b*	PA
TAROXIA EXTERNAL GEL	3	
*ACNE PRODUCTS***		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	PA
accutane oral capsule 20 mg, 30 mg, 40 mg	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
AKLIEF EXTERNAL CREAM	3	ST; QL
amnesteem oral capsule	2	PA
ARAZLO EXTERNAL LOTION	3	ST; QL
avita external cream	1 or 1b*	ST; QL
avita external gel	1 or 1b*	ST; QL
bp wash external liquid 2.5 %, 7 %	1 or 1b*	OTC
claravis oral capsule	2	PA
isotretinoin oral capsule	2	PA
myorisan oral capsule	2	PA
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
zenatane oral capsule	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS***		
VEREGEN EXTERNAL OINTMENT	3	QL

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

Drug Name	Tier	Notes
*AGENTS FOR FACIAL WRINKLES - RETINOID***		
refissa external cream	1 or 1b*	PA; QL
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***		
NEO-SYNALAR EXTERNAL CREAM	3	
*ANTIBIOTICS - TOPICAL***		
ALTABAX EXTERNAL OINTMENT	2	QL
CENTANY EXTERNAL OINTMENT	3	ST; QL
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin external ointment	1 or 1b*	QL
XEPI EXTERNAL CREAM	3	QL
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
corti-sav external cream	1 or 1b*	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
VUSION EXTERNAL OINTMENT	3	QL
*ANTIFUNGALS - TOPICAL***		
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL

Drug Name	Tier	Notes
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
LOPROX EXTERNAL CREAM	3	ST; QL
LOPROX EXTERNAL SHAMPOO	3	QL
LOPROX EXTERNAL SUSPENSION	3	ST; QL
MENTAX EXTERNAL CREAM	3	ST; QL
micotrin al external solution	1 or 1b*	OTC
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel	1 or 1b*	ST; QL
NAFTIN EXTERNAL GEL	3	ST; QL
nyamyc external powder	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
nystop external powder	1 or 1b*	QL
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
diclofenac sodium external gel 1 %	1 or 1b*	QL
valcoprep-100 external kit	1 or 1b*	
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***		
iclofenac cp external therapy pack	1 or 1b*	
pennsaicin external therapy pack	1 or 1b*	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL***		
VALCHLOR EXTERNAL GEL	3	PA; LD; QL
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
CARAC EXTERNAL CREAM	3	ST; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
EFUDEX EXTERNAL CREAM	3	ST; QL	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
FLUOROPLEX EXTERNAL CREAM	3	ST; QL	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; SP; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
fluorouracil external cream 5 %	1 or 1b*	QL	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LD; SP; QL
fluorouracil external solution	1 or 1b*	QL	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP; QL
*ANTINEOPLASTIC RETINOIDS - TOPICAL***			TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR		
PANRETIN EXTERNAL GEL	3	SP	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		
*ANTIPRURITICS - TOPICAL***			*ANTIPSORIATICS***		
doxepin hcl external cream	1 or 1b*	PA; QL	calcipotriene external cream	1 or 1b*	QL
*ANTIPSORIATICS - SYSTEMIC***			calcipotriene external foam	1 or 1b*	QL
acitretin oral capsule	1 or 1b*		calcipotriene external ointment	1 or 1b*	QL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL	calcipotriene external solution	1 or 1b*	QL
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; SP; QL	calcitrene external ointment	1 or 1b*	QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; LD; SP; QL	calcitriol external ointment	1 or 1b*	QL
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL	DOVONEX EXTERNAL CREAM	3	QL
methoxsalen rapid oral capsule	1 or 1b*	SP	SORILUX EXTERNAL FOAM	3	QL
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL	tazarotene external cream	1 or 1b*	QL
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL	TAZORAC EXTERNAL CREAM 0.05 %	2	QL
*ANTISEBORRHEIC COMBINATIONS***			TAZORAC EXTERNAL GEL	2	QL
PROMISEB EXTERNAL CREAM			PROMISEB EXTERNAL CREAM		

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

Drug Name	Tier	Notes
*ANTISEBorrheic Products***		
selenium sulfide external lotion	1 or 1a*	QL
*Antiviral Topical Combinations***		
XERESE EXTERNAL CREAM	3	PA; QL
*Antivirals - Topical***		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
DENAVIR EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	QL
*Atopic Dermatitis - Janus Kinase (JAK) Inhibitors***		
OPZELURA EXTERNAL CREAM	3	PA; QL
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
*Burn Products***		
mafenide acetate external packet	1 or 1b*	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLYON EXTERNAL CREAM	3	
SULFAMYLYON EXTERNAL PACKET	3	
*Corticosteroids - Topical***		
ala-cort external cream	1 or 1a*	QL

Drug Name	Tier	Notes
aclometasone dipropionate external cream	1 or 1b*	QL
aclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external cream	3	ST; QL
amcinonide external lotion	3	ST; QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone valerate external cream	1 or 1b*	QL
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	ST; QL
betamethasone valerate external ointment	1 or 1b*	QL
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
clobetasol propionate external shampoo	1 or 1b*	QL	flurandrenolide external ointment	3	ST; QL
clobetasol propionate external solution	1 or 1b*	QL	fluticasone propionate external cream	1 or 1b*	QL
clocortolone pivalate external cream	3	ST; QL	fluticasone propionate external lotion	1 or 1b*	QL
clodan external shampoo	1 or 1b*	QL	fluticasone propionate external ointment	1 or 1b*	QL
desonide external cream	1 or 1b*	QL	halcinonide external cream	3	ST; QL
desonide external gel	1 or 1b*	QL	halobetasol propionate external cream	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL	halobetasol propionate external ointment	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL	hydrocortisone butyr lipo base external cream	3	ST; QL
desoximetasone external cream	3	ST; QL	hydrocortisone butyrate external cream	3	ST; QL
desoximetasone external gel	3	ST; QL	hydrocortisone butyrate external lotion	3	ST; QL
desoximetasone external liquid	3	ST; QL	hydrocortisone butyrate external ointment	3	ST; QL
desoximetasone external ointment	3	ST; QL	hydrocortisone external cream 1 %, 2.5 %	1 or 1a*	QL
desrx external gel	1 or 1b*	QL	hydrocortisone external lotion 2.5 %	1 or 1a*	QL
diflorasone diacetate external cream	3	ST; QL	hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	QL
diflorasone diacetate external ointment	3	ST; QL	hydrocortisone valerate external cream	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	ST; QL	hydrocortisone valerate external ointment	3	ST; QL
fluocinolone acetonide external cream	1 or 1b*	QL	mometasone furoate external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL	mometasone furoate external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL	mometasone furoate external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL	nolix external lotion	3	ST; QL
fluocinonide emulsified base external cream	1 or 1b*	QL	prednicarbate external ointment	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL	tovet external foam	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL	triamcinolone acetonide external aerosol solution	3	ST; QL
fluocinonide external ointment	1 or 1b*	QL	triamcinolone acetonide external cream	1 or 1a*	QL
fluocinonide external solution	1 or 1b*	QL			
flurandrenolide external cream	3	ST; QL			
flurandrenolide external lotion	3	ST; QL			

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

Drug Name	Tier	Notes
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbase external ointment	3	ST; QL
triderm external cream	1 or 1a*	QL
tritocin external ointment	3	QL
*DEPIGMENTING AGENTS***		
blanche external cream	1 or 1b*	
*DEPIGMENTING COMBINATIONS***		
TRI-LUMA EXTERNAL CREAM	3	
*EMOLlient COMBINATIONS***		
LACTIC ACID E EXTERNAL CREAM	3	
*EMOLlient/KERATO LYTIC AGENTS***		
cerovel external lotion	1 or 1b*	
*EMOLlients***		
ammonium lactate external cream	1 or 1b*	QL
ammonium lactate external lotion	1 or 1b*	
LACTIC ACID EXTERNAL LOTION	3	
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT	3	QL
*GLABELLAR LINES (FROWN LINES) AGENTS***		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
clotrimazole external cream	1 or 1b*	QL

Drug Name	Tier	Notes
clotrimazole external solution	1 or 1b*	QL
econazole nitrate external cream	1 or 1b*	QL
ECOZA EXTERNAL FOAM	3	ST; QL
ERTACZO EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL CREAM	3	ST; QL
EXELDERM EXTERNAL SOLUTION	3	ST; QL
EXTINA EXTERNAL FOAM	3	QL
JUBLIA EXTERNAL SOLUTION	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
luliconazole external cream	1 or 1b*	ST; QL
LUZU EXTERNAL CREAM	3	ST; QL
micotrin ac external cream	1 or 1b*	OTC; QL
oxiconazole nitrate external cream	3	ST; QL
OXISTAT EXTERNAL CREAM	3	ST; QL
OXISTAT EXTERNAL LOTION	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
XOLEGEL EXTERNAL GEL	3	QL
*IMMUNOMODULATOR S IMIDAZOQUINOLINAMINES - TOPICAL***		
ALDARA EXTERNAL CREAM	3	ST; QL
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	QL

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

Drug Name	Tier	Notes
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
ACNESIC EXTERNAL GEL	3	
atrix medicated formula external cream	1 or 1b*	OTC
CONDYLOX EXTERNAL GEL	3	QL
podofilox external solution	1 or 1b*	QL
*LOCAL ANESTHETICS - TOPICAL***		
glydo external prefilled syringe	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external gel	1 or 1b*	
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
proxivol external gel	1 or 1b*	
QUTENZA (4 PATCH) EXTERNAL KIT	3	LD
*MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL***		
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

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

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

Drug Name	Tier	Notes
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
NORITATE EXTERNAL CREAM	3	ST; QL
RHOFADE EXTERNAL CREAM	3	QL
rosadan external cream	1 or 1b*	QL
rosadan external gel	1 or 1b*	QL
SOOLANTRA EXTERNAL CREAM	3	QL
ZILXI EXTERNAL FOAM	3	ST; QL
*SCABICIDES & PEDICULICIDES***		
crotan external lotion	1 or 1b*	QL
ivermectin external lotion	1 or 1b*	QL
lindane external shampoo	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
NATROBA EXTERNAL SUSPENSION	3	QL
OVIDE EXTERNAL LOTION	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
SULFURATED LIME EXTERNAL SOLUTION	3	
*SCAR TREATMENT PRODUCTS***		
JUVAZIN EXTERNAL GEL	3	
*SEBORRHEIC KERATOSIS PRODUCTS**		
ESKATA EXTERNAL SOLUTION	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS***		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	

Drug Name	Tier	Notes
*TAR PRODUCTS***		
coal tar external solution	1 or 1b*	
*TISSUE REPLACEMENTS***		
AFFINITY EXTERNAL SHEET	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMNIOTEXT EXTERNAL SHEET	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
EPICORD EXTERNAL SHEET	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NOVACHOR EXTERNAL SHEET	3	
NUSHIELD EXTERNAL DISK	3	
NUSHIELD EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	

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

Drug Name	Tier	Notes
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
STRATAGRAFT EXTERNAL SHEET	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM	3	
*TOPICAL ANESTHETIC COMBINATIONS***		
CETACAIN EXTERNAL GEL 2-2-14 %	3	
lidocaine-prilocaine external kit	1 or 1b*	QL
PRILO PATCH II EXTERNAL KIT	3	
REAL HEAL-I EXTERNAL KIT	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
*TOPICAL ANESTHETIC GASES***		
CRYODOSE TA EXTERNAL AEROSOL	3	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***		
TARGRETIN EXTERNAL GEL	2	PA; SP; QL
*TOPICAL STEROID COMBINATIONS***		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
DUOBRII EXTERNAL LOTION	3	PA; QL

Drug Name	Tier	Notes
ENSTILAR EXTERNAL FOAM	3	QL
TACLONEX EXTERNAL OINTMENT	3	ST; QL
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
*TYPE II 5-ALPHA REDUCTASE INHIBITORS***		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
*WOUND CARE - GROWTH FACTOR AGENTS***		
REGRANEX EXTERNAL GEL	3	QL
*WOUND DRESSINGS***		
KERASTAT EXTERNAL CREAM	3	
KERASTAT EXTERNAL GEL	3	
TEGADERM AG MESH EXTERNAL PAD 2"X2"	2	
WOUNDGELHA MATRIX EXTERNAL GEL	3	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	OTC; QL
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	2	OTC; QL
ACCU-CHEK GUIDE IN VITRO STRIP	2	OTC; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	OTC; QL
ACCU-TREND GLUCOSE IN VITRO STRIP	2	ST; OTC; QL
ONETOUCH ULTRA IN VITRO STRIP	2	OTC
ONETOUCH VERIO IN VITRO STRIP	2	ST; OTC; QL

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

Drug Name	Tier	Notes
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL
SUCRAID ORAL SOLUTION	5	PA; LD; QL
VIOKACE ORAL TABLET	3	QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	QL
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
KEVEYIS ORAL TABLET	5	PA; LD; QL
methazolamide oral tablet	1 or 1b*	
*DIURETIC COMBINATIONS***		
ALDACTAZIDE ORAL TABLET 25-25 MG	3	DO
ALDACTAZIDE ORAL TABLET 50-50 MG	3	QL

Drug Name	Tier	Notes
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
spironolactone-hctz oral tablet	1 or 1b*	DO
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
*LOOP DIURETICS***		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	
EDECIN ORAL TABLET	3	
ethacrynat sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torsemide oral tablet	1 or 1b*	
*OSMOTIC DIURETICS***		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	

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

Drug Name	Tier	Notes
*POTASSIUM SPARING DIURETICS***		
ALDACTONE ORAL TABLET 100 MG	3	QL
ALDACTONE ORAL TABLET 25 MG, 50 MG	3	DO
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	QL
spironolactone oral tablet 100 mg	1 or 1a*	QL
spironolactone oral tablet 25 mg, 50 mg	1 or 1a*	DO
triamterene oral capsule	1 or 1b*	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DIURIL ORAL SUSPENSION	3	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
THALITONE ORAL TABLET	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
REVCOVİ INTRAMUSCULAR SOLUTION	5	PA; LD
*BISPHOSPHONATES***		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	QL
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL
ATELVIA ORAL TABLET DELAYED RELEASE	3	QL
BINOSTO ORAL TABLET EFFERVESCENT	3	QL
BONIVA ORAL TABLET 150 MG	3	ST; QL
FOSAMAX ORAL TABLET 70 MG	3	QL
FOSAMAX PLUS D ORAL TABLET	2	QL
ibandronate sodium intravenous solution 3 mg/3ml	4	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	4	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	SP
RECLAST INTRAVENOUS SOLUTION	5	PA; SP; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP

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

Drug Name	Tier	Notes
zoledronic acid intravenous solution 5 mg/100ml	4	PA; SP; QL
*CALCIMIMETIC AGENTS***		
cinacalcet hcl oral tablet	4	PA; QL
PARSABIV INTRAVENOUS SOLUTION	5	PA
*CALCITONINS***		
calcitonin (salmon) injection solution	4	
calcitonin (salmon) nasal solution	1 or 1b*	QL
MIACALCIN INJECTION SOLUTION	5	
*CARNITINE REPLENISHER - AGENTS***		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
*CORTICOTROPIN***		
ACTHAR INJECTION GEL	4	PA; LD; SP
*CORTISOL SYNTHESIS INHIBITORS***		
ISTURISA ORAL TABLET	5	PA; LD; QL
*DOPAMINE RECEPTOR AGONISTS***		
cabergoline oral tablet	1 or 1b*	QL
*FABRY DISEASE - AGENTS***		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP

Drug Name	Tier	Notes
GALAFOLD ORAL CAPSULE	5	PA; LD; QL
*GAA DEFICIENCY TREATMENT - AGENTS***		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED		
*GNRH/LHRH ANTAGONISTS***		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	5	PA; SP
ORILISSA ORAL TABLET	3	PA; QL
*GROWTH HORMONE RECEPTOR ANTAGONISTS***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP; QL
*GROWTH HORMONE RELEASING HORMONES (GHRH)***		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; QL
*GROWTH HORMONES***		
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	4	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL

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

Drug Name	Tier	Notes
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; SP; QL
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LD; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; SP; QL
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	3	PA; LD; QL
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule	4	PA; SP
NITYR ORAL TABLET	5	PA; LD
ORFADIN ORAL CAPSULE	5	PA; LD
ORFADIN ORAL SUSPENSION	5	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS***		
CYSTADANE ORAL POWDER	3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS***		
CARBAGLU ORAL TABLET	5	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

Drug Name	Tier	Notes
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	3	PA
ROCALTROL ORAL SOLUTION	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LD
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; QL
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LD; SP
*LEPTIN ANALOGUES***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA; LD; SP; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	5	PA; SP; QL	*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***		
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	5	PA; SP; QL	NAGLAZYME INTRAVENOUS SOLUTION	5	PA; LD; SP
SUPPRELIN LA SUBCUTANEOUS KIT	5	PA; LD; SP; QL	*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
SYNAREL NASAL SOLUTION	5	PA; SP; QL	MEPSEVII INTRAVENOUS SOLUTION	5	PA; LD
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; LD; QL	*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***		
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***			KERENDIA ORAL TABLET	3	PA; QL
KANUMA INTRAVENOUS SOLUTION	3	PA; LD; SP	*OVULATION STIMULANTS- GONADOTROPINS***		
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS***			CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD	GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; SP
*MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS***			GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION	4	PA; SP
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; LD; SP	GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
*MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS***			MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; SP
ELAPRASE INTRAVENOUS SOLUTION	5	PA; LD; SP	NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; SP
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***			OVIDREL SUBCUTANEOUS INJECTABLE	5	PA; SP
VIMIZIM INTRAVENOUS SOLUTION	5	PA; LD; SP			

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

Drug Name	Tier	Notes
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; SP
*OVULATION STIMULANTS- SYNTHETIC***		
clomiphene citrate oral tablet	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES***		
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	4	PA; SP; QL
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; LD; SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP; QL
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA; SP; QL
*PHENYLKETONURIA TREATMENT - AGENTS***		
KUVAN ORAL PACKET	5	PA; LD; SP
KUVAN ORAL TABLET	5	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	5	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; LD; SP; QL
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP

Drug Name	Tier	Notes
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
XGEVA SUBCUTANEOUS SOLUTION	3	PA; SP; QL
*SCLEROSTIN INHIBITORS***		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
EVISTA ORAL TABLET	3	\$0; QL
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	\$0; QL
*SELECTIVE VASOPRESSIN V2- RECEPTOR ANTAGONISTS***		
JYNARQUE ORAL TABLET	5	PA; LD; QL
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LD; QL
SAMSCA ORAL TABLET	3	PA; LD; SP; QL
tolvaptan oral tablet	1 or 1b*	PA; SP; QL
*SOMATOSTATIC AGENTS***		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LD; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
OCTREOTIDE ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP

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

Drug Name	Tier	Notes
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA; LD; SP; QL
*UREA CYCLE DISORDER - AGENTS***		
AMMONUL INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LD; SP; QL
BUPHENYL ORAL TABLET	3	PA; LD; SP; QL
CITRULLINE EASY ORAL TABLET EXTENDED RELEASE	3	
RAVICTI ORAL LIQUID	3	PA; LD; SP; QL
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; SP; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; SP; QL
*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS***		
VAPRISOL INTRAVENOUS SOLUTION	3	
*VASOPRESSIN***		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG	3	DO

Drug Name	Tier	Notes
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 oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	5	PA; QL
STIMATE NASAL SOLUTION	3	PA; QL
VASOSTRICT INTRAVENOUS SOLUTION	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; LD; SP; QL
ESTROGENS		
*ESTROGEN & ANDROGEN***		
est estrogens-methyltest oral tablet 0.625-1.25 mg	1 or 1b*	
*ESTROGEN & PROGESTIN***		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL

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

Drug Name	Tier	Notes
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
FEMHRT ORAL TABLET	3	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREFEST ORAL TABLET	3	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
*ESTROGEN- PROGESTIN-GNRH ANTAGONIST***		
MYFEMBREE ORAL TABLET	3	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL
*ESTROGENS***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	2	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL

Drug Name	Tier	Notes
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	QL
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL
*ESTROGEN- SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	3	PA; QL
*FLUOROQUINOLONES *		
*FLUOROQUINOLONES ***		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	QL
levofloxacin oral solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
levofloxacin oral tablet	1 or 1b*	QL
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	QL
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	QL
GASTROINTESTINAL AGENTS - MISC.		
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	3	PA; LD; QL
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OCALIVA ORAL TABLET	5	PA; LD; SP; QL
*GALLSTONE SOLUBILIZING AGENTS***		
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
*GASTROINTESTINAL ANTIALLERGY AGENTS***		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***		
lubiprostone oral capsule	1 or 1b*	QL
*GASTROINTESTINAL STIMULANTS***		
DEXPANTHENOL INJECTION SOLUTION	3	
GIMOTI NASAL SOLUTION	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	

Drug Name	Tier	Notes
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 10 MG	3	ST; QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
REGLAN ORAL TABLET	3	QL
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS***		
GATTEX SUBCUTANEOUS KIT	3	PA; LD; SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
LINZESS ORAL CAPSULE	2	QL
*IBS AGENT - MU- OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	3	PA; QL
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***		
alosetron hcl oral tablet	1 or 1b*	PA; QL
LOTRONEX ORAL TABLET	3	PA; QL
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS***		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA; LD; QL
BYLVAY ORAL CAPSULE	5	PA; LD; QL
LIVMARLI ORAL SOLUTION	5	
*INFLAMMATORY BOWEL AGENTS***		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL

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

Drug Name	Tier	Notes
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	QL
AZULFIDINE ORAL TABLET	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
CANASA RECTAL SUPPOSITORY	3	QL
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
mesalamine er oral capsule extended release 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	2	QL
ROWASA RECTAL KIT	3	QL
SFROWASA RECTAL ENEMA	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	4	PA; SP; QL
*INTESTINAL ACIDIFIERS***		
enulose oral solution	1 or 1b*	

Drug Name	Tier	Notes
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***		
alvimopan oral capsule	1 or 1b*	
ENTEREG ORAL CAPSULE	3	
MOVANTIK ORAL TABLET	2	QL
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
*PHOSPHATE BINDER AGENTS***		
AURYXIA ORAL TABLET	3	ST; QL
calcium acetate (phos binder) oral capsule	1 or 1b*	QL
calcium acetate (phos binder) oral tablet	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL
FOSRENOL ORAL PACKET	3	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
PHOSLYRA ORAL SOLUTION	3	ST; QL
RENELA ORAL PACKET	3	ST; QL
RENELA ORAL TABLET	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	5	PA; LD; QL
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
INFliximab INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
GENERAL ANESTHETICS		
*ANESTHETICS - MISC.***		
AMIDATE INTRAVENOUS SOLUTION	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
KETALAR INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	
*BARBITURATE ANESTHETICS***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	3	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
*VOLATILE ANESTHETICS***		
desflurane inhalation solution	1 or 1b*	
FORANE INHALATION SOLUTION	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
SUPRANE INHALATION SOLUTION	3	
terrell inhalation solution	1 or 1b*	
ULTANE INHALATION SOLUTION	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
PROSCAR ORAL TABLET	3	QL

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

Drug Name	Tier	Notes
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
*CITRATES***		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
*CYSTINOSIS AGENTS***		
CYSTAGON ORAL CAPSULE	5	LD; SP
PROCYSB1 ORAL CAPSULE DELAYED RELEASE	5	ST; LD
PROCYSB1 ORAL PACKET	5	ST; LD
*GENITOURINARY IRRIGANTS***		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	

Drug Name	Tier	Notes
RENACIDIN IRRIGATION SOLUTION	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
*INTERSTITIAL CYSTITIS AGENTS***		
ELMIRON ORAL CAPSULE	3	QL
RIMSO-50 INTRAVESICAL SOLUTION	3	
*PHOSPHATES***		
K-PHOS NO 2 ORAL TABLET	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
JALYN ORAL CAPSULE	3	QL
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)***		
OXLUMO SUBCUTANEOUS SOLUTION	5	PA; LD
*URINARY STONE AGENTS***		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; LD; QL
THIOLA ORAL TABLET	3	PA; LD; QL
tiopronin oral tablet	1 or 1b*	PA; QL
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS***		
DEFLUX INJECTION PREFILLED SYRINGE	3	

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

Drug Name	Tier	Notes
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
colchicine-probenecid oral tablet	1 or 1b*	
*GOUT AGENTS***		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral tablet	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION	5	PA; LD; SP; QL
ZYLOPRIM ORAL TABLET	3	
*URICOSURICS***		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA; LD
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; SP
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP

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

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

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

Drug Name	Tier	Notes
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP
RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
WILATE INTRAVENOUS KIT	5	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	5	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	5	PA; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	5	PA; LD

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

Drug Name	Tier	Notes
*BRADYKININ B2 RECEPTOR ANTAGONISTS***		
icatibant acetate subcutaneous solution	4	PA; LD; SP; QL
sajazir subcutaneous solution	4	PA; SP; QL
*C1 INHIBITORS***		
BERINERT INTRAVENOUS KIT	5	PA; LD; SP; QL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP; QL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LD; SP; QL
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP; QL
*COMPLEMENT INHIBITORS***		
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA; LD; QL
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	5	PA; LD; SP; QL
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	5	PA; LD; SP; QL
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
*GLYCOPROTEIN IIb/IIIa RECEPTOR INHIBITORS***		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	

Drug Name	Tier	Notes
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
*HEMATORHEOLOGIC AGENTS***		
pentoxifylline er oral tablet extended release	1 or 1b*	
*HEMIN***		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
*HUMAN PROTEIN C***		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	5	LD; SP
*PHOSPHODIESTERASE III INHIBITORS***		
cilostazol oral tablet	1 or 1b*	
*PLASMA EXPANDERS***		
HESPAN INTRAVENOUS SOLUTION	3	
hetastarch-nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHYRO SUBCUTANEOUS SOLUTION	5	PA; LD; SP; QL

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

Drug Name	Tier	Notes
*PLASMA KALLIKREIN INHIBITORS***		
KALBITOR SUBCUTANEOUS SOLUTION	5	PA; LD; SP; QL
ORLADEYO ORAL CAPSULE	5	PA; LD; QL
*PLASMA PROTEINS***		
ALBUKED 25 INTRAVENOUS SOLUTION	3	
ALBUKED 5 INTRAVENOUS SOLUTION	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION	3	
FLEXBUMIN INTRAVENOUS SOLUTION	3	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	3	
PLASBUMIN-25 INTRAVENOUS SOLUTION	3	
PLASBUMIN-5 INTRAVENOUS SOLUTION	3	
PLASMANATE INTRAVENOUS SOLUTION	3	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE	3	PA; QL
YOSPRALA ORAL TABLET DELAYED RELEASE	3	PA; QL
*PLATELET AGGREGATION INHIBITORS***		
dipyridamole oral tablet	1 or 1b*	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
*PROTAMINE***		
protamine sulfate intravenous solution	1 or 1b*	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	3	PA; QL
*QUINAZOLINE AGENTS***		
AGRYLIN ORAL CAPSULE	3	QL

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

Drug Name	Tier	Notes
anagrelide hcl oral capsule	1 or 1b*	QL
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	5	PA; LD; QL
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet 10 mg	1 or 1b*	QL
prasugrel hcl oral tablet 5 mg	1 or 1b*	DO
*THROMBOLYTIC AGENT - MISC***		
DEFITELIO INTRAVENOUS SOLUTION	5	
*TISSUE PLASMINOGEN ACTIVATORS***		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	3	
TNKASE INTRAVENOUS KIT	3	
HEMATOPOIETIC AGENTS		
*AGENTS FOR GAUCHER DISEASE***		
CERDELGA ORAL CAPSULE	5	PA; LD; SP; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; LD; SP

Drug Name	Tier	Notes
EELYSO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
miglustat oral capsule	4	PA; SP; QL
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED		
*AMINO ACIDS***		
ENDARI ORAL PACKET	5	PA; LD
*COBALAMIN COMBINATIONS***		
LIPO-B INTRAMUSCULAR SOLUTION	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
*COBALAMINS***		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
*CXCR4 RECEPTOR ANTAGONIST***		
MOZOBIL SUBCUTANEOUS SOLUTION	5	PA; LD; SP
*CYTOTOXIC AGENTS***		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP
*ERYTHROID MATURATION AGENTS***		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; SP

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

Drug Name	Tier	Notes
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	5	PA; SP; QL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
PROCRIIT INJECTION SOLUTION	4	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; SP; QL
*FOLIC ACID/FOLATE COMBINATIONS***		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
foltabs 800 oral tablet	1 or 1b*	OTC; \$0
millguard oral tablet	1 or 1b*	OTC; \$0
*FOLIC ACID/FOLATES***		
cvs folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
fa-8 oral capsule	1 or 1b*	OTC; \$0
folate oral tablet	1 or 1a*	OTC; \$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	OTC; \$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	OTC; \$0
gnp folic acid oral tablet	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
hm folic acid oral tablet	1 or 1a*	OTC; \$0
kp folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
px folic acid oral tablet	1 or 1a*	OTC; \$0
qc folic acid oral tablet	1 or 1a*	OTC; \$0
ra folic acid oral tablet	1 or 1a*	OTC; \$0
sm folic acid oral tablet	1 or 1a*	OTC; \$0
yl folic acid oral tablet	1 or 1a*	OTC; \$0
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP; QL
GRANIX SUBCUTANEOUS SOLUTION	5	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
NIVESTYM INJECTION SOLUTION	5	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP; QL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL

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

Drug Name	Tier	Notes
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP; QL
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)***		
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
OXBRYTA ORAL TABLET	5	PA; LD; SP; QL
*IRON COMBINATIONS***		
foltrin oral capsule	1 or 1b*	
*IRON***		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	5	PA; SP; QL
FERRLECIT INTRAVENOUS SOLUTION	5	PA; SP; QL
ferumoxytol intravenous solution	4	PA; SP; QL
INFED INJECTION SOLUTION	5	PA; SP
INJECTAFER INTRAVENOUS SOLUTION	5	PA; SP; QL
MONOFERRIC INTRAVENOUS SOLUTION	3	PA; SP; QL
na ferric gluc cplx in sucrose intravenous solution	4	SP
TRIFERIC AVNU INTRAVENOUS SOLUTION	5	PA
TRIFERIC HEMODIALYSIS PACKET	5	PA

Drug Name	Tier	Notes
TRIFERIC HEMODIALYSIS SOLUTION	5	PA
VENOFER INTRAVENOUS SOLUTION	5	PA; SP; QL
*SELECTIN BLOCKERS***		
ADAKVEO INTRAVENOUS SOLUTION	5	PA; LD; SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***		
DOPTELET ORAL TABLET 20 MG	5	PA; LD; SP; QL
MULPLETA ORAL TABLET	5	PA; SP; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG	5	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	5	PA; SP
PROMACTA ORAL PACKET 12.5 MG	5	PA; DO; LD; SP
PROMACTA ORAL PACKET 25 MG	5	PA; LD; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; DO; LD; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; LD; SP; QL
HEMOSTATICS		
*HEMOSTATIC COMBINATIONS - TOPICAL***		
ARTISSL EXTERNAL SOLUTION	3	
THROMBI-GEL 10 EXTERNAL PAD	3	
THROMBI-GEL 100 EXTERNAL PAD	3	
THROMBI-GEL 40 EXTERNAL PAD	3	

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

Drug Name	Tier	Notes
THROMBI-PAD EXTERNAL PAD	3	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
*HEMOSTATICS - SYSTEMIC***		
AMICAR ORAL SOLUTION	3	QL
AMICAR ORAL TABLET 1000 MG	3	
AMICAR ORAL TABLET 500 MG	3	QL
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
LYSTEDA ORAL TABLET	3	QL
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
TRANEXAMIC ACID- NACL INTRAVENOUS SOLUTION	3	
*HEMOSTATICS - TOPICAL***		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	

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	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3		MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3		MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 5-0.9 MG/5ML-%, 55-0.9 MG/55ML-%	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3		MIDAZOLAM INJECTION SOLUTION PREFILLED SYRINGE 3 MG/3ML	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3		MIDAZOLAM INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 25 MG/25ML	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3		MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3		MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 60-0.9 MG/30ML-%	3	
HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS			quazepam oral tablet	1 or 1b*	QL
*BARBITURATE HYPNOTICS***			RESTORIL ORAL CAPSULE	3	QL
NEMBUTAL INJECTION SOLUTION	3		temazepam oral capsule	1 or 1b*	QL
pentobarbital sodium injection solution	1 or 1b*		triazolam oral tablet	1 or 1b*	QL
phenobarbital oral elixir	1 or 1b*	QL	*HYPNOTICS - TRICYCLIC AGENTS***		
phenobarbital oral tablet	1 or 1b*	QL	doxepin hcl oral tablet	1 or 1b*	ST; QL
phenobarbital sodium injection solution	1 or 1b*		SILENOR ORAL TABLET	3	ST; QL
*BENZODIAZEPINE HYPNOTICS***			*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	5		EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
DORAL ORAL TABLET	3	ST; QL	eszopiclone oral tablet	1 or 1b*	QL
estazolam oral tablet	1 or 1b*	QL			
flurazepam hcl oral capsule	1 or 1b*	QL			
HALCION ORAL TABLET	3	QL			
midazolam hcl (pf) injection solution	1 or 1b*				
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*				
midazolam hcl oral syrup	1 or 1b*	QL			

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

Drug Name	Tier	Notes
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	ST; QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
ZOLPIMIST ORAL SOLUTION	3	ST; QL
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	3	ST; QL
DAYVIGO ORAL TABLET	3	ST; QL
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	

Drug Name	Tier	Notes
*SELECTIVE MELATONIN RECEPTOR AGONISTS***		
HETLIOZ LQ ORAL SUSPENSION	5	PA; LD; QL
HETLIOZ ORAL CAPSULE	5	PA; LD; QL
ramelteon oral tablet	1 or 1b*	ST; QL
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
CLENPIQ ORAL SOLUTION	3	QL
gavilyte-c oral solution reconstituted	1 or 1a*	\$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	\$0; QL
gavilyte-n with flavor pack oral solution reconstituted	1 or 1a*	\$0; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	QL
NULYTLY LEMON-LIME ORAL SOLUTION RECONSTITUTED	3	QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
PEG-PREP ORAL KIT	3	QL
PLENNU ORAL SOLUTION RECONSTITUTED	3	QL
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	QL
*LAXATIVES - MISCELLANEOUS***		
clearlax oral powder	1 or 1b*	OTC; \$0

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

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

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

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

Drug Name	Tier	Notes
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	OTC; \$0
*STIMULANT LAXATIVES***		
alophen oral tablet delayed release	1 or 1a*	OTC; \$0
bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; \$0
CASCARA SAGRADA ORAL FLUID EXTRACT	3	
correctol oral tablet delayed release	1 or 1a*	OTC; \$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	OTC; \$0
eq gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ex-lax ultra oral tablet delayed release	1 or 1a*	OTC; \$0
feenamint oral tablet delayed release	1 or 1a*	OTC; \$0
gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
hm laxative oral tablet delayed release	1 or 1a*	OTC; \$0
kp bisacodyl oral tablet delayed release	1 or 1a*	OTC; \$0
laxative oral tablet delayed release	1 or 1a*	OTC; \$0
px laxative oral tablet delayed release	1 or 1a*	OTC; \$0
qc gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
ra laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ra womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	OTC; \$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	OTC; \$0
sm gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womans laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
LOCAL ANESTHETICS-PARENTERAL		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
articadent dental injection solution cartridge 4 %-1:100000	3	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	

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

Drug Name	Tier	Notes
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
*LOCAL ANESTHETIC COMBINATIONS***		
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	3	
POINT OF CARE LM-2.5 INJECTION KIT	3	
*LOCAL ANESTHETICS - AMIDES***		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	3	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
CARBOCAINE INJECTION SOLUTION 1 %	3	
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	

Drug Name	Tier	Notes
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML	3	
lidocaine hcl intradermal jet-injector	1 or 1b*	
LIDOCAINE IN DEXTROSE SOLUTION	3	
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MARCAINE SPINAL INTRATHECAL SOLUTION	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT	3	
NAROPIN INJECTION SOLUTION	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	3	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT	3	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	3	
ZINGO INTRADERMAL JET-INJECTOR	3	

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

Drug Name	Tier	Notes
*LOCAL ANESTHETICS - ESTERS***		
chloroprocaine hcl (pf) injection solution		
CLOROTEKAL INTRATHECAL SOLUTION	1 or 1b*	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
MACROLIDES		
*AZITHROMYCIN***		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension reconstituted	1 or 1b*	QL
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	QL
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
*CLARITHROMYCIN***		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	QL
clarithromycin oral tablet	1 or 1b*	QL
*ERYTHROMYCINS***		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	

Drug Name	Tier	Notes
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
*FIDAXOMICIN***		
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	QL
MEDICAL DEVICES AND SUPPLIES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	2	\$0
*CONDOMS - FEMALE***		
FC FEMALE CONDOM	2	OTC; \$0
FC2 FEMALE CONDOM	2	OTC; \$0
*DENTAL DESENSITIZING PRODUCTS***		
REMESENSE DENTAL	3	
*DENTIFRICES***		
MI PASTE DENTAL PASTE	3	
MI PASTE PLUS DENTAL PASTE	3	
*DIAPHRAGMS***		
CAYA VAGINAL DIAPHRAGM	2	\$0

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

Drug Name	Tier	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
*GLUCOSE MONITORING TEST SUPPLIES***		
1ST TIER UNILET COMFORTOUCH	2	OTC; QL
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC; QL
ACCU-CHEK FASTCLIX LANCETS	2	OTC; QL
ACCU-CHEK MULTICLIX LANCETS	2	OTC; QL
ACCU-CHEK SAFE-T PRO LANCETS	2	OTC; QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	OTC; QL
ACCU-CHEK SOFTCLIX LANCETS	2	OTC; QL
ACTI-LANCE 28G	2	OTC; QL
ACTI-LANCE LITE LANCETS 28G	2	OTC; QL
ACTI-LANCE SPECIAL LANCETS 17G	2	OTC; QL

Drug Name	Tier	Notes
ACTI-LANCE UNIVERSAL 23G	2	OTC; QL
ADJUSTABLE LANCING DEVICE	2	OTC
ADVANCED MOBILE LANCET	2	OTC; QL
ADVOCATE LANCETS	2	OTC; QL
ADVOCATE LANCETS 30G	2	OTC; QL
ADVOCATE LANCING DEVICE	2	OTC
ADVOCATE RAPID- SAFE LANCING	2	OTC
ADVOCATE SAFETY LANCETS	2	OTC; QL
ADVOCATE SAFETY LANCETS 26G	2	OTC; QL
AGAMATRIX ULTRA- THIN LANCETS	2	OTC; QL
AIMSCO TWIST LANCETS 32G	2	OTC; QL
AIMSCO TWIST LANCETS 33G	2	OTC; QL
AQUALANCE LANCETS 30G	2	OTC; QL
ASSURE COMFORT LANCETS 28G	2	OTC; QL
ASSURE HAEMOLANCE PLUS HIGH	2	OTC; QL
ASSURE HAEMOLANCE PLUS LOW	2	OTC; QL
ASSURE HAEMOLANCE PLUS MICRO	2	OTC; QL
ASSURE HAEMOLANCE PLUS NORMAL	2	OTC; QL
ASSURE HAEMOLANCE PLUS PED	2	OTC; QL
ASSURE LANCE LANCETS	2	OTC; QL
ASSURE LANCE LANCETS 21G	2	OTC; QL
ASSURE LANCE PLUS SAFETY 25G	2	OTC; QL
ASSURE LANCE PLUS SAFETY 30G	2	OTC; QL
ASSURE LANCE SAFETY LANCET 28G	2	OTC; QL

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

Drug Name	Tier	Notes
AURORA LANCET SUPER THIN 30G	2	OTC; QL
AURORA LANCET THIN 23G	2	OTC; QL
AUTO-LANCET	2	OTC
AUTO-LANCET MINI	2	OTC
AUTOLET II CLINISAFE KIT	2	OTC; QL
AUTOLET LANCING DEVICE	2	OTC
AUTOLET LITE CLINISAFE KIT	2	OTC; QL
AUTOLET LITE STARTER PACK KIT	2	OTC; QL
AUTOLET MINI	2	OTC
AUTOLET PLATFORMS	2	OTC; QL
AUTOLET PLUS	2	OTC
BD LANCET ULTRAFINE 30G	2	OTC; QL
BD LANCET ULTRAFINE 33G	2	OTC; QL
BD MICROTAINER LANCETS	2	OTC; QL
CARDIOCOM LANCING DEVICE	2	OTC
CAREONE ADVANCED LANCING DEV	2	OTC
CAREONE LANCET SUPER THIN 30G	2	OTC; QL
CAREONE LANCET THIN 23G	2	OTC; QL
CARESENS LANCETS	2	OTC; QL
CARETOUCH LANCING/EJECTOR	2	OTC
CARETOUCH SAFETY LANCETS	2	OTC; QL
CARETOUCH SAFETY LANCETS 26G	2	OTC; QL
CARETOUCH TWIST LANCETS 28G	2	OTC; QL
CARETOUCH TWIST LANCETS 30G	2	OTC; QL
CARETOUCH TWIST LANCETS 33G	2	OTC; QL
CLEANLET LANCETS 28G	2	OTC; QL

Drug Name	Tier	Notes
CLEVER CHEK LANCETS	2	OTC; QL
CLEVER CHOICE LANCETS 21G	2	OTC; QL
CLEVER CHOICE LANCETS 23G	2	OTC; QL
CLEVER CHOICE LANCETS 28G	2	OTC; QL
COAGUCHEK LANCETS	2	OTC; QL
COMFORT ASSURED LANCETS 28G	2	OTC; QL
COMFORT ASSURED LANCETS 33G	2	OTC; QL
COMFORT LANCETS	2	OTC; QL
COMFORT TOUCH LANCETS 31G	2	OTC; QL
COMFORT TOUCH PLUS LANCETS 30G	2	OTC; QL
CVS LANCETS 21G	2	OTC; QL
CVS LANCETS MICRO THIN 33G	2	OTC; QL
CVS LANCETS ORIGINAL	2	OTC; QL
CVS LANCETS THIN 26G	2	OTC; QL
CVS LANCETS ULTRA THIN 30G	2	OTC; QL
CVS LANCETS ULTRA- THIN 30G	2	OTC; QL
CVS LANCING DEVICE	2	OTC
CVS ULTRA THIN LANCETS	2	OTC; QL
DEXCOM G4 PLAT PED RCVSHARE DEVICE	2	PA; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RCVSHARE DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM TRANSMITTER	2	PA
DEXCOM G4 SENSOR	2	PA
DEXCOM G5 MOB/G4 PLAT SENSOR	2	PA; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	2	PA; QL

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

Drug Name	Tier	Notes
DEXCOM G5 MOBILE TRANSMITTER	2	PA; QL
DEXCOM G5 RECEIVER KIT DEVICE	2	PA; QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DIATHRIVE LANCET ULTRA THIN 30	2	OTC; QL
DIATHRIVE LANCETS	2	OTC; QL
DIATHRIVE LANCING DEVICE	2	OTC
DROPLET GENTEEL LANCING DEVICE	2	OTC
DROPLET LANCETS ULTRA THIN 30G	2	OTC; QL
DROPLET LANCING DEVICE	2	OTC
DROPLET PERSONAL LANCETS 30G	2	OTC; QL
DRUG MART LANCETS THIN 26G	2	OTC; QL
DRUG MART LANCING DEVICE	2	OTC
DRUG MART ON-THE-GO LANCET 30G	2	OTC; QL
DRUG MART UNILET LANCETS 28G	2	OTC; QL
DRUG MART UNILET LANCETS 30G	2	OTC; QL
DRUG MART UNILET LANCETS 33G	2	OTC; QL
EASY COMFORT LANCETS	2	OTC; QL
EASY COMFORT LANCETS TWIST TOP	2	OTC; QL
EASY MINI EJECT LANCING DEVICE	2	OTC
EASY MINI LANCING DEVICE	2	OTC
EASY TOUCH LANCETS 21G	2	OTC; QL
EASY TOUCH LANCETS 23G	2	OTC; QL

Drug Name	Tier	Notes
EASY TOUCH LANCETS 26G	2	OTC; QL
EASY TOUCH LANCETS 28G	2	OTC; QL
EASY TOUCH LANCETS 28G/TWIST	2	OTC; QL
EASY TOUCH LANCETS 30G	2	OTC; QL
EASY TOUCH LANCETS 30G/TWIST	2	OTC; QL
EASY TOUCH LANCETS 32G	2	OTC; QL
EASY TOUCH LANCETS 32G/TWIST	2	OTC; QL
EASY TOUCH LANCETS 33G/TWIST	2	OTC; QL
EASY TOUCH LANCING DEVICE	2	OTC
EASY TOUCH SAFETY LANCETS 21G	2	OTC; QL
EASY TOUCH SAFETY LANCETS 23G	2	OTC; QL
EASY TOUCH SAFETY LANCETS 26G	2	OTC; QL
EASY TOUCH SAFETY LANCETS 28G	2	OTC; QL
EMBRACE LANCETS ULTRA THIN 30G	2	OTC; QL
EMBRACE LANCING DEVICE/EJECTOR	2	OTC
EMBRACE PRESSURE ACTIVATED 21G	2	OTC; QL
EMBRACE PRESSURE ACTIVATED 28G	2	OTC; QL
ENLITE GLUCOSE SENSOR	3	PA
EQL COLOR LANCETS 21G	2	OTC; QL
EQL COLOR LANCETS MICRO 33G	2	OTC; QL
EQL SUPER THIN LANCETS 30G	2	OTC; QL
EQL THIN LANCETS 26G	2	OTC; QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA; QL

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

Drug Name	Tier	Notes
E-Z JECT LANCET MICRO-THIN 33G	2	OTC; QL
E-Z JECT LANCET SUPER THIN 30G	2	OTC; QL
E-Z JECT LANCETS	2	OTC; QL
E-Z JECT LANCETS 21G	2	OTC; QL
E-Z JECT LANCETS THIN 26G	2	OTC; QL
EZ-LETS LANCETS 21G	2	OTC; QL
EZ-LETS LANCETS 26G	2	OTC; QL
EZ-LETS LANCETS 28G	2	OTC; QL
EZ-LETS LANCETS 30G	2	OTC; QL
FIFTY50 SAFETY SEAL LANCETS	2	OTC; QL
FIFTY50 UNILET LANCETS 33G	2	OTC; QL
FINE 30	2	OTC; QL
FINGERSTIX LANCETS	2	OTC; QL
FORA LANCETS	2	OTC; QL
FORA LANCING DEVICE	2	OTC
FREDS PHARMACY AUTOLET LANCING	2	OTC
FREDS PHARMACY UNILET LANC 28G	2	OTC; QL
FREDS PHARMACY UNILET LANC 30G	2	OTC; QL
FREESTYLE LANCETS	2	OTC; QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	OTC; QL
GENTEEL BUTTERFLY TOUCH LANCET	2	OTC; QL
GENTEEL CONTACT TIPS (BLUE)	2	OTC; QL
GENTEEL CONTACT TIPS (CLEAR)	2	OTC; QL

Drug Name	Tier	Notes
GENTEEL CONTACT TIPS (GREEN)	2	OTC; QL
GENTEEL CONTACT TIPS (ORANGE)	2	OTC; QL
GENTEEL CONTACT TIPS (RAINBOW)	2	OTC; QL
GENTEEL CONTACT TIPS (VIOLET)	2	OTC; QL
GENTEEL CONTACT TIPS (YELLOW)	2	OTC; QL
GENTEEL LANCING KIT (BLUE) KIT	2	OTC; QL
GENTEEL NOZZLES	2	OTC; QL
GENTEEL PLUS LANCING (BLACK)	2	OTC
GENTEEL PLUS LANCING (PURPLE)	2	OTC
GENTEEL PLUS LANCING (WHITE)	2	OTC
GENTEEL PLUS LANCING DEV(BLUE)	2	OTC
GENTEEL PLUS LANCING DEV(PINK)	2	OTC
GENTLE-LET GP LANCETS	2	OTC; QL
GENTLE-LET LANCETS	2	OTC; QL
GENTLE-LET PLATFORMS	2	OTC; QL
GLOBAL INJECT EASE LANCETS 28G	2	OTC; QL
GLOBAL INJECT EASE LANCETS 30G	2	OTC; QL
GLOBAL LANCING DEVICE	2	OTC
GLUCOCOM LANCETS 28G	2	OTC; QL
GLUCOCOM LANCETS 30G	2	OTC; QL
GLUCOCOM LANCETS 33G	2	OTC; QL
GNP LANCETS 21G	2	OTC; QL
GNP LANCETS MICRO THIN 33G	2	OTC; QL
GNP LANCETS SUPER THIN 30G	2	OTC; QL
GNP LANCETS THIN 26G	2	OTC; QL

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

Drug Name	Tier	Notes
GNP LANCING SYSTEM DEVICE	2	OTC
GNP STERILE LANCETS 28G	2	OTC; QL
GNP STERILE LANCETS 30G	2	OTC; QL
GNP STERILE LANCETS 33G	2	OTC; QL
GOJJI LANCING DEVICE/CLEAR CAP	2	OTC
GOJJI STERILE LANCETS	2	OTC; QL
GOODSENSE COLOR LANCETS 33G	2	OTC; QL
GOODSENSE LANCETS 26G UNIV	2	OTC; QL
GOODSENSE LANCETS 30G	2	OTC; QL
GOODSENSE LANCETS 30G UNIV	2	OTC; QL
GOODSENSE LANCETS 33G	2	OTC; QL
GOODSENSE LANCETS 33G UNIV	2	OTC; QL
GOODSENSE LANCING DEVICE	2	OTC
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	OTC; QL
HAEMOLANCE LOW FLOW LANCETS	2	OTC; QL
HAEMOLANCE PLUS	2	OTC; QL
HAEMOLANCE PLUS HIGH FLOW	2	OTC; QL
HAEMOLANCE PLUS LOW FLOW	2	OTC; QL
HAEMOLANCE PLUS MAX FLOW	2	OTC; QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	OTC; QL
HEALTH CARE LANCING DEVICE	2	OTC

Drug Name	Tier	Notes
HEALTHY ACCENTS LANCING DEVICE	2	OTC
HEALTHY ACCENTS UNILET LANCETS	2	OTC; QL
H-E-B INCONTROL ADV LANCING	2	OTC
H-E-B INCONTROL LANCETS 28G	2	OTC; QL
H-E-B INCONTROL LANCETS 30G	2	OTC; QL
H-E-B INCONTROL LANCETS 33G	2	OTC; QL
HYPOLANCE AST LANCING KIT	2	OTC; QL
HY-VEE LANCETS	2	OTC; QL
HY-VEE THIN LANCETS	2	OTC; QL
IN TOUCH LANCING DEVICE	2	OTC
IN TOUCH STERILE LANCETS 30G	2	OTC; QL
KINNEY LANCETS	2	OTC; QL
KINNEY THIN LANCETS	2	OTC; QL
KROGER AUTOLET LANCING DEVICE	2	OTC
KROGER HEALTHPRO LANCET 26G	2	OTC; QL
KROGER LANCETS	2	OTC; QL
KROGER LANCETS 21G	2	OTC; QL
KROGER LANCETS MICRO THIN 33G	2	OTC; QL
KROGER LANCETS SUPER THIN	2	OTC; QL
KROGER LANCETS THIN	2	OTC; QL
KROGER LANCETS THIN 26G	2	OTC; QL
KROGER LANCETS ULTRATHIN 30G	2	OTC; QL
KROGER LANCING DEVICE	2	OTC
LANCET DEVICE	2	OTC
LANCET DEVICE WITH EJECTOR	2	OTC
LANCET TRANSPORTER CASE	2	OTC; QL
LANCETS	2	OTC; QL

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

Drug Name	Tier	Notes
LANCETS 30G	2	OTC; QL
LANCETS 33G	2	OTC; QL
LANCETS MICRO THIN 33G	2	OTC; QL
LANCETS SUPER THIN 28G	2	OTC; QL
LANCETS THIN	2	OTC; QL
LANCETS ULTRA THIN	2	OTC; QL
LANCETS ULTRA THIN 30G	2	OTC; QL
LANCING DEVICE	2	OTC
LANZO	2	OTC
LEADER ADVANCED LANCING DEVICE	2	OTC
LIBERTY MEDICAL LANCETS	2	OTC; QL
LIBERTY MINI LANCING DEVICE	2	OTC
LIFESCAN UNISTIK 2	2	OTC; QL
LIFESCAN UNISTIK II LANCETS	2	OTC; QL
LITE TOUCH LANCETS	2	OTC; QL
LITE TOUCH LANCING PEN	2	OTC
LITETOUCH LANCETS	2	OTC; QL
LIVE BETTER ADV LANCING DEVICE	2	OTC
LIVE BETTER LANCET SUPER THIN	2	OTC; QL
LIVE BETTER LANCET ULTRA THIN	2	OTC; QL
LONGS LANCETS STANDARD	2	OTC; QL
LONGS LANCETS THIN	2	OTC; QL
LONGS LANCETS ULTRA THIN	2	OTC; QL
MEDICHOICE SAFETY LANCET	2	OTC; QL
MEDICHOICE SAFETY LANCET EXTRA	2	OTC; QL
MEDICHOICE SAFETY LANCET NORM	2	OTC; QL
MEDLANCE EXTRA 21G	2	OTC; QL
MEDLANCE LITE 25G	2	OTC; QL
MEDLANCE PLUS EXTRA 21G	2	OTC; QL

Drug Name	Tier	Notes
MEDLANCE PLUS LANCETS	2	OTC; QL
MEDLANCE PLUS LITE 25G	2	OTC; QL
MEDLANCE PLUS SPECIAL 0.8MM	2	OTC; QL
MEDLANCE PLUS SUPERLITE 30G	2	OTC; QL
MEDLANCE PLUS UNIVERSAL 21G	2	OTC; QL
MEDLANCE UNIVERSAL 21G	2	OTC; QL
MEIJER LANCETS	2	OTC; QL
MEIJER LANCETS THIN	2	OTC; QL
MEIJER LANCETS UNIVERSAL 21G	2	OTC; QL
MEIJER LANCETS UNIVERSAL 30G	2	OTC; QL
MEIJER LANCETS UNIVERSAL 33G	2	OTC; QL
MEIJER SUPER THIN LANCETS	2	OTC; QL
MICROLET LANCETS	2	OTC; QL
MICROLET NEXT LANCING DEVICE	2	OTC
MINI LANCING DEVICE	2	OTC
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MINIMED GUARDIAN LINK 3	3	PA
MM LANCING DEVICE	2	OTC
MM TWIST LANCETS	2	OTC; QL
MONOLET LANCETS	2	OTC; QL
MONOLET OPD LANCETS	2	OTC; QL
MONOLETTOR SAFETY LANCETS	2	OTC; QL
MPD SAFETY LANCET 21G	2	OTC; QL
MPD SAFETY LANCET 23G	2	OTC; QL
MPD SAFETY LANCET 28G	2	OTC; QL

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

Drug Name	Tier	Notes
MPD SAFETY LANCET 30G	2	OTC; QL
MULTI-LANCET DEVICE	2	OTC
MULTI-LANCET DEVICE 2 KIT	2	OTC; QL
MYGLUCOHEALTH LANCETS 30G	2	OTC; QL
NOVA SAFETY LANCETS 23G	2	OTC; QL
NOVA SAFETY LANCETS 28G	2	OTC; QL
NOVA SUREFLEX LANCETS	2	OTC; QL
NOVA SUREFLEX LANCING DEVICE	2	OTC
ONETOUCH CLUB LANCETS FINE PT	2	OTC; QL
ONETOUCH DELICA LANCETS 30G	2	OTC; QL
ONETOUCH DELICA LANCETS 33G	2	OTC; QL
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCET30G	2	OTC; QL
ONETOUCH DELICA PLUS LANCET33G	2	OTC; QL
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH DELICA SAFETY LANCING	2	OTC
ONETOUCH FINEPOINT LANCETS	2	OTC; QL
ONETOUCH SURESOFT LANCING DEV	2	OTC; QL
ONETOUCH ULTRASOFT LANCETS	2	OTC; QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PC LANCETS SUPER THIN 30G	2	OTC; QL
PENLET II BLOOD SAMPLER KIT	2	OTC; QL
PENLET II REPLACEMENT CAP	2	OTC; QL
PERFECT LANCETS 28G	2	OTC; QL

Drug Name	Tier	Notes
PERFECT LANCETS 30G	2	OTC; QL
PHARMACIST CHOICE LANCETS	2	OTC; QL
PHARMACY COUNTER LANCETS	2	OTC; QL
PIP LANCETS 28G	2	OTC; QL
PIP LANCETS 30G	2	OTC; QL
PRECISION THINS GP LANCETS	2	OTC; QL
PREFERRED PLUS LANCETS COLORED	2	OTC; QL
PREFERRED PLUS LANCETS THIN	2	OTC; QL
PRO COMFORT LANCETS 30G	2	OTC; QL
PRO COMFORT LANCETS 31G	2	OTC; QL
PRODIGY LANCETS 28G	2	OTC; QL
PRODIGY LANCING DEVICE	2	OTC
PRODIGY SAFETY LANCETS 26G	2	OTC; QL
PRODIGY TWIST TOP LANCETS 28G	2	OTC; QL
PSS SELECT GP LANCETS	2	OTC; QL
PSS SELECT PLATFORMS	2	OTC; QL
PSS SELECT SAFETY LANCETS	2	OTC; QL
PURE COMFORT LANCETS 30G	2	OTC; QL
PX ADVANCED LANCING DEVICE	2	OTC
PX LANCET AUTO INJECTOR	2	OTC
PX LANCETS MICROTIN 33G	2	OTC; QL
PX LANCETS ULTRA THIN	2	OTC; QL
PX LANCETS ULTRA THIN 28G	2	OTC; QL
QC ADVANCED LANCING DEVICE	2	OTC
QC LANCETS SUPER THIN 30G	2	OTC; QL

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

Drug Name	Tier	Notes
QC LANCETS ULTRA THIN	2	OTC; QL
QC UNILET LANCETS 28G	2	OTC; QL
QC UNILET LANCETS MICRO THIN	2	OTC; QL
RA E-ZJECT LANCETS 28G	2	OTC; QL
RA E-ZJECT LANCETS THIN 26G	2	OTC; QL
RA E-ZJECT LANCETS THIN 28G	2	OTC; QL
RA E-ZJECT LANCETS ULTRA THIN	2	OTC; QL
READYLANCE SAFETY LANCETS	2	OTC; QL
REALITY LANCETS	2	OTC; QL
REALITY TRIGGER LANCETS	2	OTC; QL
RELION LANCET DEVICES 30G	2	OTC
RELION LANCETS MICRO-THIN 33G	2	OTC; QL
RELION LANCETS THIN 26G	2	OTC; QL
RELION LANCETS ULTRA-THIN 30G	2	OTC; QL
RELION LANCING DEVICE	2	OTC
RELION LANCING DEVICE KIT	2	OTC; QL
RELION ULTRA THIN LANCETS 30G	2	OTC; QL
RELION ULTRA THIN PLUS LANCETS	2	OTC; QL
REXALL LANCETS ULTRA THIN 30G	2	OTC; QL
RIGHTEST ALTERNATE SITE ADAPT	2	OTC; QL
RIGHTEST GD500 LANCING DEVICE	2	OTC
RIGHTEST GL300 LANCETS	2	OTC; QL
SAFE-T-LANCE	2	OTC; QL
SAFE-T-LANCE PLUS	2	OTC; QL
SAFETY LANCET 30G/PRESSURE ACT	2	OTC; QL

Drug Name	Tier	Notes
SAFETY LANCETS	2	OTC; QL
SAFETY LANCETS 21G	2	OTC; QL
SAFETY LANCETS 28G	2	OTC; QL
SAPS HEALTH TWIST TOP LANCETS	2	OTC; QL
SAPS TWIST TOP LANCETS	2	OTC; QL
SAPSCARE TWIST TOP LANCETS	2	OTC; QL
SB LANCETS THIN	2	OTC; QL
SB LANCETS ULTRA THIN	2	OTC; QL
SELECT-LITE DEVICE/LANCETS KIT	2	OTC; QL
SELECT-LITE LANCING DEVICE	2	OTC
SHOPKO AUTOLET LANCING DEVICE	2	OTC
SHOPKO ON-THE-GO LANCETS 30G	2	OTC; QL
SHOPKO UNILET LANCETS 28G	2	OTC; QL
SHOPKO UNILET LANCETS 30G	2	OTC; QL
SIMPLE DIAGNOSTICS LANCING DEV	2	OTC
SINGLE-LET	2	OTC; QL
SM LANCETS 33G	2	OTC; QL
SM TRUEDRAW LANCING DEVICE	2	OTC
SMART DIABETES VANTAGE LANCING	2	OTC
SMART SENSE COLOR LANCETS 33G	2	OTC; QL
SMART SENSE STANDARD LANCETS	2	OTC; QL
SMART SENSE SUPER THIN LANCETS	2	OTC; QL
SMART SENSE THIN LANCETS 26G	2	OTC; QL
SMARTTEST LANCETS 28G	2	OTC; QL
SOLUS V2 LANCETS 28G	2	OTC; QL
SOLUS V2 LANCING DEVICE	2	OTC

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

Drug Name	Tier	Notes
SOLUS V2 TWIST LANCETS 30G	2	OTC; QL
STERILANCE PA	2	OTC; QL
STERILANCE TL	2	OTC; QL
SUPER THIN LANCETS	2	OTC; QL
SURE COMFORT LANCETS 18G	2	OTC; QL
SURE COMFORT LANCETS 21G	2	OTC; QL
SURE COMFORT LANCETS 23G	2	OTC; QL
SURE COMFORT LANCETS 28G	2	OTC; QL
SURE COMFORT LANCETS 30G	2	OTC; QL
SURE COMFORT LANCING PEN	2	OTC
SURE-LANCE FLAT LANCETS	2	OTC; QL
SURE-LANCE LANCETS 26G	2	OTC; QL
SURE-LANCE THIN LANCETS 28G	2	OTC; QL
SURE-LANCE ULTRA THIN LANCETS	2	OTC; QL
SURELITE LANCETS	2	OTC; QL
SURE-PEN	2	OTC
SURE-TOUCH LANCETS UNIVERSAL	2	OTC; QL
TECHLITE AST LANCETS	2	OTC; QL
TECHLITE LANCETS	2	OTC; QL
TECHLITE LANCETS 30G	2	OTC; QL
TGT LANCET MICRO THIN 33G	2	OTC; QL
TGT LANCET THIN 26G	2	OTC; QL
TGT LANCET ULTRA THIN 30G	2	OTC; QL
TGT LANCING DEVICE	2	OTC
THINLETS GP LANCETS	2	OTC; QL
TODAYS HEALTH LANCING DEVICE	2	OTC
TODAYS HEALTH THIN LANCETS 28G	2	OTC; QL

Drug Name	Tier	Notes
TODAYS HEALTH THIN LANCETS 30G	2	OTC; QL
TOPCARE LANCETS MICRO-THIN 33G	2	OTC; QL
TRAVEL LANCETS	2	OTC; QL
TRAVEL LANCETS ADVANCED 28G	2	OTC; QL
TRUE COMFORT TWIST TOP LANCETS	2	OTC; QL
TRUEDRAW LANCING DEVICE	2	OTC
TRUEPLUS LANCETS 26G	2	OTC; QL
TRUEPLUS LANCETS 28G	2	OTC; QL
TRUEPLUS LANCETS 30G	2	OTC; QL
TRUEPLUS LANCETS 33G	2	OTC; QL
TRUEPLUS SAFETY LANCETS 28G	2	OTC; QL
ULTI-LANCE AUTOMATIC	2	OTC
ULTILET CLASSIC LANCETS	2	OTC; QL
ULTILET LANCETS	2	OTC; QL
ULTILET SAFETY LANCETS	2	OTC; QL
ULTILET SAFETY LANCETS 23G	2	OTC; QL
ULTRA THIN LANCETS 31G	2	OTC; QL
ULTRA-CARE LANCETS 30G	2	OTC; QL
ULTRA-THIN II AUTO LANCET	2	OTC; QL
ULTRA-THIN II LANCETS	2	OTC; QL
UNILET COMFORTOUCH LANCET	2	OTC; QL
UNILET EXCELITE	2	OTC; QL
UNILET EXCELITE II	2	OTC; QL
UNILET G.P. LANCET	2	OTC; QL
UNILET G.P. SUPERLITE LANCET	2	OTC; QL

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

Drug Name	Tier	Notes
UNILET GP 28 ULTRA THIN	2	OTC; QL
UNILET LANCET	2	OTC; QL
UNILET MICRO-THIN 33G	2	OTC; QL
UNILET SUPERLITE LANCET	2	OTC; QL
UNILET SUPER-THIN 30G	2	OTC; QL
UNILET ULTRA-THIN 28G	2	OTC; QL
UNISTIK 1	2	OTC; QL
UNISTIK 2	2	OTC; QL
UNISTIK 2 COMFORT	2	OTC; QL
UNISTIK 2 EXTRA	2	OTC; QL
UNISTIK 2 NEONATAL	2	OTC; QL
UNISTIK 2 NORMAL	2	OTC; QL
UNISTIK 2 SUPER	2	OTC; QL
UNISTIK 3	2	OTC; QL
UNISTIK 3 COMFORT	2	OTC; QL
UNISTIK 3 EXTRA	2	OTC; QL
UNISTIK 3 GENTLE	2	OTC; QL
UNISTIK 3 NEONATAL	2	OTC; QL
UNISTIK 3 NORMAL	2	OTC; QL
UNISTIK CZT COMFORT	2	OTC; QL
UNISTIK CZT NORMAL	2	OTC; QL
UNISTIK NORMAL	2	OTC; QL
UNISTIK PRO SAFETY LANCET	2	OTC; QL
UNISTIK SAFETY LANCETS 28G	2	OTC; QL
UNISTIK SAFETY LANCETS 30G	2	OTC; QL
UNISTIK TOUCH SAFETY LANC 21G	2	OTC; QL
UNISTIK TOUCH SAFETY LANC 23G	2	OTC; QL
UNISTIK TOUCH SAFETY LANC 28G	2	OTC; QL
UNISTIK TOUCH SAFETY LANC 30G	2	OTC; QL
UNIVERSAL 1 LANCETS THIN 26G	2	OTC; QL

Drug Name	Tier	Notes
UNIVERSAL 1 LANCETS THIN 33G	2	OTC; QL
UNIVERSAL 1 LANCETS ULTRA THIN	2	OTC; QL
VALUE PLUS LANCET STANDARD 21G	2	OTC; QL
VALUE PLUS LANCETS SUPER THIN	2	OTC; QL
VALUE PLUS LANCETS THIN 26G	2	OTC; QL
VALUE PLUS LANCING DEVICE	2	OTC
VALUMARK LANCET SUPER THIN 30G	2	OTC; QL
VALUMARK LANCET ULTRA THIN 28G	2	OTC; QL
VIDA MIA AUTOLET LANCING DEV	2	OTC
VIDA MIA UNILET LANCETS 28G	2	OTC; QL
VIDA MIA UNILET LANCETS 30G	2	OTC; QL
VIVAGUARD LANCETS	2	OTC; QL
VIVAGUARD LANCING DEVICE	2	OTC
WALGREENS ADV TRAVEL LANCETS	2	OTC; QL
WALGREENS LANCETS	2	OTC; QL
WALGREENS LANCETS MICRO THIN	2	OTC; QL
WALGREENS LANCETS SUPER THIN	2	OTC; QL
WALGREENS THIN LANCETS	2	OTC; QL
WALGREENS ULTRA THIN LANCETS	2	OTC; QL
ZEVRX TWIST TOP LANCETS 30G	2	OTC; QL
*INSULIN ADMINISTRATION SUPPLIES***		
OMNIPOD 5 PACK	2	PA; QL
OMNIPOD DASH 5 PACK PODS	2	PA; QL
OMNIPOD STARTER KIT	2	PA; QL

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

Drug Name	Tier	Notes
*NEEDLES & SYRINGES***		
1ST TIER UNIFINE PENTIPS	3	ST; OTC; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; OTC; QL
ABOUTTIME PEN NEEDLE	3	ST; OTC; QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; OTC; QL
ADVOCATE INSULIN SYRINGE	3	ST; OTC; QL
ASSURE ID SAFETY PEN NEEDLES	3	ST; OTC; QL
AURORA PEN NEEDLES	3	ST; OTC; QL
AURORA UNIFINE PENTIPS	3	ST; OTC; QL
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	OTC; QL
BD AUTOSHIELD DUO	2	OTC; QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	OTC; QL
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	OTC; QL
BD INSULIN SYRINGE HALF-UNIT	2	OTC; 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	OTC; QL
BD INSULIN SYRINGE U/F	2	OTC; QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	OTC; QL
BD INSULIN SYRINGE U-500	2	QL

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	OTC; QL
BD PEN NEEDLE MICRO U/F	2	OTC; QL
BD PEN NEEDLE MINI U/F	2	OTC; QL
BD PEN NEEDLE NANO 2ND GEN	2	OTC; QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	OTC; QL
BD PEN NEEDLE SHORT U/F	2	OTC; QL
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	OTC; QL
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	QL
BD SAFETY-LOK INSULIN SYRINGE	2	OTC; QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	OTC; QL
BD VEO INSULIN SYRINGE U/F	2	OTC; QL
CAREFINE PEN NEEDLES	3	ST; OTC; QL
CAREONE INSULIN SYRINGE	3	ST; OTC; QL
CAREONE UNIFINE PENTIPS	3	ST; OTC; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; OTC; QL
CARETOUCH INSULIN SYRINGE	3	ST; OTC; QL
CARETOUCH PEN NEEDLES	3	ST; OTC; QL
CLEVER CHOICE COMFORT EZ	3	ST; OTC; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
CLICKFINE PEN NEEDLES	3	ST; OTC; QL	EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; OTC; QL
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; OTC; QL	EASY COMFORT PEN NEEDLES	3	ST; OTC; QL
COMFORT EZ INSULIN SYRINGE	3	ST; OTC; QL	EASY GLIDE PEN NEEDLES	3	ST; OTC; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; OTC; QL	EASY TOUCH FLILOCK INSULIN SY	3	ST; OTC; QL
COMFORT EZ PEN NEEDLES	3	ST; OTC; QL	EASY TOUCH INSULIN SAFETY SYR	3	ST; OTC; QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; OTC; QL	EASY TOUCH INSULIN SYRINGE	3	ST; OTC; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; OTC; QL	EASY TOUCH PEN NEEDLES	3	ST; OTC; QL
DIATHRIVE PEN NEEDLE	3	ST; OTC; QL	EASY TOUCH SAFETY PEN NEEDLES	3	ST; OTC; 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 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL			
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	OTC; 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; OTC; QL
DROPLET MICRON	3	OTC; 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 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
DROPLET PEN NEEDLES	3	ST; OTC; QL	EXEL COMFORT POINT INSULIN SYR	3	ST; OTC; QL
DROPSAFE SAFETY PEN NEEDLES	3	ST; OTC; QL	EXEL COMFORT POINT PEN NEEDLE	3	ST; OTC; QL
DRUG MART UNIFINE PENTIPS	3	ST; OTC; QL	FIFTY50 PEN NEEDLES	3	ST; OTC; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; OTC; QL	FIFTY50 SUPERIOR COMFORT SYR	3	ST; OTC; QL
			FREDS PHARMACY UNIFINE PENTIP+	3	ST; OTC; QL
			FREDS PHARMACY UNIFINE PENTIPS	3	ST; OTC; QL
			GLOBAL EASE INJECT PEN NEEDLES	3	ST; OTC; QL

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

Drug Name	Tier	Notes
GLOBAL EASY GLIDE INSULIN SYR	3	ST; OTC; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; OTC; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; OTC; QL
GLOBAL INSULIN SYRINGES	3	ST; OTC; QL
GLUCOPRO INSULIN SYRINGE	3	ST; OTC; QL
GNP CLICKFINE PEN NEEDLES	3	ST; OTC; 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; OTC; QL
GNP INSULIN SYRINGES	3	ST; OTC; QL
GNP INSULIN SYRINGES 28GX1/2"	3	ST; OTC; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; OTC; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; OTC; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; OTC; QL
GNP ULTICARE PEN NEEDLES	3	ST; OTC; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; OTC; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; OTC; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; OTC; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; OTC; QL
HEALTHWISE MICRON PEN NEEDLES	3	ST; OTC; QL
HEALTHWISE MINI PEN NEEDLES	3	ST; OTC; QL
HEALTHWISE PEN NEEDLES	3	ST; OTC; QL

Drug Name	Tier	Notes
HEALTHWISE SHORT PEN NEEDLES	3	ST; OTC; QL
HEALTHWISE UNIFINE PENTIPS	3	ST; OTC; QL
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; OTC; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; OTC; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; OTC; QL
HM ULTICARE INSULIN SYRINGE	3	ST; OTC; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; OTC; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; OTC; QL
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
INSULIN SYRINGE/NEEDLE	3	ST; OTC; QL
INSULIN SYRINGE-NEEDLE U-100	3	ST; OTC; QL
INSUPEN PEN NEEDLES	3	ST; OTC; QL
INSUPEN SENSITIVE	3	ST; OTC; QL
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; OTC; QL
KINRAY INSULIN SYRINGE	3	ST; OTC; QL
KMART VALU INSULIN SYRINGE 29G	3	ST; OTC; QL
KMART VALU INSULIN SYRINGE 30G	3	ST; OTC; QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL	MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	3	ST; QL
KROGER PEN NEEDLES	3	ST; OTC; QL	MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	3	ST; QL
LEADER INSULIN SYRINGE	3	ST; OTC; QL	MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; OTC; QL
LEADER UNIFINE PENTIPS	3	ST; OTC; 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; OTC; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; OTC; QL	NOVOFINE AUTOCOVER PEN NEEDLE	3	ST; OTC; QL
LITETOUC INSULIN SYRINGE	3	ST; OTC; QL	NOVOFINE PEN NEEDLE	3	ST; OTC; QL
LITETOUC PEN NEEDLES	3	ST; OTC; QL	NOVOFINE PLUS PEN NEEDLE	3	ST; OTC; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; OTC; QL	NOVOTWIST PEN NEEDLE	3	ST; OTC; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL	PC UNIFINE PENTIPS	3	ST; OTC; QL
MARATHON MEDICAL PENTIPS	3	ST; QL	PEN NEEDLES	3	ST; OTC; QL
MAXICOMFORT II PEN NEEDLE	3	ST; OTC; QL	PEN NEEDLES 1/2"	3	ST; OTC; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; OTC; QL	PEN NEEDLES 5/16" 31G X 8 MM	3	ST; OTC; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; OTC; QL	PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; OTC; QL	PENTIPS 31G X 6 MM	3	ST; OTC; QL
MEDIC INSULIN SYRINGE	3	ST; OTC; QL	PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; OTC; QL
MEDICINE SHOPPE PEN NEEDLES	3	ST; OTC; QL	PREFERRED PLUS INSULIN SYRINGE	3	ST; OTC; QL
MEIJER PEN NEEDLES	3	ST; OTC; QL	PREFERRED PLUS UNIFINE PENTIPS	3	ST; OTC; QL
MICRODOT PEN NEEDLE	3	ST; OTC; QL			
MM INSULIN SYRINGE/NEEDLE	3	ST; OTC; QL			
MM PEN NEEDLES	3	ST; OTC; QL			
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL			

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
PREVENT DROPSAFE PEN NEEDLES	3	ST; OTC; QL	SECURESAFE SAFETY PEN NEEDLES	3	ST; OTC; QL
PREVENT SAFETY PEN NEEDLES	3	ST; OTC; QL	SHOPKO UNIFINE PENTIPS	3	ST; OTC; QL
PRO COMFORT INSULIN SYRINGE	3	ST; OTC; QL	SHOPKO UNIFINE PENTIPS PLUS	3	ST; OTC; QL
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	3	ST; QL	SURE COMFORT INSULIN SYRINGE	3	ST; OTC; QL
PRO COMFORT PEN NEEDLES 32G X 6 MM	3	ST; OTC; QL	SURE COMFORT PEN NEEDLES	3	ST; OTC; QL
PRODIGY INSULIN SYRINGE	3	ST; OTC; QL	SURE-FINE PEN NEEDLES	3	ST; OTC; QL
PURE COMFORT PEN NEEDLE	3	ST; OTC; QL	SURE-JECT INSULIN SYRINGE	3	ST; OTC; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; OTC; QL	TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; OTC; QL	TECHLITE PEN NEEDLES	3	ST; OTC; QL
PX MINI PEN NEEDLES	3	ST; OTC; QL	TODAYS HEALTH MINI PEN NEEDLES	3	ST; OTC; QL
PX PEN NEEDLE	3	ST; OTC; QL	TODAYS HEALTH PEN NEEDLES	3	ST; OTC; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; OTC; QL	TODAYS HEALTH SHORT PEN NEEDLE	3	ST; OTC; QL
QC PEN NEEDLES	3	ST; OTC; QL	TOPCARE CLICKFINE PEN NEEDLES	3	ST; OTC; QL
QC UNIFINE PENTIPS	3	ST; OTC; QL	TOPCARE ULTRA COMFORT INS SYR	3	ST; OTC; QL
RA INSULIN SYRINGE	3	ST; OTC; QL	TRUE COMFORT INSULIN SYRINGE	3	ST; OTC; QL
RA PEN NEEDLES	3	ST; OTC; QL	TRUE COMFORT PEN NEEDLES	3	ST; OTC; QL
REALITY INSULIN SYRINGE	3	ST; OTC; QL	TRUE COMFORT PRO INSULIN SYR	3	ST; OTC; 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; OTC; QL	TRUE COMFORT PRO PEN NEEDLES	3	ST; OTC; QL
RELION MINI PEN NEEDLES	3	ST; OTC; QL	TRUEPLUS 5-BEVEL PEN NEEDLES	3	ST; OTC; QL
RELION PEN NEEDLES	3	ST; OTC; QL			
RELION SHORT PEN NEEDLES	3	ST; OTC; QL			
SAFETY INSULIN SYRINGES	3	ST; OTC; QL			
SB INSULIN SYRINGE	3	ST; OTC; QL			
SECURESAFE INSULIN SYRINGE	3	ST; OTC; QL			

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes	
TRUEPLUS INSULIN SYRINGE	3	ST; OTC; QL	ULTRA-THIN II PEN NEEDLES	3	ST; OTC; QL	
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM	3	ST; OTC; QL	UNIFINE PEN NEEDLES	3	ST; OTC; QL	
ULTICARE INSULIN SAFETY SYR	3	ST; QL	UNIFINE PENTIPS	3	ST; OTC; QL	
ULTICARE INSULIN SYRINGE	3	ST; OTC; QL	UNIFINE PENTIPS PLUS	3	ST; OTC; QL	
ULTICARE MICRO PEN NEEDLES	3	ST; OTC; QL	UNIFINE SAFECONTROL PEN NEEDLE	3	ST; OTC; QL	
ULTICARE MINI PEN NEEDLES	3	ST; OTC; QL	UNIFINE ULTRA PEN NEEDLE	3	ST; OTC; QL	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; OTC; QL	VALUE HEALTH INSULIN SYRINGE	3	ST; OTC; QL	
ULTICARE SHORT PEN NEEDLES	3	ST; OTC; QL	VALUMARK PEN NEEDLES	3	ST; OTC; QL	
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; OTC; QL	VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; OTC; QL	
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; OTC; QL	VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	OTC; QL	
ULTILET PEN NEEDLE	3	ST; OTC; QL	VIDA MIA UNIFINE PENTIPS	3	ST; OTC; QL	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; OTC; QL	VP INSULIN SYRINGE	3	ST; OTC; QL	
ULTRA FLO INSULIN PEN NEEDLES	3	ST; OTC; QL	WEGMANS UNIFINE PENTIPS PLUS	3	ST; OTC; QL	
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; OTC; QL	ZEVRX INSULIN SYRINGE	3	ST; OTC; QL	
ULTRA FLO INSULIN SYRINGE	3	ST; OTC; QL	ZEVRX PEN NEEDLES	3	ST; OTC; QL	
ULTRA THIN PEN NEEDLES	3	ST; OTC; QL	*MIGRAINE PRODUCTS*			
ULTRACARE INSULIN SYRINGE	3	ST; OTC; QL	*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***			
ULTRACARE PEN NEEDLES	3	ST; OTC; QL	NURTEC ORAL TABLET DISPERSIBLE	2	PA; QL	
ULTRA-THIN II INS SYR SHORT	3	ST; OTC; QL	*CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES***			
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; OTC; QL	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL	
ULTRA-THIN II MINI PEN NEEDLE	3	ST; OTC; QL				
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; OTC; QL				

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

Drug Name	Tier	Notes
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
*ERGOT COMBINATIONS***		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
*MIGRAINE PRODUCTS***		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL
zolmitriptan nasal solution	1 or 1b*	ST; QL

Drug Name	Tier	Notes
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
MINERALS & ELECTROLYTES		
*BICARBONATES***		
sodium bicarbonate intravenous solution 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	
*CALCIUM COMBINATIONS***		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
*CALCIUM***		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
*ELECTROLYTES & DEXTROSE***		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
ELLIOTTS B INTRATHECAL SOLUTION	3	

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

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

Drug Name	Tier	Notes
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
ringers intravenous solution	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
*FLUORIDE COMBINATIONS***		
FLORIVA ORAL LIQUID	3	
*FLUORIDE***		
fluoritab oral solution	1 or 1a*	\$0
nafrinse drops oral solution	1 or 1a*	\$0
nafrinse oral tablet chewable	1 or 1a*	\$0
sodium fluoride oral solution 0.5 mg/ml	1 or 1b*	OTC; \$0
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*	\$0
sodium fluoride oral tablet	1 or 1a*	\$0
sodium fluoride oral tablet chewable	1 or 1a*	\$0
*MANGANESE***		
manganese chloride intravenous solution	1 or 1b*	
*PHOSPHATE***		
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	1 or 1b*	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
sodium phosphates intravenous solution 15 mmole/5ml	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
*POTASSIUM***		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
*SODIUM***		
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	

Drug Name	Tier	Notes
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1 or 1b*	
*TRACE MINERAL COMBINATIONS***		
MULTRY'S INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRALEMENT INTRAVENOUS SOLUTION	3	
*TRACE MINERALS***		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
SELENIOUS ACID INTRAVENOUS SOLUTION	3	
*ZINC***		
GALZIN ORAL CAPSULE	3	
WILZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
*ALLOGENEIC THYMUS TISSUE***		
RETHYMIC INTRAMUSCULAR IMPLANT	3	
*ANTILEPROTICS***		
THALOMID ORAL CAPSULE	2	PA; SP; QL
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS***		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP

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

Drug Name	Tier	Notes
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; LD; SP; QL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP; QL
*CHELATATING AGENTS***		
DEPEN TITRATABS ORAL TABLET	3	PA; LD; SP; QL
EDETA TE DISODIUM INTRAVENOUS SOLUTION	3	
penicillamine oral tablet	1 or 1b*	PA; SP; QL
trientine hcl oral capsule	1 or 1b*	PA; SP; QL
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	

Drug Name	Tier	Notes
*CYCLOSPORINE ANALOGS***		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE	5	PA; LD; QL
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	3	
*ENZYMES***		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	5	PA; LD
*FARNESYLTRANSFER ASE INHIBITORS***		
ZOKINVY ORAL CAPSULE	5	PA; LD; QL
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***		
SOLESTA INJECTION GEL	5	LD; SP

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

Drug Name	Tier	Notes
*IMMUNE GLOBULIN IMMUNOSUPPRESSANT S***		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*IMMUNOMODULATOR S FOR MYELODYSPLASTIC SYNDROMES***		
REVLIMID ORAL CAPSULE	2	PA; LD; SP; QL
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	
CELLCEPT ORAL TABLET	3	
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	3	

Drug Name	Tier	Notes
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	5	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	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	

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

Drug Name	Tier	Notes
ZORTRESS ORAL TABLET	3	
*MISCELLANEOUS THERAPEUTIC CLASSES***		
NEXAVIR INJECTION SOLUTION	3	
*MONOCLONAL ANTIBODIES***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP; QL
GAMIFANT INTRAVENOUS SOLUTION	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS SOLUTION	5	PA; LD; QL
*PERITONEAL DIALYSIS SOLUTIONS***		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	

Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
EXTRANEAL INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION	3	
*POTASSIUM REMOVING AGENTS***		
LOKELMA ORAL PACKET	3	

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

Drug Name	Tier	Notes
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	
*PROSTAGLANDINS***		
alprostadiol injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
*PURINE ANALOGS***		
azasan oral tablet	3	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
*ROCK INHIBITORS***		
REZUROCK ORAL TABLET	3	PA; LD; QL
*SCLEROSING AGENTS***		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	3	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	LD
*SELECTIVE T-CELL COSTIMULATION BLOCKERS***		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS***		
SAPHNELO INTRAVENOUS SOLUTION	5	PA; LD; QL
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL
*ANTI-INFECTIVES - THROAT***		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	1 or 1b*	QL
ORAVIG BUCCAL TABLET	3	
*ANTISEPTICS - MOUTH/THROAT***		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
periogard mouth/throat solution	1 or 1a*	QL
*DENTAL PRODUCTS - COMBINATIONS***		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	

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

Drug Name	Tier	Notes
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	
*FLUORIDE DENTAL PRODUCTS***		
cavarest dental gel	1 or 1b*	
clinpro 5000 dental paste	1 or 1b*	QL
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	
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	1 or 1b*	
just right 5000 dental paste	1 or 1b*	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	QL
PREVIDENT DENTAL GEL	3	
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	

Drug Name	Tier	Notes
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental gel	1 or 1b*	
sodium fluoride 5000 ppm dental paste	1 or 1b*	
sodium fluoride dental cream	1 or 1b*	QL
sodium fluoride dental gel 1.1 %	1 or 1b*	
sodium fluoride mouth/throat solution	1 or 1a*	
*PROTECTANTS - MOUTH/THROAT***		
SILATRIX MOUTH/THROAT GEL	3	
*SALIVA STIMULANTS***		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
*STEROIDS - MOUTH/THROAT/DENTAL***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
b complex-b12 oral tablet	1 or 1b*	OTC; \$0
B-COMPLEX INJECTION INJECTABLE	3	
b-complex plus b-12 oral tablet	1 or 1b*	OTC; \$0
b-complex/b-12 oral tablet	1 or 1b*	OTC; \$0
ra b-complex oral tablet	1 or 1b*	OTC; \$0
ra b-complex with b-12 oral tablet	1 or 1b*	OTC; \$0
vitamin b complex oral tablet	1 or 1b*	OTC; \$0
vitamin b-complex oral tablet	1 or 1b*	OTC; \$0

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

Drug Name	Tier	Notes
vitamin-b complex oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C & CALCIUM***		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	OTC; \$0
qc b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C & FOLIC ACID***		
b complex-c-folic acid oral tablet	1 or 1b*	OTC; \$0
b-complex balanced oral tablet	1 or 1b*	OTC; \$0
b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	OTC; \$0
dialyvite 800 oral tablet	1 or 1b*	OTC; \$0
eql super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2	OTC; \$0
kp b complex-c oral tablet	1 or 1b*	OTC; \$0
nephro vitamins oral tablet	1 or 1b*	OTC; \$0
NEPHRO-VITE ORAL TABLET	2	OTC; \$0
px b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
renal multivitamin formula oral tablet	1 or 1b*	OTC; \$0
renal vitamin oral tablet	1 or 1b*	OTC; \$0
renal-vite oral tablet	1 or 1b*	OTC; \$0
rena-vite oral tablet	1 or 1b*	OTC; \$0
sm b super vitamin complex oral tablet	1 or 1b*	OTC; \$0
SM B-COMPLEX/VITAMIN C ORAL TABLET	2	OTC; \$0
stress formula (folic acid) oral tablet	1 or 1b*	OTC; \$0
super b complex/fa/vit c oral tablet	1 or 1b*	OTC; \$0
super b-complex/vit c/fa oral tablet	1 or 1b*	OTC; \$0
VITALINE BIOTIN FORTE ORAL TABLET	2	OTC; \$0

Drug Name	Tier	Notes
*B-COMPLEX W/ C***		
allbee/c oral tablet	1 or 1b*	OTC; \$0
b complex-c oral tablet	1 or 1b*	OTC; \$0
b-complex-c oral tablet	1 or 1b*	OTC; \$0
better b complex oral tablet	1 or 1b*	OTC; \$0
cvs b complex plus c oral tablet	1 or 1b*	OTC; \$0
cvs super b complex/c oral tablet	1 or 1b*	OTC; \$0
hm b complex/c oral tablet	1 or 1b*	OTC; \$0
sm super b complex/c oral tablet	1 or 1b*	OTC; \$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b-complex + vitamin c oral tablet	1 or 1b*	OTC; \$0
vitamin b + c complex oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2	OTC; \$0
*B-COMPLEX W/ FOLIC ACID***		
b complex (folic acid) oral tablet	1 or 1b*	OTC; \$0
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	OTC; \$0
b complex plus oral tablet	1 or 1b*	OTC; \$0
b-complex (folic acid) oral tablet	1 or 1b*	OTC; \$0
big 100 oral tablet	1 or 1b*	OTC; \$0
kobee oral tablet	1 or 1b*	OTC; \$0
sm balanced b-100 oral tablet	1 or 1b*	OTC; \$0
sm balanced b-50 oral tablet	1 or 1b*	OTC; \$0
super b complex maxi oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
b complex 100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b complex-biotin-fa oral tablet	1 or 1b*	OTC; \$0

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

Drug Name	Tier	Notes
b-100 b-complex oral tablet	1 or 1b*	OTC; \$0
b-100 complex cr oral tablet extended release	1 or 1b*	OTC; \$0
b-100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b-50 complex oral tablet extended release	1 or 1b*	OTC; \$0
balance b-50 oral tablet	1 or 1b*	OTC; \$0
balanced b complex oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet extended release	1 or 1b*	OTC; \$0
balanced b-50/fa oral tablet	1 or 1b*	OTC; \$0
b-compleet-100 oral tablet	1 or 1b*	OTC; \$0
b-compleet-50 oral tablet	1 or 1b*	OTC; \$0
b-complex oral tablet	1 or 1b*	OTC; \$0
big 100 (biotin) oral tablet	1 or 1b*	OTC; \$0
complex b-100 oral tablet extended release	1 or 1b*	OTC; \$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
endur-b oral tablet extended release	1 or 1b*	OTC; \$0
eql b complex 50 oral tablet	1 or 1b*	OTC; \$0
eql b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0
gnp b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0
gnp b-50 complex oral tablet extended release	1 or 1b*	OTC; \$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
quin b strong b-25 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	OTC; \$0
ra balanced b-100 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	OTC; \$0
sm b100 complex oral tablet	1 or 1b*	OTC; \$0
sm b-complex oral tablet	1 or 1b*	OTC; \$0
super b-100 oral tablet	1 or 1b*	OTC; \$0
super b-50 oral tablet	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
super b-complex oral tablet	1 or 1b*	OTC; \$0
super dec b-100 oral tablet	1 or 1b*	OTC; \$0
super quints b-50 oral tablet	1 or 1b*	OTC; \$0
yl balanced b-100 oral tablet	1 or 1b*	OTC; \$0
*BIOFLAVONOID PRODUCTS***		
ADRENAL C FORMULA ORAL TABLET	3	
*MULTIPLE VITAMINS W/ IRON***		
daily multiple vitamins/iron oral tablet	1 or 1b*	OTC; \$0
daily vitamin formula+iron oral tablet	1 or 1b*	OTC; \$0
daily vite multivitamin/iron oral tablet	1 or 1b*	OTC; \$0
daily-vitamin/iron oral tablet	1 or 1b*	OTC; \$0
multi-day plus iron oral tablet	1 or 1b*	OTC; \$0
multiple vitamins/iron oral tablet	1 or 1b*	OTC; \$0
multivitamin plus iron adult oral tablet	1 or 1b*	OTC; \$0
multi-vitamin/iron oral tablet	1 or 1b*	OTC; \$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	OTC; \$0
one daily multivitamin/iron oral tablet	1 or 1b*	OTC; \$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	OTC; \$0
one-daily/iron oral tablet	1 or 1b*	OTC; \$0
qc daily multivitamins/iron oral tablet	1 or 1b*	OTC; \$0
sm multiple vitamins/iron oral tablet	1 or 1b*	OTC; \$0
stress b complex/iron oral tablet	1 or 1b*	OTC; \$0
stress formula/iron oral tablet	1 or 1b*	OTC; \$0
tab-a-vite/iron oral tablet	1 or 1b*	OTC; \$0
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	2	OTC; \$0

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

Drug Name	Tier	Notes
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID***		
FOLGARD OS ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS***		
FOLAMAX ORAL TABLET	3	
FOLIFLEX ORAL TABLET	3	
PROFOLA ORAL TABLET	3	
VENEXA ORAL TABLET	3	
VITRANOL FE ORAL TABLET	3	
ZYVANA ORAL CAPSULE	3	
*MULTIVITAMINS***		
AMLADEX ORAL TABLET	2	OTC; \$0
anti-oxidant oral tablet	1 or 1b*	OTC; \$0
daily multiple vitamins oral tablet	1 or 1b*	OTC; \$0
daily value multivitamin oral tablet	1 or 1b*	OTC; \$0
daily vitamin oral tablet	1 or 1b*	OTC; \$0
daily vitamins oral tablet	1 or 1b*	OTC; \$0
daily vite oral tablet	1 or 1b*	OTC; \$0
daily vites oral tablet	1 or 1b*	OTC; \$0
daily-vitamin oral tablet	1 or 1b*	OTC; \$0
daily-vite multivitamin oral tablet	1 or 1b*	OTC; \$0
daily-vite oral tablet	1 or 1b*	OTC; \$0
ESTROFACTORS ORAL TABLET	2	OTC; \$0
gnp essential one daily oral tablet	1 or 1b*	OTC; \$0
healthy hair/skin/nails oral tablet	1 or 1b*	OTC; \$0
HIGH POTENCY MULTIVITAMIN ORAL TABLET	2	OTC; \$0
INFUVITE ADULT INTRAVENOUS INJECTABLE	3	

Drug Name	Tier	Notes
multi vitamin daily oral tablet	1 or 1b*	OTC; \$0
MULTI VITAMIN W/D-3 ORAL TABLET	2	OTC; \$0
multi-day oral tablet	1 or 1b*	OTC; \$0
multiple vitamin-folic acid oral tablet	1 or 1b*	OTC; \$0
multiple vitamins essential oral tablet	1 or 1b*	OTC; \$0
multiple vitamins oral tablet	1 or 1b*	OTC; \$0
multi-vitamin daily oral tablet	1 or 1b*	OTC; \$0
multivitamin iron-free oral tablet	1 or 1b*	OTC; \$0
MULTIVITAMIN ORAL TABLET	2	OTC; \$0
multi-vitamin oral tablet	1 or 1b*	OTC; \$0
NEOMULTIVITE ORAL TABLET	2	OTC; \$0
OMNICAP ORAL TABLET	2	OTC; \$0
once daily oral tablet	1 or 1b*	OTC; \$0
one daily multivitamin adult oral tablet	1 or 1b*	OTC; \$0
one daily oral tablet	1 or 1b*	OTC; \$0
ONE-A-DAY ESSENTIAL ORAL TABLET	2	OTC; \$0
ONE-A-DAY MENS ORAL TABLET	2	OTC; \$0
one-daily multi vitamins oral tablet	1 or 1b*	OTC; \$0
one-daily multi-vitamin oral tablet	1 or 1b*	OTC; \$0
qc essentials oral tablet	1 or 1b*	OTC; \$0
QUINTABS ORAL TABLET	2	OTC; \$0
sm multiple vitamins essential oral tablet	1 or 1b*	OTC; \$0
stress formula oral tablet	1 or 1b*	OTC; \$0
stresstabs energy oral tablet	1 or 1b*	OTC; \$0
tab-a-vite oral tablet	1 or 1b*	OTC; \$0
tab-a-vite/beta carotene oral tablet	1 or 1b*	OTC; \$0
THERA ORAL TABLET	2	OTC; \$0
thera-mill oral tablet	1 or 1b*	OTC; \$0
thera-tabs oral tablet	1 or 1b*	OTC; \$0

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

Drug Name	Tier	Notes
THEREMS ORAL TABLET	2	OTC; \$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	OTC; \$0
vitalee oral tablet	1 or 1b*	OTC; \$0
*PED MULTI VITAMINS W/FL & FE***		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
POLY-VI-FLOR/IRON ORAL SUSPENSION	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE	3	
QUFLORA FE PEDIATRIC ORAL LIQUID	3	
*PED MV W/ FLUORIDE***		
FLORIVA PLUS ORAL SOLUTION	3	
multivitamin/fluoride oral solution	1 or 1b*	\$0
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
POLY-VI-FLOR ORAL SUSPENSION	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE	2	
QUFLORA PEDIATRIC ORAL SOLUTION	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
*PED VITAMINS ACD & FA W/ FLUORIDE***		
TRI-VI-FLOR ORAL SUSPENSION	3	
TRI-VI-FLORO ORAL SUSPENSION	3	
*PED VITAMINS ACD W/ FLUORIDE***		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0

Drug Name	Tier	Notes
multivitamin select/fluoride oral solution	1 or 1b*	OTC; \$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acd-fluoride oral solution	1 or 1b*	\$0
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
FLORIVA ORAL TABLET CHEWABLE	3	
*PEDIATRIC MULTIPLE VITAMINS***		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
*PRENATAL MV & MIN W/FE-FA***		
ATABEX EC ORAL TABLET DELAYED RELEASE	3	QL
ATABEX OB ORAL TABLET	3	QL
AZESCO ORAL TABLET	3	ST; QL
CITRANATAL B-CALM ORAL	3	QL
CITRANATAL BLOOM ORAL TABLET	3	ST; QL
CITRANATAL RX ORAL TABLET	3	ST; QL
CLASSIC PRENATAL ORAL TABLET	2	OTC; \$0
C-NATE DHA ORAL CAPSULE	3	QL
COMPLETENATE ORAL TABLET CHEWABLE	2	QL
CO-NATAL FA ORAL TABLET	3	QL
CONCEPT DHA ORAL CAPSULE	3	QL
CONCEPT OB ORAL CAPSULE	3	QL
CVS PRENATAL ORAL TABLET 27-0.8 MG	2	OTC; \$0; QL
DUET DHA 400 ORAL	3	ST; QL
DUET DHA BALANCED ORAL 25-1 & 267 MG	3	ST; QL
elite-ob oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	OTC; \$0
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
GNP PRENATAL ORAL TABLET	2	OTC; \$0
inatal gt oral tablet	1 or 1b*	QL
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	2	ST; QL
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; \$0
KPN PRENATAL ORAL TABLET	2	OTC; \$0
M-NATAL PLUS ORAL TABLET	3	QL
MULTI PRENATAL ORAL TABLET	2	OTC; \$0; QL
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; QL
NATALVIT ORAL TABLET	3	QL
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
NEONATAL COMPLETE ORAL TABLET	3	ST; QL
NEONATAL FE ORAL TABLET	3	ST; QL
NEONATAL PLUS ORAL TABLET	3	ST; QL
NEONATAL VITAMIN ORAL TABLET	2	OTC; \$0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	3	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL

Drug Name	Tier	Notes
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
OBSTETRIX DHA ORAL	3	QL
OBSTETRIX EC ORAL TABLET	3	QL
ONE VITE WOMENS ORAL TABLET	2	OTC; \$0; QL
ONE VITE WOMENS PLUS ORAL TABLET	3	QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	OTC; \$0
PERRY PRENATAL ORAL CAPSULE	2	OTC; \$0
PNV TABS 20-1 ORAL TABLET	3	ST; QL
PNV TABS 29-1 ORAL TABLET	2	ST; QL
PNV-OMEGA ORAL CAPSULE	3	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
PRENARA ORAL CAPSULE	3	ST; QL
prenatabs rx oral tablet	1 or 1a*	ST; QL
PRENATAL (W/IRON & FA) ORAL TABLET	2	OTC; \$0
PRENATAL 19 ORAL TABLET 29-1 MG	3	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	3	QL
PRENATAL COMPLETE ORAL TABLET	2	OTC; \$0
PRE-NATAL FORMULA ORAL TABLET	2	OTC; \$0

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

Drug Name	Tier	Notes
PRENATAL FORTE ORAL TABLET	2	OTC; \$0
PRENATAL ONE DAILY ORAL TABLET	2	OTC; \$0; QL
PRENATAL ORAL TABLET 27-0.8 MG	2	\$0; QL
PRENATAL ORAL TABLET 27-1 MG	2	QL
PRENATAL ORAL TABLET 28-0.8 MG	2	OTC; \$0
PRENATAL PLUS IRON ORAL TABLET	2	ST; QL
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	OTC; \$0
PRENATAL VITAMIN ORAL TABLET	2	OTC; \$0; QL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	QL
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2	OTC; \$0
PRENATAL/IRON ORAL TABLET	2	OTC; \$0
PRENATAL-U ORAL CAPSULE	2	QL
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRENATVITE COMPLETE ORAL TABLET	3	ST; QL
PRENATVITE PLUS ORAL TABLET	3	ST; QL
PRENATVITE RX ORAL TABLET	3	ST; QL
PREPLUS ORAL TABLET	2	QL
PRETAB ORAL TABLET	2	QL
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	3	QL

Drug Name	Tier	Notes
PX PRENATAL MULTIVITAMINS ORAL TABLET	2	OTC; \$0
QC PRENATAL ORAL TABLET	2	OTC; \$0
RA PRENATAL FORMULA ORAL TABLET	2	OTC; \$0
RA PRENATAL ORAL TABLET	2	OTC; \$0
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	3	QL
SE-NATAL 19 ORAL TABLET	2	QL
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL
SM ONE DAILY PRENATAL ORAL	2	OTC; \$0
SM PRENATAL VITAMINS ORAL TABLET	2	OTC; \$0
TARON-C DHA ORAL CAPSULE 35-1 MG	3	QL
THRIVITE RX ORAL TABLET	2	ST; QL
TRICARE ORAL TABLET	3	QL
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3	QL
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL
TRINAZ ORAL TABLET	3	ST; QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VINATE II ORAL TABLET	2	QL
VINATE ONE ORAL TABLET	2	QL
VIRT-C DHA ORAL CAPSULE	3	QL

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL	ENFAMIL EXPECTA ORAL	2	OTC; \$0; QL
VIRT-PN PLUS ORAL CAPSULE	3	ST; QL	NEONATAL + DHA ORAL	3	ST; QL
VITAFOL GUMMIES ORAL TABLET CHEWABLE	3	ST; QL	NESTABS ONE ORAL CAPSULE	3	ST; QL
VITAFOL-NANO ORAL TABLET	3	ST; QL	OBSTETRIX ONE ORAL CAPSULE	3	QL
VITAFOL-OB ORAL TABLET	3	ST; QL	pnv-dha oral capsule	1 or 1b*	QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL	PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL	PREGEN DHA ORAL CAPSULE	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL	PRENA 1 TRUE ORAL	3	QL
VP-PNV-DHA ORAL CAPSULE	3	ST; QL	PRENAISSANCE ORAL CAPSULE	3	ST; QL
WESTAB PLUS ORAL TABLET	3	ST; QL	PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL
ZALVIT ORAL TABLET	3	ST; QL	PRENATAL MULTIVITAMIN + DHA ORAL	2	OTC; \$0; QL
ZATEAN-PN PLUS ORAL CAPSULE	3	ST; QL	PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***			PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG	3	QL	PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
*PRENATAL MV & MIN W/FE-FA-DHA***			PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL	PRENATE PIXIE ORAL CAPSULE	3	ST; QL
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL	PRENATE RESTORE ORAL CAPSULE	3	ST; QL
CITRANATAL BLOOM DHA ORAL	3	ST; QL	SELECT-OB+DHA ORAL	3	ST; QL
CITRANATAL DHA ORAL	3	ST; QL	TARON-PREX ORAL CAPSULE	3	QL
CITRANATAL ESSENCE ORAL THERAPY PACK	3	ST; QL	TRISTART DHA ORAL CAPSULE	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	ST; QL	TRISTART FREE ORAL CAPSULE	3	ST; QL
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL	TRISTART ONE ORAL CAPSULE	3	ST; QL
			VIRT-PN DHA ORAL CAPSULE	3	QL

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

Drug Name	Tier	Notes
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
ZATEAN-PN DHA ORAL CAPSULE	3	ST; QL
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
PRENATE ORAL TABLET CHEWABLE	3	ST; QL
*PRENATAL VITAMINS***		
NEONATAL 19 ORAL TABLET	3	ST; QL
PREMESISRX ORAL TABLET	2	ST; QL
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAFOL STRIPS ORAL FILM	3	ST; QL
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	ST; QL
*VITAMINS A & D***		
COD LIVER OIL ORAL OIL	3	
*VITAMINS W/ LIPOTOPICS***		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	OTC; \$0
b complex (lipotropics) oral tablet	1 or 1b*	OTC; \$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
b-100 complex oral tablet	1 or 1b*	OTC; \$0
b-100 cr oral tablet extended release	1 or 1b*	OTC; \$0
b-100 oral tablet	1 or 1b*	OTC; \$0
b-50 oral tablet	1 or 1b*	OTC; \$0
balance b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-100 complex cr oral tablet extended release	1 or 1b*	OTC; \$0
balanced b-50 complex oral tablet	1 or 1b*	OTC; \$0
complex b-100-inositol oral tablet extended release	1 or 1b*	OTC; \$0
cvs balanced b50 oral tablet	1 or 1b*	OTC; \$0
cvs inner ear plus oral tablet	1 or 1b*	OTC; \$0
ear health formula oral tablet	1 or 1b*	OTC; \$0
ear health plus oral tablet	1 or 1b*	OTC; \$0
inner ear plus oral tablet	1 or 1b*	OTC; \$0
lipo flavonoid plus oral tablet	1 or 1b*	OTC; \$0
lipoflavovit oral tablet	1 or 1b*	OTC; \$0
LIPOTRIAD ORAL TABLET	2	OTC; \$0
mega multiple/chelated mineral oral tablet	1 or 1b*	OTC; \$0
nat-rul b-50 oral tablet	1 or 1b*	OTC; \$0
px b-50 oral tablet	1 or 1b*	OTC; \$0
risanoid plus oral tablet	1 or 1b*	OTC; \$0
super stress b-complex cr oral tablet extended release	1 or 1b*	OTC; \$0
ultra b-100 complex oral tablet	1 or 1b*	OTC; \$0
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
baclofen intrathecal solution	4	
BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	5	
baclofen oral tablet	1 or 1b*	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL

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

Drug Name	Tier	Notes
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	5	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	5	
LIORESAL INTRATHECAL SOLUTION	3	
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	3	ST
SKELAXIN ORAL TABLET	3	ST; QL
SOMA ORAL TABLET	3	ST; QL
tizanidine hcl oral capsule	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
ZANAFLEX ORAL CAPSULE	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
*DIRECT MUSCLE RELAXANTS***		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	3	
*MUSCLE RELAXANT COMBINATIONS***		
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	QL
CYCLOPAK COMBINATION THERAPY PACK	3	
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST
VISCOSUPPLEMENTS		
**		
DUROLANE INTRA- ARTICULAR PREFILLED SYRINGE	5	PA
EUFLEXXA INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA
GEL-ONE INTRA- ARTICULAR PREFILLED SYRINGE	5	PA
GELSYN-3 INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA
HYALGAN INTRA- ARTICULAR SOLUTION	5	PA
HYALGAN INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA
HYMOVIS INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA; LD
MONOVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
ORTHOVISC INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SUPARTZ FX INTRA- ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA

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

Drug Name	Tier	Notes
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	5	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*ANTIHISTAMINE-STEROID***		
azelastine-fluticasone nasal suspension	3	QL
DYMISTA NASAL SUSPENSION	3	QL
*NASAL ANESTHETICS***		
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	
*NASAL ANTICHOLINERGICS***		
ipratropium bromide nasal solution	1 or 1b*	QL
*NASAL ANTIHISTAMINES***		
azelastine hcl nasal solution	1 or 1b*	QL
olopatadine hcl nasal solution	1 or 1b*	QL
PATANASE NASAL SOLUTION	3	QL
*NASAL STEROIDS***		
flunisolide nasal solution 25 mcg/act (0.025%)	3	ST; QL
fluticasone propionate nasal suspension	1 or 1a*	QL
mometasone furoate nasal suspension	3	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	

Drug Name	Tier	Notes
NEUROMUSCULAR AGENTS		
*BENZATHIAZOLES***		
EXSERVAN ORAL FILM	5	QL
RILUTEK ORAL TABLET	5	SP; QL
riluzole oral tablet	4	SP; QL
TIGLUTIK ORAL SUSPENSION	5	QL
*DEPOLARIZING MUSCLE RELAXANTS***		
ANECTINE INJECTION SOLUTION	3	
QUELICIN INJECTION SOLUTION	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
*MUSCULAR DYSTROPHY AGENTS***		
AMONDYS 45 INTRAVENOUS SOLUTION	5	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION	5	PA; LD
VILTEPSO INTRAVENOUS SOLUTION	5	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION	5	PA; LD
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***		
BOTOX INJECTION SOLUTION RECONSTITUTED	5	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; SP

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

Drug Name	Tier	Notes
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	5	PA; LD; SP
*NONDEPOLARIZING MUSCLE RELAXANTS***		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml		
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	3	
pancuronium bromide intravenous solution 1 mg/ml	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***		
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LD; QL
NUTRIENTS		
*AMINO ACID MIXTURES***		
AMINOPROTECT INTRAVENOUS SOLUTION	3	

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

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

Drug Name	Tier	Notes
clinisol sf intravenous solution	1 or 1b*	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	
PROSOL INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	
*AMINO ACIDS-SINGLE***		
ARGININE HCL INJECTION SOLUTION	3	
ELCYS INTRAVENOUS SOLUTION	3	
GLUTATHIONE INJECTION SOLUTION	3	
GLUTATHIONE INTRAVENOUS SOLUTION	3	
GLYCINE INJECTION SOLUTION	3	
LYSINE HCL INJECTION SOLUTION	3	
TAURINE INJECTION SOLUTION	3	
*CARBOHYDRATES***		
dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 70 %	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
*LIPIDS***		
CLINOLIPID INTRAVENOUS EMULSION	3	

Drug Name	Tier	Notes
DOJOLVI ORAL LIQUID	5	PA; LD; SP; QL
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
*LIPOTROPIC COMBINATIONS***		
LIPO INTRAMUSCULAR SOLUTION	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
*PROTEIN COMBINATIONS***		
TRI-AMINO INJECTION SOLUTION	3	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
COMBIGAN OPHTHALMIC SOLUTION	2	QL

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

Drug Name	Tier	Notes
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL
*BETA-BLOCKERS - OPHTHALMIC***		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
BETIMOL OPHTHALMIC SOLUTION	3	QL
BETOPTIC-S OPHTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	QL
TIMOPTIC OPHTHALMIC SOLUTION	3	QL
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	QL
*CYCLOPLEGIC MYDRIATIC COMBINATIONS***		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
*CYCLOPLEGIC MYDRIATICS***		
altafrin ophthalmic solution 10 %, 2.5 %	1 or 1b*	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	

Drug Name	Tier	Notes
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 0.5 %, 2 %	1 or 1b*	
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
ISOPTO ATROPINE OPHTHALMIC SOLUTION	3	QL
MYDRIACYL OPHTHALMIC SOLUTION	3	
PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	3	PA; QL
*MIOTICS - DIRECT ACTING***		
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %	3	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	

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

Drug Name	Tier	Notes
*OPHTHALMIC ADRENERGIC AGENTS***		
EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC ANTIALLERGIC***		
azelastine hcl ophthalmic solution	1 or 1b*	QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
*OPHTHALMIC ANTIBIOTICS***		
AZASITE OPHTHALMIC SOLUTION	3	
bacitracin ophthalmic ointment	1 or 1b*	QL
BESIVANCE OPHTHALMIC SUSPENSION	3	
CILOXAN OPHTHALMIC OINTMENT	3	QL
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic solution	1 or 1a*	
erythromycin ophthalmic ointment	1 or 1a*	QL
gatifloxacin ophthalmic solution	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution	1 or 1b*	
MITOMYCIN INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
MITOSOL OPHTHALMIC KIT	3	
MOXEZA OPHTHALMIC SOLUTION	3	QL

Drug Name	Tier	Notes
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
OCUFLOX OPHTHALMIC SOLUTION	3	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	3	QL
VIGAMOX OPHTHALMIC SOLUTION	3	QL
ZYMAXID OPHTHALMIC SOLUTION	3	
*OPHTHALMIC ANTIFUNGAL***		
NATACYN OPHTHALMIC SUSPENSION	3	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
ak-poly-bac ophthalmic ointment	1 or 1a*	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL

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

Drug Name	Tier	Notes
polycin ophthalmic ointment	1 or 1a*	
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
POLYTRIM OPHTHALMIC SOLUTION	3	QL
*OPHTHALMIC ANTISEPTICS***		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	3	
*OPHTHALMIC ANTIVIRALS***		
trifluridine ophthalmic solution	1 or 1b*	QL
ZIRGAN OPHTHALMIC GEL	3	QL
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
AZOPT OPHTHALMIC SUSPENSION	3	QL
brinzolamide ophthalmic suspension	1 or 1b*	QL
TRUSOPT OPHTHALMIC SOLUTION	3	QL
*OPHTHALMIC DIAGNOSTIC PRODUCTS***		
ak-fluor intravenous solution 10 %	1 or 1b*	
AK-FLUOR INTRAVENOUS SOLUTION 25 %	3	
altafluor benox ophthalmic solution	1 or 1b*	
FLUORESCINE SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
FLURA-SAFE OPHTHALMIC SOLUTION	3	
PAREMYD OPHTHALMIC SOLUTION	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
*OPHTHALMIC IMMUNOMODULATORS ***		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA; QL
RESTASIS OPHTHALMIC EMULSION	3	PA; QL
*OPHTHALMIC IRRIGATION SOLUTIONS***		
balanced salt intraocular solution	1 or 1b*	
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN OPHTHALMIC SOLUTION	3	QL
*OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS***		
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION	3	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes		
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE	3		PROLENSA OPHTHALMIC SOLUTION	3	QL		
*OPHTHALMIC LOCAL ANESTHETICS***							
AKTEN OPHTHALMIC GEL	3		*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS***				
ALCAINE OPHTHALMIC SOLUTION	3		VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	5	LD; SP; QL		
proparacaine hcl ophthalmic solution	1 or 1b*		*OPHTHALMIC PHOTOENHANCER COMBINATIONS***				
tetracaine hcl ophthalmic solution	1 or 1b*		PHOTREXA VISCOSUS OPHTHALMIC SOLUTION PREFILLED SYRINGE	3			
*OPHTHALMIC NERVE GROWTH FACTORS***							
OXERVATE OPHTHALMIC SOLUTION	5	PA; LD; QL	PHOTREXA-PHOTREXA VISCOSUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3			
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***							
ACULAR LS OPHTHALMIC SOLUTION	3	QL	*OPHTHALMIC RHO KINASE INHIBITORS***				
ACULAR OPHTHALMIC SOLUTION	3	QL	RHOPRESSA OPHTHALMIC SOLUTION	3	QL		
ACUVAIL OPHTHALMIC SOLUTION	3	QL	*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***				
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL		
BROMSITE OPHTHALMIC SOLUTION	3	QL	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL		
diclofenac sodium ophthalmic solution	1 or 1b*	QL	apraclonidine hcl ophthalmic solution	1 or 1b*			
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL	brimonidine tartrate ophthalmic solution	1 or 1b*	QL		
ILEVRO OPHTHALMIC SUSPENSION	2	QL	IOPIDINE OPHTHALMIC SOLUTION 1 %	3			
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL	*OPHTHALMIC STEROID COMBINATIONS***				
NEVANAC OPHTHALMIC SUSPENSION	3	QL	bacitrac-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*			

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

Drug Name	Tier	Notes
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	QL
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
DEXAMETHASONE- MOXIFLOXACIN INTRAOCULAR SOLUTION	3	
DEXAMETH- MOXIFLOX- KETOROLAC INTRAOCULAR SOLUTION	3	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
neomycin-polymyxin- dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	
neomycin-polymyxin-hc ophthalmic suspension 3.5- 10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	QL
TOBRADEX ST OPHTHALMIC SUSPENSION	3	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL

Drug Name	Tier	Notes
TRIAMCINOLONE- MOXIFLOXACIN INTRAOCULAR SUSPENSION	3	
ZYLET OPHTHALMIC SUSPENSION	2	
*OPHTHALMIC STEROIDS***		
ALREX OPHTHALMIC SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
DUREZOL OPHTHALMIC EMULSION	2	QL
FLAREX OPHTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
ILUVIEN INTRAVITREAL IMPLANT	5	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION	3	QL
LOTEMAX OPHTHALMIC GEL	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	QL
LOTEMAX OPHTHALMIC SUSPENSION	3	QL

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

Drug Name	Tier	Notes
LOTEMAX SM OPHTHALMIC GEL	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL
MAXIDEX OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; LD; SP
PRED MILD OPHTHALMIC SUSPENSION	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL
RETISERT INTRAVITREAL IMPLANT	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION	3	
YUTIQ INTRAVITREAL IMPLANT	3	PA; LD
*OPHTHALMIC SULFONAMIDES***		
BLEPH-10 OPHTHALMIC SOLUTION	3	QL
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS***		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT 0.4- 0.35 ML, 0.55-0.5 ML	3	
OMIDRIA INTRAOCULAR SOLUTION	3	

Drug Name	Tier	Notes
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC SURGICAL AIDS***		
AMVISC INTRAOCULAR SOLUTION	5	
AMVISC PLUS INTRAOCULAR SOLUTION	5	
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON Duet PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	5	
HEALON GV INTRAOCULAR SOLUTION	5	
HEALON GV PRO INTRAOCULAR SOLUTION	5	
HEALON INTRAOCULAR SOLUTION	5	
HEALON PRO INTRAOCULAR SOLUTION	5	
HEALON5 INTRAOCULAR SOLUTION	5	
HEALON5 PRO INTRAOCULAR SOLUTION	5	
MEMBRANEBLUE OPHTHALMIC SOLUTION	3	
ocucoat viscoadherent intraocular solution	1 or 1b*	
PROVISC INTRAOCULAR SOLUTION	5	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	

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

Drug Name	Tier	Notes
VISIONBLUE OPHTHALMIC SOLUTION	3	
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
*OPHTHALMICS - CYSTINOSIS AGENTS**		
CYSTADROPS OPHTHALMIC SOLUTION	5	PA; LD; QL
CYSTARAN OPHTHALMIC SOLUTION	3	PA; LD; QL
*PROSTAGLANDINS - OPHTHALMIC***		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	5	PA; LD; SP; QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	3	QL
XELPROS OPHTHALMIC EMULSION	3	QL
ZIOPTAN OPHTHALMIC SOLUTION	3	QL
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***		
BEOVU INTRAVITREAL SOLUTION	5	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION	5	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	PA; LD; SP

Drug Name	Tier	Notes
LUCENTIS INTRAVITREAL SOLUTION	5	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	5	PA; 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
OTIPRIO INTRATYMPANIC SUSPENSION	3	
*OTIC STEROID-ANTI- INFECTIVE COMBINATIONS***		
CIPRO HC OTIC SUSPENSION	3	QL
CIPRODEX OTIC SUSPENSION	3	QL
ciprofloxacin-dexamethasone otic suspension	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*	
*OTIC STEROIDS***		
DERMOTIC OTIC OIL	3	
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
OXYTOCICS		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
*OXYTOCICS***		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%	3	
PITOCIN INJECTION SOLUTION	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTITOXINS- ANTIVENINS***		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	

Drug Name	Tier	Notes
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; SP
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
*IMMUNE SERUMS***		
ASCENIV INTRAVENOUS SOLUTION	5	PA; SP
BIVIGAM INTRAVENOUS SOLUTION	5	PA; LD; SP
CUTAQUIG SUBCUTANEOUS SOLUTION	5	PA; LD; SP
CUVITRU SUBCUTANEOUS SOLUTION	5	PA; LD; SP
CYTOGAM INTRAVENOUS INJECTABLE	5	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	PA; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	5	PA; SP
GAMMAGARD INJECTION SOLUTION	5	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; SP

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA; SP	MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	SP; QL
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5	PA; LD; SP	NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	5	SP
GAMUNEX-C INJECTION SOLUTION	4	PA; SP	OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	4	PA; SP
HEPAGAM B INJECTION SOLUTION	5	SP	OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML	4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	5	PA; LD; SP	PANZYGA INTRAVENOUS SOLUTION	5	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; SP	PRIVIGEN INTRAVENOUS SOLUTION	5	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	5	SP	RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	SP; QL
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	SP	RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	5	SP; QL
HYPERRAB INJECTION SOLUTION	5	SP	VARIZIG INTRAMUSCULAR SOLUTION	3	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	SP; QL	WINRHO SDF INJECTION SOLUTION	5	SP; QL
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		XEMBIFY SUBCUTANEOUS SOLUTION	5	PA; LD; SP
IMO GAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	5	SP	*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
KEDRAB INJECTION SOLUTION	5	SP	HYQVIA SUBCUTANEOUS KIT	5	PA; LD; SP
PENICILLINS					
*AMINOPENICILLINS**					
*			amoxicillin oral capsule	1 or 1a*	

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

Drug Name	Tier	Notes
amoxicillin oral suspension reconstituted	1 or 1a*	QL
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
*NATURAL PENICILLINS***		
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION	3	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
*PENICILLIN COMBINATIONS***		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	QL
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION	3	
*PENICILLINASE-RESISTANT PENICILLINS***		
dicloxacillin sodium oral capsule	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Notes
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
PROGESTINS		
*PROGESTINS***		
AYGESTIN ORAL TABLET	3	
hydroxyprogesterone caproate intramuscular oil	4	PA; SP; QL
MAKENA INTRAMUSCULAR OIL	4	PA; LD; SP; QL
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; LD; SP; QL
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule	1 or 1b*	QL
PROVERA ORAL TABLET	3	QL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	QL
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS***		
XYREM ORAL SOLUTION	3	PA; LD; QL

Drug Name	Tier	Notes
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK		
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	QL
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LD; QL
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS***		
ARICEPT ORAL TABLET 10 MG, 23 MG	3	QL
ARICEPT ORAL TABLET 5 MG	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL
EXELO N TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG	3	QL
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG	3	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
*FIBROMYALGIA AGENT - SNRIS***		
SAVELLA ORAL TABLET	2	QL
SAVELLA TITRATION PACK ORAL	2	QL
*MELANOCORTIN RECEPTOR AGONISTS***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO ORAL TABLET	4	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG	4	PA; DO; LD
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; LD; QL
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; LD; QL
tetrabenazine oral tablet	1 or 1b*	PA; SP; QL
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
AUBAGIO ORAL TABLET	4	PA; LD; SP; QL

Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	4	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LD; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL

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

Drug Name	Tier	Notes
PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	PA; LD; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES***		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; LD; SP; QL
LEMTRADA INTRAVENOUS SOLUTION	5	PA; LD; SP; QL
TYSABRI INTRAVENOUS CONCENTRATE	5	PA; LD; SP; QL
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
dimethyl fumarate oral capsule delayed release	4	PA; SP; QL
dimethyl fumarate starter pack oral	4	PA; SP; QL

Drug Name	Tier	Notes
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA; LD; SP; QL
dalfampridine er oral tablet extended release 12 hour	4	PA; SP; QL
*MULTIPLE SCLEROSIS AGENTS***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; SP; QL
glatopa subcutaneous solution prefilled syringe	4	PA; SP; QL
*N-METHYL-D- ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL
memantine hcl oral solution	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET	3	QL
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline oral tablet	1 or 1b*	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
GRALISE ORAL TABLET 300 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG	2	PA; QL

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

Drug Name	Tier	Notes
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
*PSEUDOLOBULAR AFFECT AGENT COMBINATIONS***		
NUEDEXTA ORAL CAPSULE	3	PA; QL
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***		
ergoloid mesylates oral tablet	1 or 1b*	QL
pimozide oral tablet	1 or 1b*	QL
*RESTLESS LEG SYNDROME (RLS) AGENTS***		
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	3	PA; QL
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
ONPATRO INTRAVENOUS SOLUTION	5	PA; QL

Drug Name	Tier	Notes
*SMOKING DETERRENTS***		
APO-VARENICLINE ORAL TABLET	3	PA; \$0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	OTC; \$0
eq nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; \$0
eql nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine mouth/throat gum	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat gum	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
habitrol transdermal patch 24 hour	1 or 1b*	OTC; \$0

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

Drug Name	Tier	Notes
hm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
hm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
hm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
kls quit2 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit2 mouth/throat lozenge	1 or 1b*	OTC; \$0
kls quit4 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit4 mouth/throat lozenge	1 or 1b*	OTC; \$0
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	OTC; \$0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	OTC; \$0
NICORETTE MOUTH/THROAT GUM	2	OTC; \$0
NICORETTE MOUTH/THROAT LOZENGE	2	OTC; \$0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	OTC; \$0
nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0
NICOTINE TRANSDERMAL KIT	2	OTC; \$0
nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
NICOTROL INHALATION INHALER	3	PA; \$0; QL
NICOTROL NS NASAL SOLUTION	3	PA; \$0; QL

Drug Name	Tier	Notes
px stop smoking aid mouth/throat gum	1 or 1b*	OTC; \$0
px stop smoking aid mouth/throat lozenge	1 or 1b*	OTC; \$0
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	OTC; \$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	OTC; \$0
ra nicotine mouth/throat gum	1 or 1b*	OTC; \$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; \$0
sm nicotine mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
thrive mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
VARENICLINE TARTRATE ORAL TABLET	3	PA; \$0; QL
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL
MAYZENT ORAL TABLET	4	PA; LD; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; LD; SP; QL
PONVORY ORAL TABLET	5	PA; LD; SP; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	5	PA; LD; SP; QL

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

Drug Name	Tier	Notes
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; LD; SP; QL
ZEPOSIA ORAL CAPSULE	5	PA; LD; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; LD; SP; QL
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS***		
LYBALVI ORAL TABLET	3	ST; QL
*THIENBENZODIAZEPINES & SSRIS***		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO
*VASOMOTOR SYMPTOM AGENTS - SSRIS***		
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION	5	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LD
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LD

Drug Name	Tier	Notes
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LD; SP
*CFTR POTENTIATORS***		
KALYDECO ORAL PACKET	5	PA; LD; QL
KALYDECO ORAL TABLET	5	PA; LD; QL
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
ORKAMBI ORAL PACKET	5	PA; LD; QL
ORKAMBI ORAL TABLET	5	PA; LD; QL
SYMDEKO ORAL TABLET THERAPY PACK	5	PA; LD; QL
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; LD; QL
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS***		
BRONCHITOL INHALATION CAPSULE	5	PA; LD; SP; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	5	PA; LD; SP; QL
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	SP; QL
*PLEURAL SCLEROSING AGENTS***		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	

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

Drug Name	Tier	Notes
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	5	PA; LD; SP; QL
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	5	PA; LD; SP; QL
ESBRIET ORAL TABLET	5	PA; LD; SP; QL
*RESPIRATORY AGENTS - MISC.***		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SULFONAMIDES		
*SULFONAMIDES***		
SULFADIAZINE ORAL TABLET	3	
TETRACYCLINES		
*AMINOMETHYLCYCLINES***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
NUZYRA ORAL TABLET 150 MG	3	PA; LD; QL
*FLUOROCYCLINES***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
*GLYCYLCYCLINES***		
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
*TETRACYCLINES***		
demeclocycline hcl oral tablet	1 or 1b*	

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

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

Drug Name	Tier	Notes
CYTOMEL ORAL TABLET	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
LEVOOTHYROXINE SODIUM INTRAVENOUS SOLUTION	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*	
NATURE-THROID ORAL TABLET	3	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
WP THYROID ORAL TABLET	3	
TOXOIDS		
*TOXOID COMBINATIONS***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	\$0

Drug Name	Tier	Notes
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	\$0
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	\$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	\$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
PEDIARIX INTRAMUSCULAR SUSPENSION	3	\$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	\$0
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0
TENIVAC INTRAMUSCULAR INJECTABLE	3	\$0
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	\$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

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

Drug Name	Tier	Notes
ULCER DRUGS/ANTISPASMODIC CS/ANTICHOLINERGIC S		
*ANTICHOLINERGIC COMBINATIONS***		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE	3	
phenohytror oral elixir	1 or 1b*	
phenohytror oral tablet	1 or 1b*	
*ANTISPASMODICS***		
BENTYL INTRAMUSCULAR SOLUTION	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
*BELLADONNA ALKALOIDS***		
ATROOPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
hyoscyamine sulfate er oral tablet extended release 12 hour	1 or 1b*	
hyoscyamine sulfate sl sublingual tablet sublingual	1 or 1b*	
*H-2 ANTAGONISTS***		
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	QL
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
nizatidine oral capsule	1 or 1b*	QL
nizatidine oral solution	1 or 1b*	QL
PEPCID ORAL TABLET	3	QL
*MISC. ANTI-ULCER***		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
*PROTON PUMP INHIBITORS***		
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	ST; QL
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium intravenous solution reconstituted	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
*QUATERNARY ANTICHOLINERGICS***		
CUVPOSA ORAL SOLUTION	3	
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION	3	

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

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

Drug Name	Tier	Notes
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	3	QL
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
trospium chloride oral tablet	1 or 1b*	QL
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
flavoxate hcl oral tablet	1 or 1b*	
VACCINES		
*BACTERIAL VACCINES***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
BCG VACCINE INJECTION INJECTABLE	3	\$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Tier	Notes
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	\$0
MENACTRA INTRAMUSCULAR SOLUTION	3	\$0
MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	\$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
*VIRAL VACCINE COMBINATIONS***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0

Drug Name	Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
*VIRAL VACCINES***		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	\$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0; QL
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUMIST QUADRIVALENT NASAL SUSPENSION	2	\$0; QL

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

Drug Name	Tier	Notes
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	\$0; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	\$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	\$0
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	
IPOP INJECTION INJECTABLE	3	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	\$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	\$0
ROTATEQ ORAL SOLUTION	3	\$0

Drug Name	Tier	Notes
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	\$0
VARIVAX SUBCUTANEOUS INJECTABLE	3	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
GYNIAZOLE-1 VAGINAL CREAM	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL
*MISCELLANEOUS VAGINAL PRODUCTS***		
INTRAROSA VAGINAL INSERT	3	ST; QL
*SPERMICIDES***		
ENCARE VAGINAL SUPPOSITORY	2	OTC; \$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
TODAY SPONGE VAGINAL	2	OTC; \$0

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

Drug Name	Tier	Notes
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
*VAGINAL ANTI-INFECTIVES***		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL	3	
vandazole vaginal gel	1 or 1b*	
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***		
PHEXXI VAGINAL GEL	3	
*VAGINAL ESTROGENS***		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL
ESTRING VAGINAL RING	3	QL
FEMRING VAGINAL RING	3	QL
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	QL
IMVEXXY STARTER PACK VAGINAL INSERT	3	QL
PREMARIN VAGINAL CREAM	2	QL
yuvafem vaginal tablet	1 or 1b*	QL
*VAGINAL PROGESTINS***		
CRINONE VAGINAL GEL 4 %	5	SP

Drug Name	Tier	Notes
CRINONE VAGINAL GEL 8 %	5	PA; SP; QL
ENDOMETRIN VAGINAL INSERT	3	PA
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
ADRENALIN INJECTION SOLUTION	3	
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
droxidopa oral capsule	1 or 1b*	LD; SP
NORTHERA ORAL CAPSULE	3	PA; LD; SP; QL
*VASOPRESSORS***		
AKOVAZ INTRAVENOUS SOLUTION	3	
BIORPHEN INTRAVENOUS SOLUTION	3	
EMERPHEP INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION 5 MG/ML	3	
EPHEDRINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/10ML-%	3	
EPINEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
EPINEPHRINE INTRAVENOUS SOLUTION	3		PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3				
EPINEPHRINE PF INJECTION SOLUTION	3				
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3		PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	3				
GIAPREZA INTRAVENOUS SOLUTION	3		VAZCULEP INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3		*VITAMINS*		
midodrine hcl oral tablet	1 or 1b*		*VITAMIN A***		
NOREpinephrine (base)-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3		AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	3	
norepinephrine bitartrate intravenous solution	1 or 1b*		*VITAMIN B-1***		
NOREpinephrine-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%	3		thiamine hcl injection solution	1 or 1b*	
NOREpinephrine-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%	3		*VITAMIN B-6***		
NOREpinephrine-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/500ML-%	3		pyridoxine hcl injection solution	1 or 1b*	
			*VITAMIN C***		
			ASCOR INTRAVENOUS SOLUTION	3	
			*VITAMIN D***		
			DRISDOL ORAL CAPSULE	3	
			ergocaliferol oral capsule	1 or 1a*	
			vitamin d (ergocaliferol) oral capsule 1.25 mg (50000 ut)	1 or 1a*	
			*VITAMIN K***		
			MEPHYTON ORAL TABLET	3	
			phytonadione 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.

Drug Name	Tier	Notes
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.

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