



Traditional Drug List

Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

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

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



Traditional 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 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

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

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



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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

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

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

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

Does my plan cover preventive drugs?

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



Key terms

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

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

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

Online Pharmacy Resources

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

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

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

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Traditional Open Drug List

Three-Tier

Table of Contents

| | |
|---|-----|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | 7 |
| *ALLERGENIC EXTRACTS/BIOLOGICALS MISC* | 11 |
| *ALTERNATIVE MEDICINES* | 11 |
| *AMEBICIDES* | 12 |
| *AMINOGLYCOSIDES* | 12 |
| *ANALGESICS - ANTI-INFLAMMATORY* | 12 |
| *ANALGESICS - NONNARCOTIC* | 16 |
| *ANALGESICS - OPIOID* | 16 |
| *ANDROGENS-ANABOLIC* | 19 |
| *ANORECTAL AND RELATED PRODUCTS* | 20 |
| *ANTHELMINTICS* | 20 |
| *ANTIANGINAL AGENTS* | 20 |
| *ANTIANKXIETY AGENTS* | 21 |
| *ANTIARRHYTHMICS* | 22 |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | 22 |
| *ANTICOAGULANTS* | 25 |
| *ANTICONVULSANTS* | 27 |
| *ANTIDEPRESSANTS* | 30 |
| *ANTIDIABETICS* | 33 |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | 39 |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | 39 |
| *ANTIEMETICS* | 40 |
| *ANTIFUNGALS* | 42 |
| *ANTI HISTAMINES* | 43 |
| *ANTIHYPERLIPIDEMICS* | 44 |
| *ANTIHYPERTENSIVES* | 46 |
| *ANTI-INFECTIVE AGENTS - MISC.* | 50 |
| *ANTIMALARIALS* | 53 |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | 53 |
| *ANTIMYCOBACTERIAL AGENTS* | 53 |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | 54 |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | 60 |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | 61 |
| *ANTISEPTICS & DISINFECTANTS* | 65 |
| *ANTIVIRALS* | 65 |
| *BETA BLOCKERS* | 68 |
| *CALCIUM CHANNEL BLOCKERS* | 69 |
| *CARDIOTONICS* | 71 |
| *CARDIOVASCULAR AGENTS - MISC.* | 72 |
| *CEPHALOSPORINS* | 73 |
| *CHEMICALS* | 75 |
| *CORTICOSTEROIDS* | 75 |
| *COUGH/COLD/ALLERGY* | 77 |
| *DERMATOLOGICALS* | 78 |
| *DIAGNOSTIC PRODUCTS* | 88 |
| *DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* | 92 |
| *DIGESTIVE AIDS* | 93 |
| *DIURETICS* | 93 |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | 94 |
| *ESTROGENS* | 98 |
| *FLUOROQUINOLONES* | 99 |
| *GASTROINTESTINAL AGENTS - MISC.* | 99 |
| *GENERAL ANESTHETICS* | 102 |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | 102 |
| *GOUT AGENTS* | 103 |
| *HEMATOLOGICAL AGENTS - MISC.* | 104 |
| *HEMATOPOIETIC AGENTS* | 106 |
| *HEMOSTATICS* | 107 |

| | |
|--|-----|
| *HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* | 109 |
| *LAXATIVES* | 110 |
| *LOCAL ANESTHETICS-PARENTERAL* | 111 |
| *MACROLIDES* | 111 |
| *MEDICAL DEVICES AND SUPPLIES* | 112 |
| *MIGRAINE PRODUCTS* | 126 |
| *MINERALS & ELECTROLYTES* | 128 |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | 131 |
| *MOUTH/THROAT/DENTAL AGENTS* | 133 |
| *MULTIVITAMINS* | 134 |
| *MUSCULOSKELETAL THERAPY AGENTS* | 138 |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | 139 |
| *NEUROMUSCULAR AGENTS* | 140 |
| *NUTRIENTS* | 141 |
| *OPHTHALMIC AGENTS* | 142 |
| *OTIC AGENTS* | 148 |
| *OXYTOCICS* | 149 |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | 149 |
| *PENICILLINS* | 150 |
| *PHARMACEUTICAL ADJUVANTS* | 151 |
| *PROGESTINS* | 151 |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | 151 |
| *RESPIRATORY AGENTS - MISC.* | 154 |
| *SULFONAMIDES* | 154 |
| *TETRACYCLINES* | 154 |
| *THYROID AGENTS* | 155 |
| *TOXOIDS* | 155 |
| *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | 156 |
| *URINARY ANTISPASMODICS* | 158 |
| *VACCINES* | 158 |
| *VAGINAL AND RELATED PRODUCTS* | 159 |
| *VASOPRESSORS* | 160 |
| *VITAMINS* | 160 |

Three-Tier

CURRENT AS OF 10/1/2024

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | |
| *ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| clonidine hcl er oral tablet extended release 12 hour | 1 or 1b* | PA |
| guanfacine hcl er oral tablet extended release 24 hour 1 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 |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG | 3 | PA; DO |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG | 3 | PA |
| *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 |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG | 3 | ST; DO |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG | 3 | ST |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | 3 | PA; DO |
| STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG | 3 | PA |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg | 1 or 1b* | PA; DO |
| dextroamphetamine sulfate oral solution | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | 3 | ST; QL |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG | 3 | ST; DO |
| DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG | 3 | ST; QL |
| EVEKEO ORAL TABLET 10 MG | 3 | PA; QL |
| EVEKEO ORAL TABLET 5 MG | 3 | PA; DO |
| lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg | 1 or 1b* | PA; QL |
| lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO |
| lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methamphetamine hcl oral tablet | 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 |

| Drug Name | Tier | Notes |
|--|----------|------------|
| 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 |
| XELSTRYM TRANSDERMAL PATCH | 3 | ST; QL |
| zenzedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg | 1 or 1b* | PA; QL |
| zenzedi oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| *ANALEPTICS*** | | |
| caffeine citrate intravenous solution | 3 | |
| caffeine citrate oral solution | 1 or 1b* | |
| DOPRAM INTRAVENOUS SOLUTION | 3 | |
| high caffeine energy support oral tablet | 1 or 1b* | |
| *ANOREXIANT COMBINATIONS*** | | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; BE; QL |
| *ANOREXIANTS NON-AMPHETAMINE*** | | |
| ADIPEX-P ORAL TABLET | 3 | PA; BE; QL |
| benzphetamine hcl oral tablet 50 mg | 1 or 1b* | PA; BE; QL |
| diethylpropion hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; BE; QL |
| diethylpropion hcl oral tablet | 1 or 1b* | PA; BE; QL |
| LOMAIRA ORAL TABLET | 3 | PA; BE; QL |
| PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; BE; QL |
| phendimetrazine tartrate oral tablet | 1 or 1b* | PA; BE; QL |
| phentermine hcl oral capsule | 1 or 1b* | PA; BE; QL |
| phentermine hcl oral tablet | 1 or 1b* | PA; BE; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** | | |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; BE; QL |
| WEGOVIY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; BE; QL |
| *ANTI-OBESITY AGENT COMBINATIONS** | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; BE; QL |
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; QL |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; DO |
| *LIPASE INHIBITORS*** | | |
| orlistat oral capsule | 1 or 1b* | PA; BE; QL |
| XENICAL ORAL CAPSULE | 3 | PA; BE; QL |
| *MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | 3 | PA; BE; QL |
| *STIMULANT COMBINATIONS*** | | |
| AZSTARYS ORAL CAPSULE | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *STIMULANTS - MISC.*** | | |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG | 3 | ST; DO |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG | 3 | ST; QL |
| armodafinil oral tablet | 1 or 1b* | PA; QL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG | 3 | ST; DO |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG | 3 | ST; QL |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 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 |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg | 1 or 1b* | ST; DO |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg | 1 or 1b* | ST; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg | 1 or 1b* | PA; DO |
| dexmethylphenidate hcl oral tablet 10 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO |
| FOCALIN ORAL TABLET 10 MG | 3 | ST; QL |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG | 3 | ST; DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG | 3 | ST; DO |
| FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG | 3 | ST; QL |
| 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 |
| METADATE CD ORAL CAPSULE EXTENDED RELEASE | 3 | PA; 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 (osm) oral tablet extended release 18 mg, 27 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg | 1 or 1b* | ST; QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 10 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl er oral tablet extended release 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; DO |
| methylphenidate hcl oral solution | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | 1 or 1b* | PA; DO |
| methylphenidate hcl oral tablet 20 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 10 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet chewable 2.5 mg | 1 or 1b* | ST; DO |
| methylphenidate hcl oral tablet chewable 5 mg | 1 or 1b* | PA; DO |
| methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr | 1 or 1b* | ST; DO |
| methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr | 1 or 1b* | ST; QL |
| modafinil oral tablet 100 mg | 1 or 1b* | PA; DO |
| modafinil oral tablet 200 mg | 1 or 1b* | PA; QL |
| NUVIGIL ORAL TABLET | 3 | PA; QL |
| PROVIGIL ORAL TABLET 100 MG | 3 | PA; DO |
| PROVIGIL ORAL TABLET 200 MG | 3 | 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 18 MG, 27 MG | 3 | ST; DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | 3 | ST; QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG | 3 | ST; DO |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG | 3 | ST; QL |
| RITALIN ORAL TABLET 10 MG, 5 MG | 3 | ST; DO |
| RITALIN ORAL TABLET 20 MG | 3 | ST; QL |
| *ALLERGENIC EXTRACTS/BIOLOGICALS MISC* | | |
| *ALLERGENIC EXTRACTS*** | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| *MIXED ALLERGENIC EXTRACTS*** | | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| *ALTERNATIVE MEDICINES* | | |
| *ALTERNATIVE MEDICINE - AL'S*** | | |
| aloe vera leaf juice oral liquid | 1 or 1b* | |
| *ALTERNATIVE MEDICINE - BO'S*** | | |
| boswellia oral tablet | 2 | |
| *ALTERNATIVE MEDICINE - CH'S*** | | |
| vitex fruit oral capsule | 2 | |
| *ALTERNATIVE MEDICINE - GO'S*** | | |
| goldenseal root oral capsule 333 mg | 2 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *ALTERNATIVE MEDICINE - GR'S*** | | |
| grape seed oral capsule 100 mg | 2 | |
| *ALTERNATIVE MEDICINE - GU'S*** | | |
| guarana energy support oral capsule | 2 | |
| *ALTERNATIVE MEDICINE - LA'S** | | |
| CALMAID ORAL CAPSULE | 1 or 1b* | |
| *ALTERNATIVE MEDICINE - MA'S*** | | |
| maca root oral capsule | 2 | |
| *ALTERNATIVE MEDICINE - ME'S*** | | |
| ft melatonin extra strength oral tablet dispersible | 1 or 1b* | |
| MAX SLEEP JUNIOR ORAL LIQUID | 1 or 1b* | |
| melatonin quick dissolve oral tablet dispersible | 1 or 1b* | |
| *ALTERNATIVE MEDICINE - PE'S*** | | |
| peppermint oil oral capsule | 2 | |
| *ALTERNATIVE MEDICINE - SA'S*** | | |
| saw palmetto berries oral capsule 585 mg | 2 | |
| *ALTERNATIVE MEDICINE - SO'S*** | | |
| soy isoflavones menopause rlf oral capsule | 2 | |
| *ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS*** | | |
| cinnamon chromium & biotin oral tablet | 2 | |
| glucosamine hyal acid & msm oral capsule | 2 | |
| glucosamine-chondroitin-msm oral tablet 500-400-83 mg | 2 | |
| gnp cranberry plus prob w/vitc oral tablet | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *AMEBICIDES* | | |
| *AMEBICIDES*** | | |
| SOLOSEC ORAL PACKET | 3 | PA; QL |
| *AMINOGLYCOSIDES* | | |
| *AMINOGLYCOSIDES** | | |
| * | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 1 or 1b* | |
| ARIKAYCE INHALATION SUSPENSION | 3 | PA; LD; QL |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1 or 1b* | |
| gentamicin sulfate injection solution | 1 or 1b* | |
| HUMATIN ORAL CAPSULE | 3 | PA |
| neomycin sulfate oral tablet | 1 or 1a* | |
| streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |
| tobramycin sulfate injection solution | 1 or 1b* | QL |
| tobramycin sulfate injection solution reconstituted | 1 or 1b* | QL |
| ZEMDRI INTRAVENOUS SOLUTION | 3 | |
| *ANALGESICS - ANTI-INFLAMMATORY* | | |
| *ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** | | |
| OLUMIANT ORAL TABLET 4 MG | 3 | PA; LD; QL; SP |
| RINVOQ LQ ORAL SOLUTION | 3 | PA; QL; SP |
| *ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|------|------------|
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| adalimumab-aacf (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-aaty (1 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aaty (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-adaz subcutaneous solution auto-injector | 3 | PA; QL; SP |
| adalimumab-adaz subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| adalimumab-adbm (2 pen) subcutaneous auto-injector kit | 3 | PA; QL |
| adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL |
| adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit | 3 | PA; QL |
| adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit | 3 | PA; QL |
| adalimumab-fkjp (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL; SP |
| adalimumab-ryvk (2 pen) subcutaneous auto-injector kit | 3 | PA; QL; SP |
| adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|--|------|------------|
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | 3 | PA; QL; SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL; SP |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| YUSIMRY SUBCUTANEOUS SOLUTION PEN- INJECTOR | 3 | PA; QL; SP |
| *CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** | | |
| CELEBREX ORAL CAPSULE | 3 | ST; QL |
| celecoxib oral capsule | 1 or 1b* | QL |
| *GOLD COMPOUNDS*** | | |
| RIDAURA ORAL CAPSULE | 2 | QL |
| *INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL- 1RA)*** | | |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| *INTERLEUKIN-6 RECEPTOR INHIBITORS*** | | |
| TOFIDENCE INTRAVENOUS SOLUTION | 3 | PA; SP |
| TYENNE INTRAVENOUS SOLUTION | 3 | PA; SP |
| TYENNE SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|---|----------|------------|
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *NONSTEROIDAL ANTI- INFLAMMATORY AGENT COMBINATIONS*** | | |
| ARTHROTEC ORAL TABLET DELAYED RELEASE | 3 | ST; QL |
| COMBOGESIC INTRAVENOUS SOLUTION | 3 | |
| diclofenac-misoprostol oral tablet delayed release | 1 or 1b* | QL |
| DUEXIS ORAL TABLET | 3 | ST; QL |
| ibuprofen-famotidine oral tablet | 3 | ST; QL |
| naproxen-esomeprazole mg oral tablet delayed release | 3 | ST; QL |
| VIMOVO ORAL TABLET DELAYED RELEASE | 3 | ST; QL |
| *NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)*** | | |
| ANAPROX DS ORAL TABLET | 3 | QL |
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 3 | |
| COXANTO ORAL CAPSULE | 3 | QL |
| DAYPRO ORAL TABLET | 3 | QL |
| diclofenac potassium oral capsule | 3 | ST; QL |
| diclofenac potassium oral tablet 25 mg | 3 | ST; QL |
| diclofenac potassium oral tablet 50 mg | 1 or 1b* | QL |
| diclofenac sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| diclofenac sodium oral tablet delayed release | 1 or 1b* | QL |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE | 3 | ST |
| ec-naproxen oral tablet delayed release | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| etodolac er oral tablet extended release 24 hour | 1 or 1b* | QL |
| etodolac oral capsule | 1 or 1b* | QL |
| etodolac oral tablet | 1 or 1b* | QL |
| FENOPROFEN CALCIUM ORAL CAPSULE 200 MG | 3 | ST; QL |
| fenopropfen calcium oral capsule 400 mg | 3 | ST; QL |
| fenopropfen calcium oral tablet | 3 | ST; QL |
| FLANAX ORAL TABLET | 1 or 1b* | |
| flurbiprofen oral tablet | 1 or 1b* | QL |
| goodsense ibuprofen childrens oral tablet chewable | 1 or 1a* | |
| 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 |
| INDOCIN ORAL SUSPENSION | 3 | ST; QL |
| INDOCIN RECTAL SUPPOSITORY | 3 | ST; QL |
| indomethacin er oral capsule extended release | 1 or 1b* | QL |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | QL |
| indomethacin oral suspension | 3 | ST; QL |
| indomethacin rectal suppository 50 mg | 3 | ST; QL |
| indomethacin sodium intravenous solution reconstituted | 3 | |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | QL |
| ketoprofen oral capsule 25 mg, 50 mg | 3 | ST; QL |
| ketorolac tromethamine injection solution 15 mg/ml | 1 or 1b* | QL |
| KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML | 1 or 1b* | QL |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |
| KIPROFEN ORAL CAPSULE | 3 | ST; QL |
| LODINE ORAL TABLET | 3 | QL |
| lofena oral tablet | 3 | ST; QL |
| meclofenamate sodium oral capsule | 1 or 1b* | QL |
| mefenamic acid oral capsule | 1 or 1b* | QL |
| meloxicam oral capsule | 3 | ST; QL |
| meloxicam oral suspension | 3 | ST; QL |
| meloxicam oral tablet | 1 or 1b* | QL |
| nabumetone oral tablet | 1 or 1b* | QL |
| NALFON ORAL CAPSULE 400 MG | 3 | ST; QL |
| NALFON ORAL TABLET | 3 | ST; QL |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | 3 | ST; QL |
| NAPROSYN ORAL SUSPENSION | 3 | QL |
| NAPROSYN ORAL TABLET 500 MG | 3 | ST; QL |
| naproxen dr oral tablet delayed release 500 mg | 1 or 1b* | |
| naproxen oral suspension | 3 | ST; QL |
| naproxen oral tablet | 1 or 1b* | QL |
| naproxen oral tablet delayed release | 1 or 1b* | |
| naproxen sodium er oral tablet extended release 24 hour | 3 | ST; QL |
| naproxen sodium oral tablet 275 mg, 550 mg | 1 or 1b* | QL |
| NEOPROFEN INTRAVENOUS SOLUTION | 3 | |
| oxaprozin oral capsule | 3 | QL |
| oxaprozin oral tablet | 1 or 1b* | QL |
| piroxicam oral capsule | 1 or 1b* | QL |
| PROPRINAL ORAL CAPSULE | 1 or 1a* | |
| RELAFEN DS ORAL TABLET | 3 | ST; QL |
| SPRIX NASAL SOLUTION | 3 | ST; QL |
| sulindac oral tablet | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| TOLECTIN 600 ORAL TABLET | 3 | ST |
| tolmetin sodium oral capsule | 1 or 1b* | QL |
| ZIPSOR ORAL CAPSULE | 3 | ST; QL |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA ORAL TABLET 20 MG | 3 | PA; QL; SP |
| OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG | 3 | PA; QL; SP |
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| ARAVA ORAL TABLET | 3 | QL |
| leflunomide oral tablet | 1 or 1b* | QL |
| *ANALGESICS - NONNARCOTIC* | | |
| *ANALGESICS OTHER*** | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| *ANALGESICS- SEDATIVES*** | | |
| ALLZITAL ORAL TABLET | 3 | QL |
| bac oral tablet | 1 or 1b* | QL |
| butalbital-acetaminophen oral capsule | 1 or 1b* | QL |
| butalbital-acetaminophen oral tablet 50-300 mg | 3 | QL |
| butalbital-acetaminophen oral tablet 50-325 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral capsule 50-300-40 mg | 1 or 1b* | QL |
| butalbital-apap-caffeine oral capsule 50-325-40 mg | 3 | QL |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | QL |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | QL |
| esgic oral capsule | 3 | QL |
| ESGIC ORAL TABLET | 3 | QL |
| FIORICET ORAL CAPSULE | 3 | QL |
| tencon oral tablet 50-325 mg | 1 or 1b* | QL |
| *SALICYLATES*** | | |
| diflunisal oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANALGESICS - OPIOID* | | |
| *CODEINE COMBINATIONS*** | | |
| acetaminophen-codeine oral solution | 1 or 1a* | AL; QL |
| acetaminophen-codeine oral tablet | 1 or 1a* | AL; QL |
| ascomp-codeine oral capsule | 1 or 1b* | AL; QL |
| butalbital-apap-caff-cod oral capsule | 1 or 1b* | AL; QL |
| butalbital-asa-caff-codeine oral capsule | 1 or 1b* | AL; QL |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | 3 | AL; QL |
| *DIHYDROCODEINE COMBINATIONS*** | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |
| trezix oral capsule 320.5-30-16 mg | 1 or 1b* | QL |
| *HYDROCODONE COMBINATIONS*** | | |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 or 1b* | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 or 1b* | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 or 1b* | QL |
| *OPIOID AGONISTS*** | | |
| CODEINE SULFATE ORAL TABLET 15 MG, 60 MG | 3 | AL; QL |
| codeine sulfate oral tablet 30 mg | 1 or 1b* | AL; QL |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |
| DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | 3 | |
| DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| DILAUDID ORAL LIQUID | 3 | QL |
| DILAUDID ORAL TABLET | 3 | QL |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| duramorph injection solution | 1 or 1b* | |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML | 1 or 1b* | |
| fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml | 1 or 1b* | |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML | 3 | |
| fentanyl citrate buccal lozenge on a handle | 1 or 1b* | PA; QL |
| fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg | 1 or 1b* | PA; QL |
| fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml | 3 | |
| FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML | 3 | |
| fentanyl transdermal patch 72 hour | 1 or 1b* | PA; QL |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; QL |
| hydrocodone bitartrate er oral capsule extended release 12 hour | 3 | PA; QL |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent | 1 or 1b* | PA; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| hydromorphone hcl injection solution 0.25 mg/0.5ml | 3 | |
| hydromorphone hcl injection solution 4 mg/ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| hydromorphone hcl oral liquid | 1 or 1b* | QL |
| hydromorphone hcl oral tablet | 1 or 1b* | QL |
| HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML | 3 | |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| INFUMORPH 200 INJECTION SOLUTION | 3 | |
| INFUMORPH 500 INJECTION SOLUTION | 3 | |
| levorphanol tartrate oral tablet | 1 or 1b* | PA; QL |
| meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 or 1b* | |
| meperidine hcl oral solution | 1 or 1b* | QL |
| meperidine hcl oral tablet 50 mg | 1 or 1b* | QL |
| METHADONE HCL INJECTION SOLUTION | 3 | PA; QL |
| methadone hcl intensol oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral solution | 1 or 1b* | PA; QL |
| methadone hcl oral tablet | 1 or 1b* | PA; QL |
| methadone hcl oral tablet soluble | 1 or 1b* | PA; QL |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | 3 | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE | 3 | PA; QL |
| mitigo injection solution | 1 or 1b* | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml | 1 or 1b* | |
| MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML | 3 | |
| MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML | 3 | |
| morphine sulfate er beads oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | 1 or 1b* | PA; QL |
| morphine sulfate er oral tablet extended release | 1 or 1b* | PA; QL |
| MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML | 3 | |
| morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml | 1 or 1b* | |
| morphine sulfate intravenous solution 50 mg/ml | 3 | |
| morphine sulfate oral solution | 1 or 1b* | QL |
| morphine sulfate oral tablet | 1 or 1b* | QL |
| MS CONTIN ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |
| NUCYNTA ORAL TABLET | 3 | QL |
| OLINVYK INTRAVENOUS SOLUTION | 3 | |
| oxycodone hcl oral capsule | 1 or 1b* | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 1 or 1b* | QL |
| oxycodone hcl oral solution | 1 or 1b* | QL |
| oxycodone hcl oral tablet | 1 or 1b* | QL |
| oxycodone hcl oral tablet abuse-deterrent | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| oxymorphone hcl er oral tablet extended release 12 hour | 1 or 1b* | PA; QL |
| oxymorphone hcl oral tablet | 1 or 1b* | QL |
| QDOLO ORAL SOLUTION | 3 | AL; QL |
| remifentanil hcl intravenous solution reconstituted | 1 or 1b* | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG | 3 | QL |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG | 3 | PA; QL |
| SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 1 or 1b* | |
| tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg | 1 or 1b* | PA; QL |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| TRAMADOL HCL ORAL SOLUTION | 3 | AL; QL |
| tramadol hcl oral tablet 100 mg, 50 mg | 1 or 1b* | AL; QL |
| tramadol hcl oral tablet 25 mg | 1 or 1b* | PA; QL |
| ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| *OPIOID COMBINATIONS*** | | |
| APADAZ ORAL TABLET | 3 | QL |
| BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| NALOCET ORAL TABLET | 3 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML | 3 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML | 1 or 1b* | QL |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG | 3 | QL |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 or 1b* | QL |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 3 | QL |
| PROLATE ORAL SOLUTION | 3 | QL |
| PROLATE ORAL TABLET | 3 | QL |
| *OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA BUCCAL FILM | 3 | PA; QL |
| BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| buprenorphine hcl injection solution 0.3 mg/ml | 1 or 1b* | |
| buprenorphine hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual film | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| buprenorphine transdermal patch weekly | 1 or 1b* | PA; QL |
| butorphanol tartrate injection solution | 1 or 1b* | |
| butorphanol tartrate nasal solution | 1 or 1b* | QL |
| BUTRANS TRANSDERMAL PATCH WEEKLY | 3 | PA; QL |
| nalbuphine hcl injection solution | 1 or 1b* | QL |
| pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| SUBOXONE SUBLINGUAL FILM | 3 | QL |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | QL |
| *TRAMADOL COMBINATIONS*** | | |
| SEGLENTIS ORAL TABLET | 3 | AL; QL |
| tramadol-acetaminophen oral tablet | 1 or 1b* | AL; QL |
| *ANDROGENS-ANABOLIC* | | |
| *ANDROGENS*** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 3 | PA; QL |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) | 3 | PA; QL |
| danazol oral capsule | 1 or 1b* | QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 1 or 1b* | PA |
| JATENZO ORAL CAPSULE | 3 | PA; QL |
| KYZATREX ORAL CAPSULE | 3 | PA; QL |
| METHITEST ORAL TABLET | 3 | PA |
| methyltestosterone oral capsule | 3 | PA |
| NATESTO NASAL GEL | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| TESTIM TRANSDERMAL GEL | 3 | PA; QL |
| TESTOPEL IMPLANT PELLET | 3 | PA |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 or 1b* | PA |
| testosterone enanthate intramuscular solution | 1 or 1b* | PA |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 or 1b* | PA; QL |
| testosterone transdermal solution | 1 or 1b* | PA; QL |
| TLANDO ORAL CAPSULE | 3 | PA; QL |
| VOGELXO PUMP TRANSDERMAL GEL | 3 | PA; QL |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | 3 | PA; QL |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 3 | PA |
| *ANORECTAL AND RELATED PRODUCTS* | | |
| *INTRARECTAL STERIODS*** | | |
| budesonide rectal foam | 1 or 1b* | QL |
| CORTENEMA RECTAL ENEMA | 3 | |
| CORTIFOAM EXTERNAL FOAM | 3 | QL |
| hydrocortisone rectal enema | 1 or 1b* | |
| UCERIS RECTAL FOAM | 3 | QL |
| *NITRATE VASODILATING AGENTS*** | | |
| nitroglycerin rectal ointment | 1 or 1b* | QL |
| RECTIV RECTAL OINTMENT | 3 | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *RECTAL ANESTHETIC/STERIODS *** | | |
| ANALPRAM-HC EXTERNAL CREAM | 3 | |
| ANALPRAM-HC EXTERNAL LOTION | 3 | |
| hydrocortisone ace- pramoxine external cream 1- 1 % | 1 or 1b* | |
| PROCTOFOAM HC EXTERNAL FOAM | 3 | |
| *RECTAL LOCAL ANESTHETICS*** | | |
| eq hemorrhoid relief external cream | 1 or 1b* | |
| *RECTAL STERIODS*** | | |
| ANUSOL-HC EXTERNAL CREAM | 3 | |
| hydrocortisone (perianal) external cream | 1 or 1b* | |
| PROCTOCORT EXTERNAL CREAM | 1 or 1b* | |
| procto-med hc external cream | 1 or 1b* | |
| proctosol hc external cream | 1 or 1b* | |
| proctozone-hc external cream | 1 or 1b* | |
| *ANTHELMINTICS* | | |
| *ANTHELMINTICS*** | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| BENZNIDAZOLE ORAL TABLET | 3 | |
| BILTRICIDE ORAL TABLET | 3 | |
| EMVERM ORAL TABLET CHEWABLE | 3 | |
| ivermectin oral tablet | 1 or 1b* | QL |
| praziquantel oral tablet | 1 or 1b* | |
| STROMEKTOL ORAL TABLET | 3 | QL |
| *ANTIANGINAL AGENTS* | | |
| *ANTIANGINALS- OTHER*** | | |
| ASPRUZYLO SPRINKLE ORAL PACKET | 3 | PA; QL |
| ranolazine er oral tablet extended release 12 hour | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| hydroxyzine pamoate oral capsule | 1 or 1a* | |
| meprobamate oral tablet | 3 | |
| VISTARIL ORAL CAPSULE 25 MG | 3 | |
| *BENZODIAZEPINES*** | | |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 or 1b* | DO |
| alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg | 1 or 1b* | QL |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | 3 | QL |
| alprazolam oral tablet | 1 or 1b* | QL |
| alprazolam oral tablet dispersible | 1 or 1b* | QL |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg | 1 or 1b* | DO |
| alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg | 1 or 1b* | QL |
| ATIVAN INJECTION SOLUTION | 3 | |
| ATIVAN ORAL TABLET | 3 | QL |
| chlordiazepoxide hcl oral capsule | 1 or 1b* | QL |
| clorazepate dipotassium oral tablet | 1 or 1b* | QL |
| diazepam injection solution 10 mg/2ml | 1 or 1a* | |
| diazepam intensol oral concentrate | 1 or 1a* | QL |
| diazepam oral concentrate | 1 or 1a* | QL |
| diazepam oral solution 5 mg/5ml | 1 or 1a* | |
| diazepam oral tablet | 1 or 1a* | QL |
| lorazepam injection solution | 1 or 1b* | |
| lorazepam intensol oral concentrate | 1 or 1b* | QL |
| lorazepam oral concentrate 2 mg/ml | 1 or 1b* | QL |
| lorazepam oral tablet | 1 or 1b* | QL |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG | 3 | ST; DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ANTIARRHYTHMICS TYPE I-C*** | | |
| flecainide acetate oral tablet | 1 or 1b* | QL |
| propafenone hcl er oral capsule extended release 12 hour | 1 or 1b* | |
| propafenone hcl oral tablet | 1 or 1b* | |
| *ANTIARRHYTHMICS TYPE III*** | | |
| amiodarone hcl intravenous solution | 1 or 1b* | |
| amiodarone hcl oral tablet 100 mg, 400 mg | 1 or 1b* | |
| amiodarone hcl oral tablet 200 mg | 1 or 1b* | QL |
| CORVERT INTRAVENOUS SOLUTION | 3 | |
| dofetilide oral capsule | 1 or 1b* | |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| MULTAQ ORAL TABLET | 3 | QL |
| NEXTERONE INTRAVENOUS SOLUTION | 3 | |
| pacerone oral tablet 100 mg, 400 mg | 1 or 1b* | |
| pacerone oral tablet 200 mg | 1 or 1b* | QL |
| TIKOSYN ORAL CAPSULE | 3 | |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| *5-LIPOXYGENASE INHIBITORS*** | | |
| zileuton er oral tablet extended release 12 hour | 3 | PA; QL |
| ZYFLO ORAL TABLET | 3 | PA; QL |
| *ADRENERGIC COMBINATIONS*** | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 3 | ST; QL |
| ADVAIR HFA INHALATION AEROSOL | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| AIRSUPRA INHALATION AEROSOL | 3 | PA; QL |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 2 | QL |
| BEVESPI AEROSPHERE INHALATION AEROSOL | 3 | ST; QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 2 | QL |
| BREYNA INHALATION AEROSOL | 1 or 1b* | QL |
| BREZTRI AEROSPHERE INHALATION AEROSOL | 2 | QL |
| budesonide-formoterol fumarate inhalation aerosol | 1 or 1b* | QL |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| DULERA INHALATION AEROSOL | 3 | ST; QL |
| fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act | 1 or 1b* | QL |
| fluticasone-salmeterol inhalation aerosol | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act | 1 or 1b* | QL |
| ipratropium-albuterol inhalation solution | 1 or 1b* | QL |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | QL |
| SYMBICORT INHALATION AEROSOL | 3 | ST; QL |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 2 | QL |
| wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 1 or 1b* | QL |
| *ANTI-IGE MONOCLONAL ANTIBODIES*** | | |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 3 | PA; QL; SP |
| *ANTI-INFLAMMATORY AGENTS*** | | |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | |
| *BETA ADRENERGICS*** | | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 1 or 1b* | QL |
| albuterol sulfate oral syrup | 1 or 1b* | |
| albuterol sulfate oral tablet | 1 or 1b* | |
| arformoterol tartrate inhalation nebulization solution | 1 or 1b* | QL |
| BROVANA INHALATION NEBULIZATION SOLUTION | 3 | QL |
| formoterol fumarate inhalation nebulization solution | 1 or 1b* | QL |
| isoproterenol hcl injection solution | 1 or 1b* | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 or 1b* | QL |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | ST; QL |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION | 3 | QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 2 | QL |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 3 | QL |
| terbutaline sulfate injection solution | 1 or 1b* | |
| terbutaline sulfate oral tablet | 1 or 1b* | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| XOPENEX HFA INHALATION AEROSOL | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *BRONCHODILATORS - ANTICHOLINERGICS*** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | QL |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | ST; QL |
| ipratropium bromide inhalation solution | 1 or 1b* | QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | QL |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | QL |
| tiotropium bromide monohydrate inhalation capsule | 1 or 1b* | QL |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | 3 | ST; QL |
| YUPELRI INHALATION SOLUTION | 3 | ST; QL |
| *INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** | | |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 3 | PA; QL; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | PA; LD; QL; SP |
| *LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| ACCOLATE ORAL TABLET | 3 | QL |
| montelukast sodium oral packet | 1 or 1b* | QL |
| montelukast sodium oral tablet | 1 or 1b* | QL |
| montelukast sodium oral tablet chewable | 1 or 1b* | QL |
| SINGULAIR ORAL PACKET | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| SINGULAIR ORAL TABLET | 3 | QL |
| SINGULAIR ORAL TABLET CHEWABLE | 3 | QL |
| zafirlukast oral tablet | 1 or 1b* | QL |
| *PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS*** | | |
| OHTUVAYRE INHALATION SUSPENSION | 3 | PA; QL; SP |
| *SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| DALIRESP ORAL TABLET | 3 | PA; QL |
| roflumilast oral tablet | 1 or 1b* | PA; QL |
| *STEROID INHALANTS*** | | |
| ALVESCO INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 3 | ST; QL |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 3 | ST; QL |
| ASMANEX HFA INHALATION AEROSOL | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| budesonide inhalation suspension | 1 or 1b* | QL |
| fluticasone propionate diskus inhalation aerosol powder breath activated | 1 or 1b* | QL |
| fluticasone propionate hfa inhalation aerosol | 1 or 1b* | QL |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| PULMICORT INHALATION SUSPENSION | 3 | QL |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | QL |
| *THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** | | |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| *XANTHINES*** | | |
| aminophylline intravenous solution | 1 or 1b* | |
| ELIXOPHYLLIN ORAL ELIXIR | 1 or 1b* | QL |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| theophylline er oral tablet extended release 12 hour 100 mg, 200 mg | 1 or 1b* | |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 or 1b* | QL |
| theophylline er oral tablet extended release 24 hour | 1 or 1b* | QL |
| theophylline oral elixir | 1 or 1b* | QL |
| theophylline oral solution | 1 or 1b* | QL |
| *ANTICOAGULANTS* | | |
| *COUMARIN ANTICOAGULANTS*** | | |
| jantoven oral tablet | 1 or 1a* | |
| warfarin sodium oral tablet | 1 or 1a* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *DIRECT FACTOR XA INHIBITORS*** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| ELIQUIS ORAL TABLET | 2 | QL |
| SAVAYSA ORAL TABLET | 3 | QL |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| XARELTO ORAL TABLET | 2 | QL |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | QL |
| *HEPARINS AND HEPARINOID-LIKE AGENTS*** | | |
| bd heparin posiflush intravenous solution | 1 or 1b* | |
| heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/1-% | 1 or 1b* | |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-% | 3 | |
| heparin na (pork) lock flsh pf intravenous solution | 1 or 1b* | |
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-% | 3 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 1 or 1b* | |
| heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml | 1 or 1b* | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML | 3 | |
| *LOW MOLECULAR WEIGHT HEPARINS*** | | |
| enoxaparin sodium injection solution 300 mg/3ml | 1 or 1b* | QL |
| enoxaparin sodium injection solution prefilled syringe | 1 or 1b* | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML | 3 | QL |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL |
| LOVENOX INJECTION SOLUTION | 3 | QL |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | 3 | QL |
| *SYNTHETIC HEPARINOID-LIKE AGENTS*** | | |
| ARIXTRA SUBCUTANEOUS SOLUTION | 3 | QL |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | QL |
| *THROMBIN INHIBITORS - HIRUDIN TYPE*** | | |
| ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| bivalirudin trifluoroacetate intravenous solution | 1 or 1b* | |
| bivalirudin trifluoroacetate intravenous solution reconstituted | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** | | |
| ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-% | 3 | |
| ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML | 3 | |
| dabigatran etexilate mesylate oral capsule | 3 | QL |
| PRADAXA ORAL CAPSULE | 3 | QL |
| PRADAXA ORAL PACKET | 3 | QL |
| *ANTICONVULSANTS* | | |
| *AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** | | |
| FYCOMPA ORAL SUSPENSION | 3 | QL |
| FYCOMPA ORAL TABLET | 3 | QL |
| *ANTICONVULSANTS - BENZODIAZEPINES*** | | |
| clobazam oral suspension | 1 or 1b* | QL |
| clobazam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet | 1 or 1b* | QL |
| clonazepam oral tablet dispersible | 1 or 1b* | QL |
| diazepam rectal gel | 1 or 1b* | QL |
| KLONOPIN ORAL TABLET | 3 | QL |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG | 3 | PA; QL |
| LIBERVANT BUCCAL FILM 5 MG, 7.5 MG | 3 | PA; DO |
| NAYZILAM NASAL SOLUTION | 3 | PA; QL |
| ONFI ORAL SUSPENSION | 3 | QL |
| ONFI ORAL TABLET 10 MG, 20 MG | 3 | QL |
| SYMPAZAN ORAL FILM | 3 | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA; QL |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL |
| *ANTICONVULSANTS - MISC.*** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 3 | DO |
| APTIOM ORAL TABLET 600 MG, 800 MG | 3 | QL |
| BANZEL ORAL SUSPENSION | 3 | QL |
| BANZEL ORAL TABLET 200 MG | 3 | DO |
| BANZEL ORAL TABLET 400 MG | 3 | QL |
| BRIVIACT INTRAVENOUS SOLUTION | 3 | |
| BRIVIACT ORAL SOLUTION | 3 | QL |
| BRIVIACT ORAL TABLET | 3 | QL |
| carbamazepine er oral capsule extended release 12 hour | 1 or 1b* | QL |
| carbamazepine er oral tablet extended release 12 hour | 1 or 1b* | QL |
| carbamazepine oral suspension | 1 or 1b* | QL |
| carbamazepine oral tablet | 1 or 1b* | QL |
| carbamazepine oral tablet chewable | 1 or 1b* | QL |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | QL |
| DIACOMIT ORAL CAPSULE 250 MG | 3 | PA; DO |
| DIACOMIT ORAL CAPSULE 500 MG | 3 | PA; QL |
| DIACOMIT ORAL PACKET 250 MG | 3 | PA; DO |
| DIACOMIT ORAL PACKET 500 MG | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| epitol oral tablet | 1 or 1b* | QL |
| EPRONTIA ORAL SOLUTION | 3 | QL |
| FINTEPLA ORAL SOLUTION | 3 | PA; QL |
| gabapentin oral capsule | 1 or 1b* | DO |
| gabapentin oral solution | 1 or 1b* | QL |
| gabapentin oral tablet 600 mg, 800 mg | 1 or 1b* | QL |
| KEPPRA INTRAVENOUS SOLUTION | 3 | |
| KEPPRA ORAL SOLUTION | 3 | QL |
| KEPPRA ORAL TABLET 1000 MG | 3 | QL |
| KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG | 3 | DO |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| lacosamide intravenous solution | 1 or 1b* | |
| lacosamide oral solution | 1 or 1b* | QL |
| lacosamide oral tablet | 1 or 1b* | QL |
| LAMICTAL ODT ORAL KIT | 3 | QL |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG | 3 | QL |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG | 3 | DO |
| LAMICTAL ORAL TABLET | 3 | DO |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | 3 | QL |
| LAMICTAL STARTER ORAL KIT | 3 | QL |
| LAMICTAL XR ORAL KIT | 3 | QL |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | 3 | DO |

| Drug Name | Tier | Notes |
|--|----------|-------|
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG | 3 | QL |
| lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg | 1 or 1b* | QL |
| lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg | 1 or 1b* | QL |
| lamotrigine oral tablet | 1 or 1b* | DO |
| lamotrigine oral tablet chewable | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg | 1 or 1b* | QL |
| lamotrigine oral tablet dispersible 50 mg | 1 or 1b* | DO |
| lamotrigine starter kit-blue oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-green oral kit | 1 or 1b* | QL |
| lamotrigine starter kit-orange oral kit | 1 or 1b* | QL |
| levetiracetam er oral tablet extended release 24 hour | 1 or 1b* | QL |
| LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML | 3 | |
| levetiracetam intravenous solution | 1 or 1b* | |
| levetiracetam oral solution | 1 or 1b* | QL |
| levetiracetam oral tablet 1000 mg | 1 or 1b* | QL |
| levetiracetam oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | DO |
| LYRICA ORAL CAPSULE | 3 | QL |
| LYRICA ORAL SOLUTION | 3 | QL |
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG | 3 | QL |
| MYSOLINE ORAL TABLET | 3 | QL |
| NEURONTIN ORAL CAPSULE | 3 | DO |
| NEURONTIN ORAL SOLUTION | 3 | QL |
| NEURONTIN ORAL TABLET | 3 | QL |
| oxcarbazepine oral suspension | 1 or 1b* | QL |
| oxcarbazepine oral tablet | 1 or 1b* | QL |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG | 3 | DO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG | 3 | QL |
| pregabalin oral capsule | 1 or 1b* | QL |
| pregabalin oral solution | 1 or 1b* | QL |
| primidone oral tablet | 1 or 1b* | QL |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG | 3 | ST; QL |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG | 3 | ST; DO |
| roovepra oral tablet 500 mg | 1 or 1b* | DO |
| rufinamide oral suspension | 1 or 1b* | QL |
| rufinamide oral tablet 200 mg | 1 or 1b* | DO |
| rufinamide oral tablet 400 mg | 1 or 1b* | QL |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE | 3 | QL |
| subvenite oral tablet | 1 or 1b* | DO |
| subvenite starter kit-blue oral kit | 1 or 1b* | QL |
| subvenite starter kit-green oral kit | 1 or 1b* | QL |
| subvenite starter kit-orange oral kit | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| TEGRETOL ORAL SUSPENSION | 3 | QL |
| TEGRETOL ORAL TABLET | 3 | QL |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | QL |
| TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | DO |
| TOPAMAX ORAL TABLET 200 MG | 3 | QL |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE | 3 | QL |
| topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule er 24 hour sprinkle 25 mg | 1 or 1b* | DO |
| topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg | 1 or 1b* | QL |
| topiramate er oral capsule extended release 24 hour 25 mg | 1 or 1b* | DO |
| topiramate oral capsule sprinkle | 1 or 1b* | QL |
| topiramate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| topiramate oral tablet 200 mg | 1 or 1b* | QL |
| TRILEPTAL ORAL SUSPENSION | 3 | QL |
| TRILEPTAL ORAL TABLET | 3 | QL |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG | 3 | ST; QL |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG | 3 | ST; DO |
| VIMPAT INTRAVENOUS SOLUTION | 3 | |
| VIMPAT ORAL SOLUTION | 3 | QL |
| VIMPAT ORAL TABLET | 3 | QL |
| ZONEGRAN ORAL CAPSULE | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| ZONISADE ORAL SUSPENSION | 3 | QL |
| zonisamide oral capsule | 1 or 1b* | QL |
| ZTALMY ORAL SUSPENSION | 3 | QL |
| *CARBAMATES*** | | |
| felbamate oral suspension | 1 or 1b* | QL |
| felbamate oral tablet | 1 or 1b* | QL |
| FELBATOL ORAL TABLET | 3 | QL |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 3 | QL |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | QL |
| XCOPRI ORAL TABLET | 3 | QL |
| XCOPRI ORAL TABLET THERAPY PACK | 3 | QL |
| *GABA MODULATORS*** | | |
| tiagabine hcl oral tablet | 1 or 1b* | QL |
| VIGADRONE ORAL TABLET | 1 or 1b* | LD; QL; SP |
| VIGPODER ORAL PACKET | 1 or 1b* | LD; QL |
| *HYDANTOINS*** | | |
| CEREBYX INJECTION SOLUTION | 3 | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE | 3 | |
| DILANTIN ORAL CAPSULE 100 MG | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN ORAL SUSPENSION | 3 | |
| DILANTIN-125 ORAL SUSPENSION | 3 | |
| fosphenytoin sodium injection solution | 1 or 1b* | |
| PHENYTEK ORAL CAPSULE | 1 or 1b* | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension 125 mg/5ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| *SUCCINIMIDES*** | | |
| CELONTIN ORAL CAPSULE | 3 | QL |
| ethosuximide oral capsule | 1 or 1b* | QL |
| ethosuximide oral solution | 1 or 1b* | QL |
| methsuximide oral capsule | 1 or 1b* | QL |
| ZARONTIN ORAL CAPSULE | 3 | QL |
| ZARONTIN ORAL SOLUTION | 3 | QL |
| *VALPROIC ACID*** | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| DEPAKOTE ORAL TABLET DELAYED RELEASE | 3 | QL |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | 3 | QL |
| divalproex sodium er oral tablet extended release 24 hour | 1 or 1b* | QL |
| divalproex sodium oral capsule delayed release sprinkle | 1 or 1b* | QL |
| divalproex sodium oral tablet delayed release | 1 or 1b* | QL |
| valproate sodium intravenous solution 100 mg/ml | 1 or 1b* | |
| valproic acid oral capsule | 1 or 1b* | QL |
| valproic acid oral solution 250 mg/5ml | 1 or 1b* | |
| *ANTIDEPRESSANTS* | | |
| *ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** | | |
| mirtazapine oral tablet | 1 or 1b* | |
| mirtazapine oral tablet dispersible | 1 or 1b* | |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| REMERON SOLTAB ORAL TABLET DISPERSIBLE | 3 | |
| *ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS*** | | |
| AUVELITY ORAL TABLET EXTENDED RELEASE | 3 | ST; 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 |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | 3 | ST; DO |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG | 3 | ST; QL |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG | 3 | ST; DO |

| Drug Name | Tier | Notes |
|---|----------|------------|
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG | 3 | ST; QL |
| *GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** | | |
| ZURZUVAE ORAL CAPSULE | 3 | PA; LD; QL |
| *MONOAMINE OXIDASE INHIBITORS (MAOIS)*** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR | 3 | QL |
| EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR | 3 | DO |
| MARPLAN ORAL TABLET | 3 | QL |
| NARDIL ORAL TABLET | 3 | QL |
| PARNATE ORAL TABLET | 3 | QL |
| phenelzine sulfate oral tablet | 1 or 1b* | QL |
| tranylcypromine sulfate oral tablet | 1 or 1b* | QL |
| *N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL |
| *SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** | | |
| CELEXA ORAL TABLET | 3 | ST |
| CITALOPRAM HYDROBROMIDE ORAL CAPSULE | 3 | ST |
| citalopram hydrobromide oral solution | 1 or 1b* | |
| citalopram hydrobromide oral tablet | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| escitalopram oxalate oral solution | 1 or 1b* | |
| escitalopram oxalate oral tablet | 1 or 1b* | |
| fluoxetine hcl oral capsule | 1 or 1b* | |
| fluoxetine hcl oral capsule delayed release | 1 or 1b* | |
| fluoxetine hcl oral solution | 1 or 1b* | |
| fluoxetine hcl oral tablet 10 mg, 20 mg | 1 or 1b* | |
| FLUOXETINE HCL ORAL TABLET 60 MG | 3 | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 or 1b* | |
| fluvoxamine maleate oral tablet | 1 or 1b* | |
| LEXAPRO ORAL TABLET | 3 | ST |
| paroxetine hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| paroxetine hcl oral suspension | 1 or 1b* | |
| paroxetine hcl oral tablet | 1 or 1b* | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST |
| PAXIL ORAL SUSPENSION | 3 | ST |
| PAXIL ORAL TABLET | 3 | ST |
| PROZAC ORAL CAPSULE | 3 | ST |
| SERTRALINE HCL ORAL CAPSULE | 3 | ST |
| sertraline hcl oral concentrate | 1 or 1b* | |
| sertraline hcl oral tablet | 1 or 1b* | |
| ZOLOFT ORAL CONCENTRATE | 3 | ST |
| ZOLOFT ORAL TABLET | 3 | ST |
| *SEROTONIN MODULATORS*** | | |
| nefazodone hcl oral tablet 100 mg, 50 mg | 1 or 1b* | DO |
| nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg | 1 or 1b* | QL |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg | 1 or 1a* | DO |

| Drug Name | Tier | Notes |
|---|----------|--------|
| trazodone hcl oral tablet 300 mg | 1 or 1a* | QL |
| TRINTELLIX ORAL TABLET 10 MG, 5 MG | 2 | DO |
| TRINTELLIX ORAL TABLET 20 MG | 2 | QL |
| VIIBRYD ORAL TABLET 10 MG, 20 MG | 3 | ST; DO |
| VIIBRYD ORAL TABLET 40 MG | 3 | ST; QL |
| vilazodone hcl oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| vilazodone hcl oral tablet 40 mg | 1 or 1b* | QL |
| *SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | PA; QL |
| 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; DO |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | 1 or 1b* | QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg | 1 or 1b* | DO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | 3 | QL |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | 3 | DO |
| duloxetine hcl oral capsule delayed release particles | 1 or 1b* | QL |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| FETZIMA 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.

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | ST; QL |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | ST; DO |
| venlafaxine besylate er oral tablet extended release 24 hour | 3 | ST; QL |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 or 1b* | QL |
| venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg | 3 | ST; QL |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg | 1 or 1b* | QL |
| venlafaxine hcl oral tablet | 1 or 1b* | QL |
| *TRICYCLIC AGENTS*** | | |
| amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1a* | DO |
| amitriptyline hcl oral tablet 100 mg, 150 mg | 1 or 1a* | QL |
| amoxapine oral tablet 100 mg, 150 mg | 1 or 1b* | QL |
| amoxapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO |
| ANAFRANIL ORAL CAPSULE 25 MG | 3 | DO |
| ANAFRANIL ORAL CAPSULE 50 MG, 75 MG | 3 | QL |
| clomipramine hcl oral capsule 25 mg | 1 or 1b* | DO |
| clomipramine hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL |
| desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO |
| desipramine hcl oral tablet 100 mg, 150 mg | 1 or 1b* | QL |
| doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg | 1 or 1b* | DO |
| doxepin hcl oral capsule 100 mg, 150 mg | 1 or 1b* | QL |
| doxepin hcl oral concentrate | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| imipramine hcl oral tablet 10 mg, 25 mg | 1 or 1b* | DO |
| imipramine hcl oral tablet 50 mg | 1 or 1b* | QL |
| imipramine pamoate oral capsule 100 mg, 75 mg | 1 or 1b* | DO |
| imipramine pamoate oral capsule 125 mg, 150 mg | 1 or 1b* | QL |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | DO |
| nortriptyline hcl oral capsule 10 mg, 25 mg | 1 or 1b* | DO |
| nortriptyline hcl oral capsule 50 mg, 75 mg | 1 or 1b* | QL |
| nortriptyline hcl oral solution | 1 or 1b* | QL |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG | 3 | DO |
| PAMELOR ORAL CAPSULE 50 MG, 75 MG | 3 | QL |
| protriptyline hcl oral tablet 10 mg | 1 or 1b* | QL |
| protriptyline hcl oral tablet 5 mg | 1 or 1b* | DO |
| trimipramine maleate oral capsule | 1 or 1b* | QL |
| *ANTIDIABETICS* | | |
| *ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| acarbose oral tablet | 1 or 1b* | QL |
| miglitol oral tablet | 1 or 1b* | QL |
| *ANTIDIABETIC - AMYLIN ANALOGS*** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| *ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** | | |
| TZIELD INTRAVENOUS SOLUTION | 3 | PA |
| *BIGUANIDES*** | | |
| GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| metformin hcl er (mod) oral tablet extended release 24 hour | 3 | ST; QL |
| metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg | 3 | ST; QL |
| metformin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| metformin hcl oral solution | 3 | PA; QL |
| metformin hcl oral tablet 1000 mg, 500 mg | 1 or 1b* | QL |
| METFORMIN HCL ORAL TABLET 625 MG | 3 | PA; QL |
| RIOMET ORAL SOLUTION | 3 | PA; QL |
| *DIABETIC OTHER*** | | |
| BAQSIMI ONE PACK NASAL POWDER | 3 | QL |
| BAQSIMI TWO PACK NASAL POWDER | 3 | QL |
| diazoxide oral suspension | 1 or 1b* | |
| GLUCAGON EMERGENCY INJECTION KIT | 1 or 1b* | QL |
| GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED | 3 | QL |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |
| GVOKE KIT SUBCUTANEOUS SOLUTION | 3 | QL |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | QL |
| PROGLYCEM ORAL SUSPENSION | 3 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| ONGLYZA ORAL TABLET 5 MG | 3 | ST; QL |
| saxagliptin hcl oral tablet | 3 | ST; QL |
| sitagliptin oral tablet | 3 | ST; QL |
| TRADJENTA ORAL TABLET | 3 | ST; QL |
| ZITUVIO ORAL TABLET | 3 | ST; QL |
| *DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** | | |
| alogliptin-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| JANUMET ORAL TABLET | 2 | ST; QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| JENTADUETO ORAL TABLET | 3 | ST; QL |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| saxagliptin-metformin er oral tablet extended release 24 hour | 3 | ST; QL |
| sitagliptin base-metformin hcl oral tablet | 3 | ST; QL |
| *DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** | | |
| CYCLOSET ORAL TABLET | 3 | QL |
| *DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** | | |
| alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg | 1 or 1b* | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| *HUMAN INSULIN*** | | |
| ADMELOG INJECTION SOLUTION | 3 | ST; QL |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT | 3 | PA; QL |
| APIDRA INJECTION SOLUTION | 3 | ST; QL |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| FIASP INJECTION SOLUTION | 3 | ST; QL |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| HUMALOG INJECTION SOLUTION | 2 | QL |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | QL |

| Drug Name | Tier | Notes |
|--|------|--------|
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | QL |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | QL |
| HUMULIN R INJECTION SOLUTION | 2 | QL |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | PA; QL |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| INSULIN ASPART INJECTION SOLUTION | 3 | ST; QL |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| insulin degludec flextouch subcutaneous solution pen-injector | 3 | ST; QL |
| insulin degludec subcutaneous solution | 3 | ST; QL |
| insulin glargine max solostar subcutaneous solution pen-injector | 3 | ST; QL |
| insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml | 3 | ST; QL |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION | 3 | ST; QL |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| INSULIN LISPRO INJECTION SOLUTION | 2 | ST; QL |
| INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | QL |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | QL |
| LYUMJEV INJECTION SOLUTION | 2 | QL |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| MYXREDLIN INTRAVENOUS SOLUTION | 3 | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| NOVOLIN N SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLIN R INJECTION SOLUTION | 3 | ST; QL |
| NOVOLIN R RELION INJECTION SOLUTION | 3 | ST; QL |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG INJECTION SOLUTION | 3 | ST; QL |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | ST; QL |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION | 3 | ST; QL |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| NOVOLOG RELION INJECTION SOLUTION | 3 | ST; QL |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION | 3 | ST; QL |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST; QL |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | QL |
| TRESIBA SUBCUTANEOUS SOLUTION | 2 | QL |
| *INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** | | |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| *INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| liraglutide subcutaneous solution pen-injector | 1 or 1b* | PA; QL |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 2 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 2 | PA; QL |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| RYBELSUS ORAL TABLET | 2 | PA; QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| *INSULIN-INCRETIN MIMETIC COMBINATIONS*** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; QL |
| *MEGLITINIDE ANALOGUES*** | | |
| nateglinide oral tablet | 1 or 1b* | QL |
| repaglinide oral tablet | 1 or 1b* | QL |
| *PROGESTERONE RECEPTOR ANTAGONISTS*** | | |
| KORLYM ORAL TABLET | 3 | PA; QL |
| mifepristone oral tablet 300 mg | 1 or 1b* | PA; QL |
| *SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** | | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| *SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** | | |
| GLYXAMBI ORAL TABLET | 2 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| QTERN ORAL TABLET | 3 | ST; QL |
| STEGLUJAN ORAL TABLET | 3 | ST; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| bexagliflozin oral tablet | 3 | ST; QL |
| BRENZAVVY ORAL TABLET | 3 | ST; QL |
| dapagliflozin propanediol oral tablet | 2 | ST; QL |
| FARXIGA ORAL TABLET | 2 | ST; QL |
| INVOKANA ORAL TABLET | 3 | ST; QL |
| JARDIANCE ORAL TABLET | 2 | ST; QL |
| STEGLATRO ORAL TABLET | 3 | ST; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | |
| dapagliflozin pro-metformin er oral tablet extended release 24 hour | 2 | ST; QL |
| INVOKAMET ORAL TABLET | 3 | ST; QL |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| SEGLUROMET ORAL TABLET | 3 | ST; QL |
| SYNJARDY ORAL TABLET | 2 | ST; QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| *SULFONYLUREA-BIGUANIDE COMBINATIONS*** | | |
| glipizide-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| glyburide-metformin oral tablet | 1 or 1b* | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *SULFONYLUREAS*** | | |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg | 1 or 1b* | ST; QL |
| glipizide er oral tablet extended release 24 hour | 1 or 1a* | ST; QL |
| glipizide oral tablet | 1 or 1a* | ST; QL |
| glipizide xl oral tablet extended release 24 hour | 1 or 1a* | ST; QL |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | 3 | ST; QL |
| glyburide micronized oral tablet | 1 or 1b* | ST; QL |
| glyburide oral tablet | 1 or 1b* | ST; QL |
| *SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** | | |
| DUETACT ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl-glimepiride oral tablet | 1 or 1b* | ST; QL |
| *THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** | | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | ST; QL |
| pioglitazone hcl-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| *THIAZOLIDINEDIONES *** | | |
| ACTOS ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** | | |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** | | |
| acidophilus-bacillus coagulans oral tablet | 2 | |
| eq stomach relief oral tablet | 1 or 1b* | |
| eq stomach relief oral tablet chewable | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| FLORASTOR ADVANCED ORAL CAPSULE | 2 | |
| FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE | 2 | |
| PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE | 1 or 1b* | |
| probioflexx oral capsule | 2 | |
| surebiotic probiotic support oral capsule | 3 | |
| *ANTIPERISTALTIC AGENTS*** | | |
| diphenoxylate-atropine oral liquid | 1 or 1b* | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| LOMOTIL ORAL TABLET | 3 | |
| loperamide hcl oral capsule | 1 or 1b* | QL |
| MOTOFEN ORAL TABLET | 3 | |
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| *ANTIDOTE COMBINATIONS*** | | |
| NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML | 3 | |
| PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| *ANTIDOTES - CHELATING AGENTS*** | | |
| CHEMET ORAL CAPSULE | 3 | |
| deferiprone oral tablet | 1 or 1b* | PA; LD |
| FERRIPROX ORAL SOLUTION | 3 | PA |
| FERRIPROX ORAL TABLET | 3 | PA; LD |
| FERRIPROX TWICE-A-DAY ORAL TABLET | 3 | PA |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| ACETADOTE INTRAVENOUS SOLUTION | 3 | |
| acetylcysteine intravenous solution | 1 or 1b* | |
| ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 3 | |
| BRIDION INTRAVENOUS SOLUTION | 3 | |
| CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM | 3 | |
| DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| edetate calcium disodium injection solution | 3 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |
| methylene blue (antidote) intravenous solution | 1 or 1b* | |
| methylene blue intravenous solution 50 mg/10ml | 1 or 1b* | |
| methylene blue intravenous solution prefilled syringe | 3 | |
| PRAXBIND INTRAVENOUS SOLUTION | 3 | |
| PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| PROVAYBLUE INTRAVENOUS SOLUTION | 3 | |
| RADIOGARDASE ORAL CAPSULE | 3 | |
| SODIUM NITRITE INTRAVENOUS SOLUTION | 3 | |
| SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| VISTOGARD ORAL PACKET | 3 | PA; QL |
| *BENZODIAZEPINE ANTAGONISTS*** | | |
| flumazenil intravenous solution | 1 or 1b* | |
| *OPIOID ANTAGONISTS*** | | |
| KLOXXADO NASAL LIQUID | 2 | QL |
| nalmefene hcl injection solution | 3 | QL |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1b* | QL |
| naloxone hcl injection solution cartridge | 1 or 1b* | QL |
| naloxone hcl injection solution prefilled syringe 0.4 mg/ml | 1 or 1b* | ST; QL |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml | 1 or 1b* | QL |
| naloxone hcl nasal liquid | 1 or 1b* | QL |
| naltrexone hcl oral tablet | 1 or 1b* | |
| OPVEE NASAL SOLUTION | 2 | QL |
| REXTOVY NASAL LIQUID | 2 | QL |
| RIVIVE NASAL LIQUID | 2 | |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |
| *ANTIEMETICS* | | |
| *5-HT3 RECEPTOR ANTAGONISTS*** | | |
| ANZEMET ORAL TABLET 50 MG | 3 | QL |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 or 1b* | |
| granisetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 1 or 1b* | |
| ondansetron hcl injection solution prefilled syringe | 1 or 1b* | |
| ondansetron hcl oral solution | 1 or 1b* | QL |
| ondansetron hcl oral tablet | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| ondansetron oral tablet dispersible | 1 or 1b* | QL |
| PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML | 3 | PA |
| palonosetron hcl intravenous solution 0.25 mg/5ml | 1 or 1b* | PA |
| palonosetron hcl intravenous solution prefilled syringe | 1 or 1b* | PA |
| POSFREA INTRAVENOUS SOLUTION | 3 | PA |
| SANCUSO TRANSDERMAL PATCH | 3 | QL |
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE | 3 | |
| *ANTIEMETIC COMBINATIONS*** | | |
| AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| AKYNZEO ORAL CAPSULE | 3 | LD; QL |
| BONJESTA ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| DICLEGIS ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |
| *ANTIEMETICS - ANTICHOLINERGIC*** | | |
| ANTIVERT ORAL TABLET 50 MG | 3 | |
| ANTIVERT ORAL TABLET CHEWABLE | 3 | |
| DIMENHYDRINATE INJECTION SOLUTION | 3 | |
| meclizine hcl oral tablet 25 mg | 1 or 1a* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| meclizine hcl oral tablet 50 mg | 1 or 1b* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| TIGAN INTRAMUSCULAR SOLUTION | 3 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | 3 | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| *ANTIEMETICS - ANTIDOPAMINERGIC** | | |
| * | | |
| BARHEMSYS INTRAVENOUS SOLUTION | 3 | |
| *ANTIEMETICS - MISCELLANEOUS*** | | |
| dronabinol oral capsule | 1 or 1b* | QL |
| MARINOL ORAL CAPSULE | 3 | QL |
| SYNDROS ORAL SOLUTION | 3 | QL |
| *SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** | | |
| APONVIE INTRAVENOUS EMULSION | 3 | |
| aprepitant oral | 1 or 1b* | QL |
| aprepitant oral capsule | 1 or 1b* | QL |
| CINVANTI INTRAVENOUS EMULSION | 3 | PA; QL |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | PA; QL |
| EMEND ORAL CAPSULE 80 MG | 3 | QL |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| EMEND TRI-PACK ORAL CAPSULE | 3 | QL |
| focinvez intravenous solution | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| fosaprepitant dimeglumine intravenous solution reconstituted | 1 or 1b* | PA; QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | QL |
| *ANTIFUNGALS* | | |
| *ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** | | |
| CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | QL |
| CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | QL |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| micafungin sodium-nacl intravenous solution | 3 | |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS)*** | | |
| BREXAFEMME ORAL TABLET | 3 | PA; QL |
| *ANTIFUNGALS*** | | |
| ABELCET INTRAVENOUS SUSPENSION | 3 | |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| amphotericin b intravenous solution reconstituted | 1 or 1b* | |
| amphotericin b liposome intravenous suspension reconstituted | 1 or 1b* | |
| ANCOBON ORAL CAPSULE | 3 | PA |
| flucytosine oral capsule | 1 or 1b* | PA |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet | 1 or 1b* | |
| nystatin oral tablet | 1 or 1b* | |
| terbinafine hcl oral tablet | 1 or 1b* | QL |
| *IMIDAZOLES*** | | |
| ketoconazole oral tablet | 1 or 1b* | QL |
| *TETRAZOLES*** | | |
| VIVJOA ORAL CAPSULE THERAPY PACK | 3 | PA; QL |
| *TRIAZOLES*** | | |
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| CRESEMBA ORAL CAPSULE | 3 | PA; QL |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 3 | QL |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG | 3 | QL |
| FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-% | 3 | |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |
| fluconazole oral suspension reconstituted | 1 or 1b* | QL |
| fluconazole oral tablet | 1 or 1b* | QL |
| itraconazole oral capsule | 1 or 1b* | PA; QL |
| itraconazole oral solution | 1 or 1b* | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| NOXAFIL INTRAVENOUS SOLUTION | 3 | |
| NOXAFIL ORAL PACKET | 3 | PA; QL |
| NOXAFIL ORAL SUSPENSION | 3 | PA; QL |
| NOXAFIL ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| posaconazole intravenous solution | 1 or 1b* | |
| posaconazole oral suspension | 1 or 1b* | PA; QL |
| posaconazole oral tablet delayed release | 1 or 1b* | PA; QL |
| SPORANOX ORAL CAPSULE | 3 | PA; QL |
| SPORANOX ORAL SOLUTION | 3 | PA; QL |
| TOLSURA ORAL CAPSULE | 3 | PA; QL |
| VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VFEND ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| VFEND ORAL TABLET | 3 | PA; QL |
| voriconazole intravenous solution reconstituted | 3 | |
| voriconazole oral suspension reconstituted | 1 or 1b* | PA; QL |
| voriconazole oral tablet | 1 or 1b* | PA; QL |
| *ANTIHISTAMINES* | | |
| *ANTIHISTAMINES - ALKYLAMINES*** | | |
| eq allergy relief oral tablet 4 mg | 1 or 1b* | |
| ryclora oral solution | 3 | ST |
| *ANTIHISTAMINES - ETHANOLAMINES*** | | |
| carbinoxamine maleate er oral suspension extended release | 1 or 1b* | ST; QL |
| carbinoxamine maleate oral solution | 1 or 1b* | ST |
| carbinoxamine maleate oral tablet 4 mg | 1 or 1b* | ST |

| Drug Name | Tier | Notes |
|---|----------|--------|
| carbinoxamine maleate oral tablet 6 mg | 3 | ST; QL |
| CLEMASTINE FUMARATE ORAL SYRUP | 3 | ST; QL |
| clemastine fumarate oral tablet 2.68 mg | 1 or 1b* | ST; QL |
| diphenhydramine hcl injection solution | 1 or 1b* | |
| diphenhydramine hcl oral elixir | 1 or 1a* | QL |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | 3 | ST; QL |
| MAXALLERGY KIDS ORAL LIQUID | 1 or 1a* | QL |
| RYVENT ORAL TABLET | 3 | ST; QL |
| *ANTIHISTAMINES - NON-SEDATING*** | | |
| cetirizine hcl oral solution | 1 or 1b* | QL |
| CLARINEX ORAL TABLET | 3 | ST; QL |
| desloratadine oral tablet | 1 or 1b* | QL |
| desloratadine oral tablet dispersible | 1 or 1b* | QL |
| eq allergy relief childrens oral suspension | 1 or 1b* | |
| levocetirizine dihydrochloride oral solution | 1 or 1b* | QL |
| levocetirizine dihydrochloride oral tablet | 1 or 1b* | QL |
| mm allergy relief 24 hour oral tablet | 1 or 1b* | |
| QUZYTTR INTRAVENOUS SOLUTION | 3 | |
| *ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| PHENERGAN INJECTION SOLUTION | 3 | |
| promethazine hcl injection solution | 1 or 1a* | |
| promethazine hcl oral solution | 1 or 1a* | QL |
| promethazine hcl oral tablet | 1 or 1a* | QL |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 1 or 1b* | QL |
| promethegan rectal suppository | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| COLESTID ORAL TABLET | 3 | QL |
| colestipol hcl oral granules | 1 or 1b* | QL |
| colestipol hcl oral packet | 1 or 1b* | QL |
| colestipol hcl oral tablet | 1 or 1b* | QL |
| prevalite oral packet | 1 or 1b* | QL |
| prevalite oral powder | 1 or 1b* | QL |
| QUESTRAN LIGHT ORAL POWDER | 3 | QL |
| QUESTRAN ORAL PACKET | 3 | QL |
| QUESTRAN ORAL POWDER | 3 | QL |
| WELCHOL ORAL PACKET | 3 | QL |
| WELCHOL ORAL TABLET | 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*** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG | 3 | ST; DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG | 3 | ST; QL |
| ATORVALIQ ORAL SUSPENSION | 3 | ST; QL |
| atorvastatin calcium oral tablet 40 mg | 1 or 1b* | DO |
| atorvastatin calcium oral tablet 80 mg | 1 or 1b* | QL |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | ST; DO |
| CRESTOR ORAL TABLET 40 MG | 3 | ST; QL |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG | 3 | ST; DO |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG | 3 | ST; QL |
| FLOLIPID ORAL SUSPENSION | 3 | ST; QL |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | ST; DO |
| LIPITOR ORAL TABLET 80 MG | 3 | ST; QL |
| LIVALO ORAL TABLET 1 MG, 2 MG | 3 | ST; DO |
| LIVALO ORAL TABLET 4 MG | 3 | ST; QL |
| pitavastatin calcium oral tablet 1 mg, 2 mg | 3 | ST; DO |
| pitavastatin calcium oral tablet 4 mg | 3 | ST; QL |
| rosuvastatin calcium oral tablet 20 mg | 1 or 1b* | DO |
| rosuvastatin calcium oral tablet 40 mg | 1 or 1b* | QL |
| simvastatin oral tablet 80 mg | 1 or 1b* | PA; QL |
| ZOCOR ORAL TABLET 10 MG, 20 MG | 3 | ST; DO |
| ZOCOR ORAL TABLET 40 MG | 3 | ST; QL |
| ZYPITAMAG ORAL TABLET 2 MG | 3 | ST; DO |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** | | |
| LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 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 |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG | 3 | QL |
| LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG | 3 | DO |
| PRESTALIA ORAL TABLET 14-10 MG | 3 | QL |
| PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG | 3 | DO |
| trandolapril-verapamil hcl er oral tablet extended release | 1 or 1b* | QL |
| *ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** | | |
| ACCURETIC ORAL TABLET 10-12.5 MG | 3 | DO |
| ACCURETIC ORAL TABLET 20-12.5 MG | 3 | QL |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg | 1 or 1b* | DO |
| benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg | 1 or 1b* | QL |
| captopril-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg | 1 or 1b* | QL |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| ZESTRIL ORAL TABLET 30 MG, 40 MG | 3 | QL |
| *AGENTS FOR PHEOCHROMOCYTOMA*** | | |
| DEMSEER ORAL CAPSULE | 3 | PA; QL |
| DIBENZYLINE ORAL CAPSULE | 3 | PA; QL |
| metirosine oral capsule | 1 or 1b* | PA; QL |
| phenoxybenzamine hcl oral capsule | 1 or 1b* | PA; QL |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | |
| *ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | QL |
| amlodipine besylate-valsartan oral tablet 5-160 mg | 1 or 1b* | DO |
| amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | QL |
| amlodipine-olmesartan oral tablet 5-20 mg | 1 or 1b* | DO |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG | 3 | QL |
| AZOR ORAL TABLET 5-20 MG | 3 | DO |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG | 3 | QL |
| EXFORGE ORAL TABLET 5-160 MG | 3 | DO |
| telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg | 1 or 1b* | QL |
| telmisartan-amlodipine oral tablet 40-5 mg | 1 or 1b* | DO |
| *ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** | | |
| ATACAND HCT ORAL TABLET | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | 3 | QL |
| BENICAR HCT ORAL TABLET 20-12.5 MG | 3 | DO |
| BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG | 3 | QL |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | QL |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG | 3 | DO |
| DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG | 3 | QL |
| EDARBYCLOR ORAL TABLET | 3 | QL |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG | 3 | QL |
| HYZAAR ORAL TABLET 50-12.5 MG | 3 | DO |
| 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 |
| MICARDIS HCT ORAL TABLET 40-12.5 MG | 3 | DO |
| MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG | 3 | QL |
| 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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg | 1 or 1b* | QL |
| *ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| ATACAND ORAL TABLET 16 MG, 32 MG | 3 | QL |
| ATACAND ORAL TABLET 4 MG, 8 MG | 3 | DO |
| AVAPRO ORAL TABLET 150 MG, 75 MG | 3 | DO |
| AVAPRO ORAL TABLET 300 MG | 3 | QL |
| BENICAR ORAL TABLET 20 MG, 5 MG | 3 | DO |
| BENICAR ORAL TABLET 40 MG | 3 | QL |
| candesartan cilexetil oral tablet 16 mg, 32 mg | 1 or 1b* | QL |
| candesartan cilexetil oral tablet 4 mg, 8 mg | 1 or 1b* | DO |
| COZAAR ORAL TABLET 100 MG, 50 MG | 3 | QL |
| COZAAR ORAL TABLET 25 MG | 3 | DO |
| DIOVAN ORAL TABLET 160 MG, 320 MG | 3 | QL |
| DIOVAN ORAL TABLET 40 MG, 80 MG | 3 | DO |
| EDARBI ORAL TABLET 40 MG | 3 | DO |
| EDARBI ORAL TABLET 80 MG | 3 | QL |
| irbesartan oral tablet 150 mg, 75 mg | 1 or 1b* | DO |
| irbesartan oral tablet 300 mg | 1 or 1b* | QL |
| losartan potassium oral tablet 100 mg, 50 mg | 1 or 1b* | QL |
| losartan potassium oral tablet 25 mg | 1 or 1b* | DO |
| MICARDIS ORAL TABLET 20 MG, 40 MG | 3 | DO |
| MICARDIS ORAL TABLET 80 MG | 3 | QL |
| olmesartan medoxomil oral tablet 20 mg, 5 mg | 1 or 1b* | DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| olmesartan medoxomil oral tablet 40 mg | 1 or 1b* | QL |
| telmisartan oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| telmisartan oral tablet 80 mg | 1 or 1b* | QL |
| VALSARTAN ORAL SOLUTION | 1 or 1b* | PA; QL |
| valsartan oral tablet 160 mg, 320 mg | 1 or 1b* | QL |
| valsartan oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| *ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | QL |
| amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg | 1 or 1b* | DO |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG | 3 | QL |
| EXFORGE HCT ORAL TABLET 5-160-12.5 MG | 3 | DO |
| olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg | 1 or 1b* | DO |
| olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg | 1 or 1b* | QL |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG | 3 | DO |
| TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | 3 | 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 |

| Drug Name | Tier | Notes |
|---|----------|--------|
| clonidine hcl er oral tablet extended release 24 hour | 3 | ST; QL |
| clonidine hcl oral tablet 0.1 mg, 0.2 mg | 1 or 1a* | DO |
| clonidine hcl oral tablet 0.3 mg | 1 or 1a* | QL |
| clonidine transdermal patch weekly | 1 or 1b* | QL |
| guanfacine hcl oral tablet | 1 or 1b* | |
| methyldopa oral tablet 250 mg | 1 or 1b* | DO |
| methyldopa oral tablet 500 mg | 1 or 1b* | QL |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| *ANTIADRENERGICS - PERIPHERALLY ACTING*** | | |
| CARDURA ORAL TABLET | 3 | QL |
| doxazosin mesylate oral tablet | 1 or 1b* | QL |
| prazosin hcl oral capsule | 1 or 1b* | |
| terazosin hcl oral capsule | 1 or 1b* | QL |
| *ANTIHYPERTENSIVES - MISC.*** | | |
| VECAMYL ORAL TABLET | 3 | |
| *BETA BLOCKER & DIURETIC COMBINATIONS*** | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | QL |
| bisoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| metoprolol-hydrochlorothiazide oral tablet | 1 or 1b* | QL |
| TENORETIC 100 ORAL TABLET | 3 | QL |
| TENORETIC 50 ORAL TABLET | 3 | QL |
| *DIRECT RENIN INHIBITORS*** | | |
| aliskiren fumarate oral tablet 150 mg | 1 or 1b* | DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| aliskiren fumarate oral tablet 300 mg | 1 or 1b* | QL |
| TEKTURNA ORAL TABLET 150 MG | 3 | DO |
| TEKTURNA ORAL TABLET 300 MG | 3 | QL |
| *SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** | | |
| eplerenone oral tablet | 1 or 1b* | |
| INSPIRA ORAL TABLET | 3 | |
| *VASODILATORS*** | | |
| hydralazine hcl injection solution | 1 or 1b* | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% | 3 | |
| nitroprusside sodium intravenous solution | 1 or 1b* | |
| nitroprusside sodium-nacl intravenous solution | 1 or 1b* | |
| sodium nitroprusside intravenous solution | 1 or 1b* | |
| *ANTI-INFECTIVE AGENTS - MISC.* | | |
| *ANTI-INFECTIVE AGENTS - MISC.*** | | |
| AEMCOLO ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| FLAGYL ORAL CAPSULE | 3 | |
| IMPAVIDO ORAL CAPSULE | 3 | PA; QL |
| LIKMEZ ORAL SUSPENSION | 3 | PA |
| METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML | 3 | |
| metronidazole oral capsule | 1 or 1a* | |
| metronidazole oral tablet | 1 or 1a* | |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| *CARBAPENEM COMBINATIONS*** | | |
| imipenem-cilastatin intravenous solution reconstituted | 1 or 1b* | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 3 | |
| RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CARBAPENEMS*** | | |
| ertapenem sodium injection solution reconstituted | 1 or 1b* | |
| meropenem intravenous solution reconstituted 1 gm, 500 mg | 1 or 1b* | |
| meropenem intravenous solution reconstituted 2 gm | 3 | |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML | 3 | |
| *CHLORAMPHENICALS*** | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 1 or 1b* | |
| *CYCLIC LIPOPEPTIDES*** | | |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| daptomycin-sodium chloride intravenous solution | 3 | |
| *GLYCOPEPTIDES*** | | |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | PA; QL |
| KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VANCOCIN ORAL CAPSULE | 3 | PA; QL |
| vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-% | 3 | QL |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-% | 3 | QL |
| VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-% | 3 | QL |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML | 3 | QL |
| vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg | 3 | QL |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG | 3 | QL |
| vancomycin hcl intravenous solution reconstituted 100 gm | 1 or 1b* | QL |
| vancomycin hcl oral capsule | 1 or 1b* | PA; QL |
| vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml | 1 or 1b* | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML | 1 or 1b* | PA; QL |
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 3 | |
| *LEPROSTATICS*** | | |
| dapsone oral tablet | 1 or 1b* | |
| *LINCOSAMIDES*** | | |
| CLEOCIN ORAL CAPSULE | 3 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | 3 | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION | 3 | |
| clindamycin hcl oral capsule | 1 or 1b* | |
| clindamycin palmitate hcl oral solution reconstituted | 1 or 1b* | |
| clindamycin phosphate in d5w intravenous solution | 1 or 1b* | |
| CLINDAMYCIN PHOSPHATE IN NA CL INTRAVENOUS SOLUTION | 3 | |
| clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml | 1 or 1b* | |
| LINCOCIN INJECTION SOLUTION | 3 | |
| lincomycin hcl injection solution | 1 or 1b* | |
| *METHENAMINE COMBOS*** | | |
| URO-PAIN DUAL ACTION ORAL TABLET | 1 or 1b* | |
| *MONOBACTAMS*** | | |
| AZACTAM INJECTION SOLUTION RECONSTITUTED | 3 | |
| aztreonam injection solution reconstituted | 1 or 1b* | |
| *OXAZOLIDINONES*** | | |
| linezolid in sodium chloride intravenous solution | 3 | |
| linezolid intravenous solution 600 mg/300ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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 |
| *POLYMYXINS*** | | |
| colistimethate sodium (cba) injection solution reconstituted | 1 or 1b* | |
| COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED | 3 | |
| polymyxin b sulfate injection solution reconstituted | 1 or 1b* | |
| *URINARY ANTI-INFECTIVES*** | | |
| fosfomicin tromethamine oral packet | 1 or 1b* | |
| HIPREX ORAL TABLET | 3 | |
| MACROBID ORAL CAPSULE | 3 | |
| MACRODANTIN ORAL CAPSULE | 3 | |
| methenamine hippurate oral tablet | 1 or 1b* | |
| nitrofurantoin macrocrystal oral capsule | 1 or 1b* | |
| nitrofurantoin monohyd macro oral capsule | 1 or 1b* | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | 1 or 1b* | |
| nitrofurantoin oral suspension 50 mg/5ml | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *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 | 1 or 1b* | QL |
| hydroxychloroquine sulfate oral tablet 200 mg | 1 or 1b* | QL |
| KRINTAFEL ORAL TABLET | 3 | QL |
| mefloquine hcl oral tablet | 1 or 1b* | QL |
| PLAQUENIL ORAL TABLET | 3 | QL |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | 3 | |
| pyrimethamine oral tablet | 1 or 1b* | PA; QL |
| QUALAQUIN ORAL CAPSULE | 3 | PA; QL |
| quinine sulfate oral capsule | 1 or 1b* | PA; QL |
| SOVUNA ORAL TABLET | 3 | ST; QL |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | | |
| BLOXIVERZ INTRAVENOUS SOLUTION | 3 | |
| FIRDAPSE ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|-------|
| MESTINON ORAL SOLUTION | 3 | |
| MESTINON ORAL TABLET | 3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | 3 | |
| NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML | 3 | |
| pyridostigmine bromide er oral tablet extended release | 1 or 1b* | |
| pyridostigmine bromide oral solution | 1 or 1b* | |
| pyridostigmine bromide oral tablet | 1 or 1b* | |
| REGONOL INTRAVENOUS SOLUTION | 3 | |
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 1 or 1b* | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| MYCOBUTIN ORAL CAPSULE | 3 | |
| PRETOMANID ORAL TABLET | 3 | |
| PRIFTIN ORAL TABLET | 2 | |
| pyrazinamide oral tablet | 1 or 1b* | |
| rifabutin oral capsule | 1 or 1b* | |
| RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| rifampin intravenous solution reconstituted | 1 or 1b* | |
| rifampin oral capsule | 1 or 1b* | |
| SIRTURO ORAL TABLET | 3 | |
| TRECTOR ORAL TABLET | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| *ALKYLATING AGENTS*** | | |
| bendamustine hcl intravenous solution | 3 | PA; LD; SP |
| bendamustine hcl intravenous solution reconstituted | 1 or 1b* | PA; LD; SP |
| MYLERAN ORAL TABLET | 2 | |
| vivimusta intravenous solution | 3 | PA; LD; SP |
| *ANTIADRENALS*** | | |
| LYSODREN ORAL TABLET | 2 | QL |
| *ANTIANDROGENS*** | | |
| bicalutamide oral tablet | 1 or 1b* | QL |
| CASODEX ORAL TABLET | 3 | QL |
| ERLEADA ORAL TABLET 240 MG | 2 | PA; LD; QL; SP |
| EULEXIN ORAL CAPSULE | 3 | |
| NILANDRON ORAL TABLET | 3 | QL |
| nilutamide oral tablet | 1 or 1b* | QL |
| *ANTIESTROGENS*** | | |
| FARESTON ORAL TABLET | 3 | QL |
| toremifene citrate oral tablet | 1 or 1b* | QL |
| *ANTIMETABOLITES*** | | |
| clofarabine intravenous solution | 1 or 1b* | SP |
| floxuridine injection solution reconstituted | 1 or 1b* | SP |
| JYLAMVO ORAL SOLUTION | 3 | PA |
| mercaptopurine oral tablet | 1 or 1b* | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| methotrexate sodium injection solution reconstituted | 1 or 1b* | |
| methotrexate sodium oral tablet | 1 or 1b* | |
| pemetrexed disodium intravenous solution 1 gm/40ml, 850 mg/34ml | 3 | SP |
| pemetrexed disodium intravenous solution 100 mg/4ml, 500 mg/20ml | 3 | PA; SP |
| pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg | 1 or 1b* | PA; SP |
| pemetrexed ditromethamine intravenous solution reconstituted | 3 | PA; SP |
| pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml | 3 | PA; SP |
| pemetrexed intravenous solution 500 mg/20ml | 3 | PA |
| PEMFEXY INTRAVENOUS SOLUTION | 3 | PA |
| PEMRYDI RTU INTRAVENOUS SOLUTION | 3 | PA; SP |
| PURIXAN ORAL SUSPENSION | 3 | PA; LD |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | ST |
| *ANTINEOPLASTIC - AKT INHIBITORS*** | | |
| TRUQAP ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - ALK INHIBITORS*** | | |
| ALUNBRIG ORAL TABLET | 2 | PA; QL |
| ALUNBRIG ORAL TABLET THERAPY PACK | 2 | PA; QL |
| XALKORI ORAL CAPSULE SPRINKLE | 3 | PA; LD; QL; SP |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|----------------|
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** | | |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** | | |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** | | |
| IMJUDO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** | | |
| DANYELZA INTRAVENOUS SOLUTION | 3 | PA |
| UNITUXIN INTRAVENOUS SOLUTION | 3 | |
| *ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| TUKYSA ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** | | |
| LIBTAYO INTRAVENOUS SOLUTION | 3 | PA |
| LOQTORZI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ZYNYZ INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** | | |
| BAVENCIO INTRAVENOUS SOLUTION | 3 | PA; LD |

| Drug Name | Tier | Notes |
|---|------|------------|
| *ANTINEOPLASTIC - BCL-2 INHIBITORS*** | | |
| VENCLEXTA ORAL TABLET | 3 | PA; QL |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 3 | PA; QL |
| *ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** | | |
| BOSULIF ORAL CAPSULE | 2 | PA; QL; SP |
| ICLUSIG ORAL TABLET | 3 | PA; QL |
| SCEMBLIX ORAL TABLET 100 MG | 3 | PA; QL |
| *ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** | | |
| COLUMVI INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| ELREXFIO SUBCUTANEOUS SOLUTION | 3 | PA |
| EPKINLY SUBCUTANEOUS SOLUTION | 3 | PA |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| KIMMTRAK INTRAVENOUS SOLUTION | 3 | PA |
| LUNSUMIO INTRAVENOUS SOLUTION | 3 | PA; LD; SP |
| TALVEY SUBCUTANEOUS SOLUTION | 3 | PA |
| TECVAYLI SUBCUTANEOUS SOLUTION | 3 | PA |
| *ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** | | |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| OJEMDA ORAL TABLET 100 MG | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|----------------|
| TAFINLAR ORAL TABLET SOLUBLE | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - BTK INHIBITORS*** | | |
| BRUKINSA ORAL CAPSULE | 3 | PA; QL |
| CALQUENCE ORAL TABLET | 2 | PA; QL |
| IMBRUVICA ORAL CAPSULE | 2 | PA; QL |
| IMBRUVICA ORAL SUSPENSION | 2 | PA; QL |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | PA; QL |
| JAYPIRCA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| gefitinib oral tablet | 1 or 1b* | PA; LD; QL; SP |
| GILOTRIF ORAL TABLET | 3 | PA; QL |
| LAZCLUZE ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** | | |
| BALVERSA ORAL TABLET | 3 | PA; LD; QL; SP |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL |
| PEMAZYRE ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** | | |
| OGSIVEO ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** | | |
| WELIREG ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** | | |
| ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** | | |
| AKEEGA ORAL TABLET | 3 | PA; LD; QL |
| *ANTINEOPLASTIC - KRAS INHIBITORS*** | | |
| KRAZATI ORAL TABLET | 3 | PA; QL |
| LUMAKRAS ORAL TABLET 320 MG | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - MEK INHIBITORS*** | | |
| KOSELUGO ORAL CAPSULE | 3 | PA; QL |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 3 | PA; LD; QL; SP |
| MEKINIST ORAL TABLET 0.5 MG | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - MET INHIBITORS*** | | |
| TEPMETKO ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** | | |
| TAZVERIK ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** | | |
| FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA |
| TORPENZ ORAL TABLET | 1 or 1b* | PA; SP |
| *ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** | | |
| CAPRELSA ORAL TABLET | 2 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|----------------|
| FOTIVDA ORAL CAPSULE | 3 | PA; QL |
| pazopanib hcl oral tablet | 1 or 1b* | PA; LD; QL; SP |
| QINLOCK ORAL TABLET | 3 | PA; QL |
| sorafenib tosylate oral tablet | 1 or 1b* | PA; LD; QL; SP |
| TURALIO ORAL CAPSULE 125 MG | 3 | PA; QL |
| VANFLYTA ORAL TABLET | 3 | PA; QL |
| XOSPATA ORAL TABLET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** | | |
| AYVAKIT ORAL TABLET | 3 | PA; QL |
| *ANTINEOPLASTIC - PROTEASOME INHIBITORS*** | | |
| bortezomib injection solution reconstituted 1 mg, 2.5 mg | 3 | PA; SP |
| *ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** | | |
| AUGTYRO ORAL CAPSULE | 3 | PA; LD; QL; SP |
| ROZLYTREK ORAL PACKET | 3 | PA; LD; QL; SP |
| *ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 3 | PA; QL |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|------|------------|
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL |
| *ANTINEOPLASTIC ANTIBIOTICS*** | | |
| JELMYTO SOLUTION RECONSTITUTED | 3 | PA |
| mitomycin intravesical solution prefilled syringe | 3 | |
| *ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** | | |
| ZEVALIN Y-90 INTRAVENOUS KIT | 3 | PA |
| *ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** | | |
| ELAHERE INTRAVENOUS SOLUTION | 3 | PA |
| *ANTINEOPLASTIC ENZYMES*** | | |
| RYLAZE INTRAMUSCULAR SOLUTION | 3 | PA; LD; SP |
| *ANTINEOPLASTIC RADIOPHARMACEUTICALS*** | | |
| LUTATHERA INTRAVENOUS SOLUTION | 3 | PA |
| PLUVICTO INTRAVENOUS SOLUTION | 3 | PA |
| STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION | 3 | |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML | 3 | PA |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANTINEOPLASTICS - INTERLEUKINS & AGONISTS*** | | |
| ANKTIVA INTRAVESICAL SOLUTION | 3 | PA; SP |
| ELZONRIS INTRAVENOUS SOLUTION | 3 | PA |
| *ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** | | |
| PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UVADEX EXTRACORPOREAL SOLUTION | 3 | |
| *ANTINEOPLASTICS MISC.*** | | |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| HYDREA ORAL CAPSULE | 3 | |
| hydroxyurea oral capsule | 1 or 1b* | |
| MATULANE ORAL CAPSULE | 2 | |
| *AROMATASE INHIBITORS*** | | |
| ARIMIDEX ORAL TABLET | 3 | QL |
| AROMASIN ORAL TABLET | 3 | QL |
| FEMARA ORAL TABLET | 3 | QL |
| *CARBOXYPEPTIDASE ENZYME AGENTS*** | | |
| VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CARDIAC PROTECTIVE AGENTS*** | | |
| dexrazoxane intravenous solution reconstituted 250 mg | 1 or 1b* | SP |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** | | |
| KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG | 3 | SP |
| *ESTROGENS-ANTINEOPLASTIC*** | | |
| EMCYT ORAL CAPSULE | 2 | PA |
| *FOLIC ACID ANTAGONISTS RESCUE AGENTS*** | | |
| KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG | 3 | PA; LD; SP |
| leucovorin calcium injection solution | 1 or 1b* | |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | |
| leucovorin calcium oral tablet | 1 or 1b* | |
| levoleucovorin calcium intravenous solution reconstituted 50 mg | 1 or 1b* | PA |
| levoleucovorin calcium pf intravenous solution | 1 or 1b* | |
| *GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** | | |
| ORGOVYX ORAL TABLET | 3 | PA; QL |
| *ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** | | |
| VORANIGO ORAL TABLET | 3 | PA; QL |
| *ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** | | |
| REZLIDHIA ORAL CAPSULE | 3 | PA; QL |
| TIBSOVO ORAL TABLET | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| *JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** | | |
| OJJAARA ORAL TABLET | 3 | PA; QL |
| VONJO ORAL CAPSULE | 3 | PA; QL |
| *LHRH ANALOGS*** | | |
| CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE | 3 | PA; QL |
| leuprolide acetate (3 month) intramuscular injectable | 3 | PA; QL; SP |
| *MITOTIC INHIBITORS*** | | |
| DOCIVYX INTRAVENOUS SOLUTION | 3 | PA; SP |
| eribulin mesylate intravenous solution | 1 or 1b* | PA; SP |
| vinorelbine tartrate intravenous solution 10 mg/ml | 1 or 1b* | SP |
| *MYELOPROTECTIVE AGENTS*** | | |
| COSELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *NITROGEN MUSTARDS AND RELATED ANALOGUES*** | | |
| cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml | 3 | SP |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML | 3 | |
| cyclophosphamide intravenous solution 500 mg/ml | 3 | |
| CYCLOPHOSPHAMIDE ORAL TABLET | 3 | |
| HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | |
| HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED | 3 | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| LEUKERAN ORAL TABLET | 2 | |
| *NITROSOUREAS*** | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | PA; SP |
| GLIADEL WAFER IMPLANT WAFER | 3 | |
| *OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** | | |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** | | |
| IWILFIN ORAL TABLET | 3 | PA; QL |
| *OTOPROTECTIVE AGENTS*** | | |
| PEDMARK INTRAVENOUS SOLUTION | 3 | PA |
| *PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** | | |
| ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| COPIKTRA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** | | |
| RUBRACA ORAL TABLET | 3 | PA; LD; QL; SP |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG | 3 | PA; LD; QL; SP |
| ZEJULA ORAL TABLET | 3 | PA; LD; QL; SP |
| *PROGESTINS-ANTINEOPLASTIC*** | | |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml | 1 or 1b* | |
| megestrol acetate oral tablet | 1 or 1b* | |
| *RETINOIDS*** | | |
| tretinoin oral capsule | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** | | |
| ORSERDU ORAL TABLET | 3 | PA; QL |
| *TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** | | |
| TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *TOPOISOMERASE I INHIBITORS*** | | |
| CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2ML | 3 | SP |
| irinotecan hcl intravenous solution 40 mg/2ml | 1 or 1b* | SP |
| ONIVYDE INTRAVENOUS INJECTABLE | 3 | LD; SP |
| *URINARY TRACT PROTECTIVE AGENTS*** | | |
| mesna intravenous solution | 1 or 1b* | PA |
| MESNEX INTRAVENOUS SOLUTION | 3 | PA |
| MESNEX ORAL TABLET | 2 | PA |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** | | |
| ALYMSYS INTRAVENOUS SOLUTION | 3 | PA; SP |
| FRUZAQLA ORAL CAPSULE | 3 | PA; QL |
| VEGZELMA INTRAVENOUS SOLUTION | 3 | PA; SP |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | | |
| *ANTIPARKINSON ANTICHOLINERGICS*** | | |
| benztropine mesylate injection solution | 1 or 1a* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| benztropine mesylate oral tablet | 1 or 1a* | |
| trihexyphenidyl hcl oral solution | 1 or 1a* | |
| trihexyphenidyl hcl oral tablet | 1 or 1a* | |
| *ANTIPARKINSON DOPAMINERGICS*** | | |
| amantadine hcl oral capsule | 1 or 1b* | QL |
| amantadine hcl oral solution | 1 or 1b* | QL |
| amantadine hcl oral tablet | 1 or 1b* | QL |
| bromocriptine mesylate oral capsule | 1 or 1b* | |
| bromocriptine mesylate oral tablet | 1 or 1b* | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 3 | PA; QL |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 3 | PA; DO |
| INBRIJA INHALATION CAPSULE | 3 | PA; QL |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG | 3 | PA; DO |
| PARLODEL ORAL CAPSULE | 3 | |
| PARLODEL ORAL TABLET | 3 | |
| *ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| AZILECT ORAL TABLET | 3 | QL |
| rasagiline mesylate oral tablet | 1 or 1b* | QL |
| selegiline hcl oral capsule | 1 or 1b* | |
| selegiline hcl oral tablet | 1 or 1b* | |
| XADAGO ORAL TABLET | 3 | PA; QL |
| ZELAPAR ORAL TABLET DISPERSIBLE | 3 | PA; QL |
| *CENTRAL/PERIPHERAL COMT INHIBITORS*** | | |
| TASMAR ORAL TABLET 100 MG | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| tolcapone oral tablet | 1 or 1b* | PA; QL |
| *DECARBOXYLASE INHIBITORS*** | | |
| carbidopa oral tablet | 1 or 1b* | |
| LODOSYN ORAL TABLET | 3 | |
| *LEVODOPA COMBINATIONS*** | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 1 or 1b* | |
| carbidopa-levodopa oral tablet | 1 or 1b* | |
| carbidopa-levodopa oral tablet dispersible | 1 or 1b* | |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 1 or 1b* | |
| CREXONT ORAL CAPSULE EXTENDED RELEASE | 3 | |
| DHIVY ORAL TABLET 25-100 MG | 3 | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE | 3 | QL |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| *NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** | | |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG | 3 | QL |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | QL |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| pramipexole dihydrochloride oral tablet | 1 or 1b* | QL |
| ropinirole hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| ropinirole hcl oral tablet | 1 or 1b* | |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| RISPERDAL ORAL SOLUTION | 3 | ST; QL |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | ST; DO |
| RISPERDAL ORAL TABLET 3 MG, 4 MG | 3 | ST; QL |
| risperidone microspheres er intramuscular suspension reconstituted er | 1 or 1b* | AL; QL |
| risperidone oral solution | 1 or 1b* | AL; QL |
| risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet 3 mg, 4 mg | 1 or 1b* | AL; QL |
| risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| risperidone oral tablet dispersible 3 mg, 4 mg | 1 or 1b* | AL; QL |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | AL; QL |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | AL; QL |
| *BUTYROPHENONES*** | | |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION | 3 | AL; QL |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | 1 or 1b* | AL; QL |
| haloperidol lactate injection solution 5 mg/ml | 1 or 1b* | AL |
| haloperidol lactate oral concentrate 2 mg/ml | 1 or 1b* | AL; QL |
| haloperidol oral tablet 0.5 mg, 1 mg, 2 mg | 1 or 1b* | DO; AL |
| haloperidol oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | AL; QL |
| *DIBENZODIAZEPINES** | | |
| clozapine oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| clozapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO; AL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG | 3 | ST; QL |
| *DIBENZOAZEPINES** | | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | AL |
| loxapine succinate oral capsule 10 mg, 25 mg, 5 mg | 1 or 1b* | DO; AL |
| loxapine succinate oral capsule 50 mg | 1 or 1b* | AL; QL |
| *DIHYDROINDOLONES** | | |
| molindone hcl oral tablet 10 mg, 5 mg | 1 or 1b* | DO; AL |
| molindone hcl oral tablet 25 mg | 1 or 1b* | AL; QL |
| *PHENOTHIAZINES*** | | |
| chlorpromazine hcl injection solution | 1 or 1b* | AL |
| CHLORPROMAZINE HCL ORAL CONCENTRATE | 1 or 1b* | AL; QL |
| chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg | 1 or 1b* | DO; AL |
| chlorpromazine hcl oral tablet 100 mg, 200 mg | 1 or 1b* | AL; QL |
| compro rectal suppository | 1 or 1b* | AL |
| fluphenazine decanoate injection solution | 1 or 1b* | AL |
| fluphenazine hcl injection solution | 1 or 1b* | AL |
| fluphenazine hcl oral concentrate | 1 or 1b* | AL; QL |
| fluphenazine hcl oral elixir | 1 or 1b* | AL; QL |
| fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg | 1 or 1b* | DO; AL |
| fluphenazine hcl oral tablet 10 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 16 mg, 4 mg, 8 mg | 1 or 1b* | AL; QL |
| perphenazine oral tablet 2 mg | 1 or 1b* | DO; AL |
| prochlorperazine edisylate injection solution 10 mg/2ml | 1 or 1b* | AL |
| prochlorperazine maleate oral tablet | 1 or 1a* | AL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| *ANTISEPTICS & DISINFECTANTS* | | |
| *ANTISEPTICS & DISINFECTANTS*** | | |
| formaldehyde external solution 10 % | 1 or 1b* | |
| *CHLORINE ANTISEPTICS*** | | |
| BENZALKONIUM CHLORIDE EXTERNAL SOLUTION | 3 | |
| *IODINE ANTISEPTICS*** | | |
| cvs povidone-iodine swabsticks external swab | 1 or 1b* | |
| LUGOLS STRONG IODINE EXTERNAL SOLUTION | 3 | |
| *ANTIVIRALS* | | |
| *ANTIRETROVIRAL COMBINATIONS*** | | |
| abacavir sulfate-lamivudine oral tablet | 1 or 1b* | QL |
| BIKTARVY ORAL TABLET | 2 | QL |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | PA; LD; QL |
| CIMDUO ORAL TABLET | 3 | QL |
| COMPLERA ORAL TABLET | 3 | PA; QL |
| DELSTRIGO ORAL TABLET | 3 | QL |
| DESCOVY ORAL TABLET 120-15 MG | 2 | ST; QL |
| DOVATO ORAL TABLET | 2 | QL |
| efavirenz-emtricitab-tenofo df oral tablet | 1 or 1b* | QL |
| efavirenz-lamivudine-tenofovir oral tablet | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | QL |
| EVOTAZ ORAL TABLET | 3 | QL |
| GENVOYA ORAL TABLET | 2 | QL |
| JULUCA ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| KALETRA ORAL SOLUTION | 3 | QL |
| KALETRA ORAL TABLET | 3 | QL |
| lamivudine-zidovudine oral tablet | 1 or 1b* | QL |
| lopinavir-ritonavir oral solution | 1 or 1b* | QL |
| lopinavir-ritonavir oral tablet | 1 or 1b* | QL |
| ODEFSEY ORAL TABLET | 2 | QL |
| PREZCOBIX ORAL TABLET | 3 | QL |
| STRIBILD ORAL TABLET | 2 | QL |
| SYMFI LO ORAL TABLET | 3 | QL |
| SYMFI ORAL TABLET | 3 | QL |
| SYMITUZA ORAL TABLET | 2 | QL |
| TRIUMEQ ORAL TABLET | 2 | QL |
| TRIUMEQ PD ORAL TABLET SOLUBLE | 2 | QL |
| TRUVADA ORAL TABLET | 3 | ST; QL |
| *ANTIRETROVIRALS - CAPSID INHIBITORS*** | | |
| SUNLENCA ORAL TABLET THERAPY PACK | 3 | PA; LD; QL |
| SUNLENCA SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL |
| *ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** | | |
| maraviroc oral tablet | 1 or 1b* | QL |
| SELZENTRY ORAL SOLUTION | 3 | QL |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | QL |
| *ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** | | |
| TROGARZO INTRAVENOUS SOLUTION | 3 | PA; LD; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ANTIRETROVIRALS - FUSION INHIBITORS*** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LD; QL |
| *ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |
| *ANTIRETROVIRALS - INTEGRASE INHIBITORS*** | | |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | LD; QL |
| ISENTRESS HD ORAL TABLET | 3 | QL |
| ISENTRESS ORAL PACKET | 3 | QL |
| ISENTRESS ORAL TABLET | 3 | QL |
| ISENTRESS ORAL TABLET CHEWABLE | 3 | QL |
| TIVICAY ORAL TABLET 50 MG | 3 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | 3 | QL |
| *ANTIRETROVIRALS - PROTEASE INHIBITORS*** | | |
| APTIVUS ORAL CAPSULE | 2 | PA; QL |
| atazanavir sulfate oral capsule | 1 or 1b* | QL |
| darunavir oral tablet | 1 or 1b* | QL |
| fosamprenavir calcium oral tablet | 1 or 1b* | QL |
| NORVIR ORAL PACKET | 3 | QL |
| NORVIR ORAL TABLET | 3 | QL |
| PREZISTA ORAL SUSPENSION | 2 | QL |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | QL |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3 | QL |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES*** | | |
| RETROVIR INTRAVENOUS SOLUTION | 2 | |
| RETROVIR ORAL CAPSULE | 3 | QL |
| RETROVIR ORAL SYRUP | 3 | QL |
| zidovudine oral capsule | 1 or 1b* | QL |
| zidovudine oral syrup | 1 or 1b* | QL |
| zidovudine oral tablet | 1 or 1b* | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** | | |
| VIREAD ORAL POWDER | 2 | QL |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | QL |
| VIREAD ORAL TABLET 300 MG | 3 | QL |
| *ANTIRETROVIRALS ADJUVANTS*** | | |
| TYBOST ORAL TABLET | 3 | QL |
| *ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK | 3 | QL |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK | 3 | QL |
| *CMV AGENTS*** | | |
| cidofovir intravenous solution | 1 or 1b* | |
| foscarnet sodium intravenous solution 6000 mg/250ml | 1 or 1b* | |
| FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML | 3 | |
| LIVTENCITY ORAL TABLET | 3 | PA; QL |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 3 | |
| VALCYTE ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| valganciclovir hcl oral solution reconstituted | 1 or 1b* | |
| valganciclovir hcl oral tablet | 1 or 1b* | |
| *HEPATITIS B AGENTS*** | | |
| BARACLUDE ORAL SOLUTION | 2 | PA; QL |
| BARACLUDE ORAL TABLET | 3 | PA; QL |
| entecavir oral tablet | 1 or 1b* | PA; QL |
| lamivudine oral tablet 100 mg | 1 or 1b* | PA; 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* | |
| SITAVIG BUCCAL TABLET | 3 | PA; QL |
| valacyclovir hcl oral tablet | 1 or 1b* | QL |
| VALTREX ORAL TABLET | 3 | QL |
| *HERPES AGENTS - THYMIDINE ANALOGUES*** | | |
| famciclovir oral tablet | 1 or 1b* | QL |
| *INFLUENZA AGENTS*** | | |
| rimantadine hcl oral tablet | 1 or 1b* | |
| *MISC. ANTIVIRALS*** | | |
| LAGEVRIO ORAL CAPSULE | 3 | QL |
| PEMGARDA INTRAVENOUS SOLUTION | 3 | |
| TEMBEXA ORAL SUSPENSION | 3 | |
| TEMBEXA ORAL TABLET | 3 | |
| TPOXX INTRAVENOUS SOLUTION | 3 | |
| TPOXX ORAL CAPSULE | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *NEURAMINIDASE INHIBITORS*** | | |
| oseltamivir phosphate oral capsule | 1 or 1b* | QL |
| oseltamivir phosphate oral suspension reconstituted | 1 or 1b* | QL |
| RAPIVAB INTRAVENOUS SOLUTION | 3 | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 2 | QL |
| TAMIFLU ORAL CAPSULE | 3 | QL |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | QL |
| *PA ENDONUCLEASE INHIBITORS*** | | |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | QL |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | QL |
| *RSV AGENTS - NUCLEOSIDE ANALOGUES*** | | |
| ribavirin inhalation solution reconstituted | 1 or 1b* | |
| VIRAZOLE INHALATION SOLUTION RECONSTITUTED | 3 | |
| *BETA BLOCKERS* | | |
| *ALPHA-BETA BLOCKERS*** | | |
| carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg | 1 or 1b* | DO |
| carvedilol oral tablet 25 mg | 1 or 1b* | QL |
| carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg | 1 or 1b* | DO |
| carvedilol phosphate er oral capsule extended release 24 hour 80 mg | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG | 3 | DO |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG | 3 | QL |
| COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG | 3 | DO |
| COREG ORAL TABLET 25 MG | 3 | QL |
| labetalol hcl intravenous solution prefilled syringe 10 mg/2ml | 3 | |
| labetalol hcl oral tablet 100 mg, 200 mg | 1 or 1b* | DO |
| labetalol hcl oral tablet 300 mg | 1 or 1b* | QL |
| LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-% | 3 | |
| LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-% | 3 | |
| *BETA BLOCKERS CARDIO-SELECTIVE*** | | |
| acebutolol hcl oral capsule | 1 or 1b* | |
| atenolol oral tablet | 1 or 1a* | |
| betaxolol hcl oral tablet | 1 or 1b* | |
| bisoprolol fumarate oral tablet | 1 or 1b* | |
| BREVIBLOC IN NACL INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML | 3 | |
| BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC PREMIXED INTRAVENOUS SOLUTION | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| BYSTOLIC ORAL TABLET | 3 | |
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML | 3 | |
| esmolol hcl-sodium chloride intravenous solution | 1 or 1b* | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE | 3 | |
| LOPRESSOR ORAL TABLET | 3 | |
| metoprolol succinate er oral tablet extended release 24 hour | 1 or 1b* | |
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| nebivolol hcl oral tablet | 1 or 1b* | |
| TENORMIN ORAL TABLET | 3 | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| *BETA BLOCKERS NON-SELECTIVE*** | | |
| BETAPACE AF ORAL TABLET | 3 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | QL |
| CORGARD ORAL TABLET 20 MG, 40 MG | 3 | DO |
| HEMANGEOL ORAL SOLUTION | 3 | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG | 3 | DO |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG | 3 | QL |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | QL |
| nadolol oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| nadolol oral tablet 80 mg | 1 or 1b* | QL |
| pindolol oral tablet 10 mg | 1 or 1b* | QL |
| pindolol oral tablet 5 mg | 1 or 1b* | DO |
| propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg | 1 or 1b* | DO |
| propranolol hcl er oral capsule extended release 24 hour 160 mg | 1 or 1b* | QL |
| propranolol hcl intravenous solution | 1 or 1b* | |
| propranolol hcl oral solution | 1 or 1b* | QL |
| propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg | 1 or 1b* | DO |
| propranolol hcl oral tablet 80 mg | 1 or 1b* | QL |
| sotalol hcl (af) oral tablet | 1 or 1b* | |
| SOTALOL HCL INTRAVENOUS SOLUTION | 3 | |
| sotalol hcl oral tablet | 1 or 1b* | QL |
| SOTYLIZE ORAL SOLUTION | 3 | |
| timolol maleate oral tablet 10 mg, 20 mg | 1 or 1b* | QL |
| timolol maleate oral tablet 5 mg | 1 or 1b* | DO |
| *CALCIUM CHANNEL BLOCKERS* | | |
| *CALCIUM CHANNEL BLOCKERS*** | | |
| amlodipine besylate oral tablet 10 mg | 1 or 1b* | QL |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | 1 or 1b* | DO |
| CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% | 3 | |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG | 3 | QL |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | QL |
| CARDIZEM ORAL TABLET 120 MG | 3 | QL |
| CARDIZEM ORAL TABLET 30 MG, 60 MG | 3 | DO |
| cartia xt oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg | 1 or 1b* | QL |
| CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML | 3 | |
| CONJUPRI ORAL TABLET 2.5 MG | 3 | ST; DO |
| CONJUPRI ORAL TABLET 5 MG | 3 | ST; QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg | 1 or 1b* | DO |

| Drug Name | Tier | Notes |
|--|----------|--------|
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| diltiazem hcl er oral tablet extended release 24 hour 120 mg | 1 or 1b* | DO |
| diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |
| diltiazem hcl intravenous solution | 1 or 1b* | |
| DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | QL |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 10 mg | 1 or 1b* | QL |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule 2.5 mg | 1 or 1b* | DO |
| isradipine oral capsule 5 mg | 1 or 1b* | QL |
| KATERZIA ORAL SUSPENSION | 3 | PA; QL |
| levamlodipine maleate oral tablet 2.5 mg | 1 or 1b* | ST; DO |
| levamlodipine maleate oral tablet 5 mg | 1 or 1b* | ST; QL |
| matzim la oral tablet extended release 24 hour | 1 or 1b* | QL |
| NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-% | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| nicardipine hcl intravenous solution | 1 or 1b* | |
| nicardipine hcl oral capsule | 1 or 1b* | QL |
| nifedipine er oral tablet extended release 24 hour | 1 or 1b* | QL |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 1 or 1b* | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 1 or 1b* | QL |
| nifedipine oral capsule 10 mg | 1 or 1b* | DO |
| nifedipine oral capsule 20 mg | 1 or 1b* | QL |
| nimodipine oral capsule | 1 or 1b* | QL |
| nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg | 1 or 1b* | DO |
| nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg | 1 or 1b* | QL |
| NORLIQVA ORAL SOLUTION | 3 | PA; QL |
| NORVASC ORAL TABLET 10 MG | 3 | QL |
| NORVASC ORAL TABLET 2.5 MG, 5 MG | 3 | DO |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | QL |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG | 3 | DO |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | 3 | QL |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG | 3 | DO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG | 3 | QL |
| tiadylt er oral capsule extended release 24 hour 120 mg | 1 or 1b* | DO |
| tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|-------|
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | QL |
| verapamil hcl er oral capsule extended release 24 hour 100 mg | 3 | DO |
| verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg | 1 or 1b* | QL |
| verapamil hcl er oral tablet extended release 120 mg | 1 or 1b* | DO |
| verapamil hcl er oral tablet extended release 180 mg, 240 mg | 1 or 1b* | QL |
| verapamil hcl intravenous solution | 1 or 1b* | |
| verapamil hcl oral tablet 120 mg | 1 or 1b* | QL |
| verapamil hcl oral tablet 40 mg, 80 mg | 1 or 1b* | DO |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | 3 | DO |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG | 3 | QL |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | DO |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG | 3 | QL |
| *CARDIOTONICS* | | |
| *CARDIAC GLYCOSIDES*** | | |
| digoxin injection solution | 1 or 1b* | |
| digoxin oral solution | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| digoxin oral tablet 125 mcg, 62.5 mcg | 1 or 1b* | DO |
| digoxin oral tablet 250 mcg | 1 or 1b* | QL |
| LANOXIN INJECTION SOLUTION 0.25 MG/ML | 3 | |
| LANOXIN ORAL TABLET 125 MCG, 62.5 MCG | 3 | DO |
| LANOXIN ORAL TABLET 250 MCG | 3 | QL |
| LANOXIN PEDIATRIC INJECTION SOLUTION | 2 | |
| *INOTROPES*** | | |
| dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml | 1 or 1b* | |
| DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML | 3 | |
| DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| milrinone lactate in dextrose intravenous solution | 1 or 1b* | |
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 or 1b* | |
| *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 |

| Drug Name | Tier | Notes |
|--|----------|------------|
| CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG | 3 | DO |
| *CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS*** | | |
| LODOCO ORAL TABLET | 3 | PA; QL |
| *CARDIOVASCULAR SGLT2 INHIBITORS** | | |
| INPEFA ORAL TABLET | 3 | PA; QL |
| *IMPOTENCE AGENT COMBINATIONS*** | | |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION | 3 | |
| *NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** | | |
| ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL |
| ENTRESTO ORAL TABLET | 3 | QL |
| *NITRATE & VASODILATOR COMBINATIONS*** | | |
| BIDIL ORAL TABLET | 3 | QL |
| isosorb dinitrate-hydralazine oral tablet 20-37.5 mg | 1 or 1b* | QL |
| *PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| OPSYNVI ORAL TABLET | 3 | PA; QL; SP |
| *PROSTAGLANDIN - IMPOTENCE AGENTS*** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 3 | PA |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED | 3 | PA |
| EDEX INTRACAVERNOSAL KIT | 3 | PA |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|----------------|
| *PROSTAGLANDIN VASODILATORS*** | | |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK | 3 | PA; LD; QL; SP |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER | 3 | PA; LD; QL; SP |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG | 3 | PA; LD; QL; SP |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG | 3 | PA; LD; QL; SP |
| *PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR*** | | |
| WINREVAIR SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| *PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| TADLIQ ORAL SUSPENSION | 3 | PA; QL; SP |
| *PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| *SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** | | |
| CIALIS ORAL TABLET 10 MG, 20 MG | 3 | PA |

| Drug Name | Tier | Notes |
|--|----------|--------|
| CIALIS ORAL TABLET 5 MG | 3 | PA; QL |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | PA |
| STENDRA ORAL TABLET | 3 | 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 | 3 | PA |
| vardenafil hcl oral tablet dispersible | 1 or 1b* | PA |
| VIAGRA ORAL TABLET | 3 | PA |
| *SEPTAL AGENTS - ABLATION** | | |
| ABLYSINOL INTRA-ARTERIAL SOLUTION | 3 | |
| *SINUS NODE INHIBITORS** | | |
| CORLANOR ORAL SOLUTION | 3 | PA; QL |
| CORLANOR ORAL TABLET | 2 | PA; QL |
| ivabradine hcl oral tablet | 1 or 1b* | PA; QL |
| *VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO ORAL TABLET | 3 | PA; QL |
| *CEPHALOSPORINS* | | |
| *CEPHALOSPORIN COMBINATIONS*** | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CEPHALOSPORINS - 1ST GENERATION*** | | |
| cefadroxil oral capsule | 1 or 1b* | |
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg | 1 or 1b* | |
| CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM | 3 | |
| cefazolin sodium intravenous solution reconstituted 1 gm | 1 or 1b* | |
| cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-% | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML) | 3 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |
| *CEPHALOSPORINS - 2ND GENERATION*** | | |
| CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| cefaclor oral capsule | 1 or 1b* | |
| cefaclor oral suspension reconstituted 250 mg/5ml | 1 or 1b* | |
| CEFOTAN INJECTION SOLUTION RECONSTITUTED | 3 | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| cefoxitin sodium intravenous solution reconstituted | 1 or 1b* | |
| CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML) | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| cefprozil oral suspension reconstituted | 1 or 1b* | |
| cefprozil oral tablet | 1 or 1b* | |
| cefuroxime axetil oral tablet | 1 or 1b* | |
| cefuroxime sodium injection solution reconstituted 750 mg | 1 or 1b* | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | 1 or 1b* | |
| *CEPHALOSPORINS - 3RD GENERATION*** | | |
| cefdinir oral capsule | 1 or 1b* | |
| cefdinir oral suspension reconstituted | 1 or 1b* | |
| cefixime oral capsule | 1 or 1b* | |
| cefixime oral suspension reconstituted | 1 or 1b* | |
| cefotaxime sodium injection solution reconstituted 1 gm, 2 gm | 3 | |
| cefepodoxime proxetil oral suspension reconstituted | 1 or 1b* | |
| cefepodoxime proxetil oral tablet | 1 or 1b* | |
| ceftazidime injection solution reconstituted 1 gm, 6 gm | 1 or 1b* | |
| ceftazidime intravenous solution reconstituted | 1 or 1b* | |
| ceftriaxone sodium in dextrose intravenous solution | 1 or 1b* | QL |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 or 1b* | QL |
| CEFTRIAOXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM | 3 | QL |
| ceftriaxone sodium intravenous solution reconstituted | 1 or 1b* | QL |
| CEFTRIAOXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML) | 3 | QL |
| tazicef injection solution reconstituted 1 gm | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| TAZICEF INTRAVENOUS SOLUTION | 3 | |
| tazicef intravenous solution reconstituted | 1 or 1b* | |
| *CEPHALOSPORINS - 4TH GENERATION*** | | |
| cefepime hcl injection solution reconstituted 1 gm | 1 or 1b* | |
| CEFEPIME HCL INTRAVENOUS SOLUTION | 3 | |
| CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM | 3 | |
| cefepime hcl intravenous solution reconstituted 2 gm | 1 or 1b* | |
| CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML) | 3 | |
| *CEPHALOSPORINS - 5TH GENERATION*** | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CEPHALOSPORINS - SIDEROPHORES*** | | |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CHEMICALS* | | |
| *BULK CHEMICALS - AM'S*** | | |
| amlexanox powder | 3 | |
| *BULK CHEMICALS - PR'S*** | | |
| pregabalin powder | 3 | |
| *BULK CHEMICALS - TA*** | | |
| XILOGEL POWDER | 3 | |
| *SOLIDS*** | | |
| theophylline powder | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| waxy maize starch n-200 powder | 3 | |
| *CORTICOSTEROIDS* | | |
| *GLUCOCORTICOSTEROIDS*** | | |
| AGAMREE ORAL SUSPENSION | 3 | PA; QL |
| 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 | |
| cortisone acetate oral tablet | 3 | PA; QL |
| deflazacort oral suspension | 3 | PA |
| deflazacort oral tablet | 3 | PA |
| DEPO-MEDROL INJECTION SUSPENSION | 3 | |
| DEXABLISS ORAL TABLET THERAPY PACK | 3 | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | |
| dexamethasone oral elixir | 1 or 1a* | |
| dexamethasone oral solution | 1 or 1a* | |
| dexamethasone oral tablet | 1 or 1a* | |
| dexamethasone oral tablet therapy pack | 1 or 1b* | |
| dexamethasone sod phos +rfid injection solution prefilled syringe | 1 or 1b* | |
| dexamethasone sod phosphate pf injection solution | 1 or 1b* | |
| DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | 1 or 1b* | |
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 4 MG/ML | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE | 1 or 1b* | |
| EMFLAZA ORAL SUSPENSION | 3 | PA |
| EMFLAZA ORAL TABLET | 3 | PA |
| EOHILIA ORAL SUSPENSION | 3 | PA; QL |
| HEMADY ORAL TABLET | 3 | PA; QL |
| HEXATRIONE INTRA-ARTICULAR SUSPENSION | 3 | |
| hidex 6-day oral tablet therapy pack | 1 or 1b* | |
| hydrocortisone oral tablet | 1 or 1b* | |
| KENALOG-10 INJECTION SUSPENSION | 3 | |
| KENALOG-40 INJECTION SUSPENSION | 3 | |
| KENALOG-80 INJECTION SUSPENSION | 3 | |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET 2 MG | 2 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| methylprednisolone oral tablet | 1 or 1a* | |
| methylprednisolone oral tablet therapy pack | 1 or 1a* | |
| methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg | 1 or 1b* | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG | 3 | QL |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG | 3 | DO |
| PEDIAPRED ORAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| prednisolone oral solution | 1 or 1a* | |
| prednisolone oral tablet | 1 or 1b* | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 or 1a* | |
| prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg | 1 or 1a* | QL |
| prednisolone sodium phosphate oral tablet dispersible 15 mg | 1 or 1a* | DO |
| PREDNISONE INTENSOL ORAL CONCENTRATE | 3 | |
| prednisone oral solution | 1 or 1a* | |
| prednisone oral tablet | 1 or 1a* | |
| prednisone oral tablet therapy pack | 1 or 1a* | |
| RAYOS ORAL TABLET DELAYED RELEASE | 3 | ST |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG | 3 | |
| taperdex 12-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 6-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 7-day oral tablet therapy pack 1.5 mg (27) | 1 or 1b* | |
| TARPEYO ORAL CAPSULE DELAYED RELEASE | 3 | PA; QL |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *MINERALOCORTICOIDSDS*** | | |
| fludrocortisone acetate oral tablet | 1 or 1b* | |
| *STEROID COMBINATIONS*** | | |
| CELESTONE SOLUSPAN INJECTION SUSPENSION | 3 | |
| *COUGH/COLD/ALLERGY* | | |
| *ANTITUSSIVE - NONNARCOTIC*** | | |
| benzonatate oral capsule | 1 or 1b* | |
| *ANTITUSSIVE - OPIOID*** | | |
| HYCODAN ORAL SOLUTION | 3 | AL |
| HYCODAN ORAL TABLET | 3 | PA |
| hydrocodone bit-homatrop mbr oral solution | 1 or 1a* | AL |
| hydrocodone bit-homatrop mbr oral tablet | 1 or 1a* | PA |
| hydromet oral solution | 1 or 1a* | AL |
| *ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC*** | | |
| cvs pe head cong + flu sev oral tablet | 1 or 1b* | |
| *ANTITUSSIVE-EXPECTORANT*** | | |
| CODITUSSIN AC ORAL LIQUID | 3 | AL |
| eq mucus relief dm max str oral tablet extended release 12 hour | 1 or 1b* | |
| g tussin ac oral solution | 1 or 1a* | AL; QL |
| guaifenesin-codeine oral solution | 1 or 1a* | AL; QL |
| MAR-COF CG EXPECTORANT ORAL LIQUID | 2 | AL |
| maxi-tuss ac oral solution | 1 or 1a* | AL; QL |
| NINJACOF-XG ORAL LIQUID | 3 | AL |
| tussin dm cough & chest oral liquid | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** | | |
| CODITUSSIN DAC ORAL LIQUID | 3 | AL |
| TUSNEL C ORAL SYRUP | 2 | PA |
| *DECONGESTANT & ANTIHISTAMINE*** | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL |
| CONEX COLD/ALLERGY PEDIATRIC ORAL SOLUTION | 2 | |
| eq allergy relief d 12 hour oral tablet extended release 12 hour | 1 or 1b* | |
| EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR | 1 or 1b* | |
| promethazine vc oral syrup | 1 or 1b* | QL |
| promethazine-phenylephrine oral syrup | 1 or 1b* | QL |
| *DECONGESTANT W/ EXPECTORANT*** | | |
| eq mucus relief d oral tablet extended release 12 hour | 1 or 1b* | |
| eq mucus-d oral tablet extended release 12 hour | 1 or 1b* | |
| *DECONGESTANT-ANALGESIC*** | | |
| eq sinus & cold-d oral tablet extended release 12 hour | 1 or 1b* | |
| *MISC. RESPIRATORY INHALANTS*** | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % | 3 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % | 1 or 1b* | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 or 1b* | |
| *MUCOLYTICS*** | | |
| acetylcysteine inhalation solution | 1 or 1b* | |
| *NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** | | |
| NINJACOF ORAL LIQUID | 2 | |
| promethazine-dm oral syrup | 1 or 1a* | QL |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |
| rycontuss oral liquid | 2 | |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE-ANALG*** | | |
| ALKA-SELTZER NIGHT COLD & FLU ORAL CAPSULE | 1 or 1b* | |
| ALKA-SELTZER SINUS ALRGY COUGH ORAL CAPSULE | 1 or 1b* | |
| *OPIOID ANTITUSSIVE-ANTIHISTAMINE*** | | |
| hydrocod poli-chlorphe poli er oral suspension extended release | 1 or 1b* | AL; QL |
| promethazine-codeine oral solution | 1 or 1a* | AL; QL |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | AL |
| *OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** | | |
| CAPCOF ORAL SYRUP | 3 | AL |
| MAXI-TUSS CD ORAL LIQUID | 2 | AL |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | AL |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML | 3 | PA |

| Drug Name | Tier | Notes |
|---|----------|--------|
| RYDEX ORAL LIQUID | 2 | AL |
| *DERMATOLOGICALS* | | |
| *ACNE ANTIBIOTICS*** | | |
| ACZONE EXTERNAL GEL | 3 | ST; QL |
| AMZEEQ EXTERNAL FOAM | 3 | ST; QL |
| CLEOCIN-T EXTERNAL LOTION | 3 | ST; QL |
| clindacin etz external swab | 1 or 1b* | QL |
| CLINDACIN EXTERNAL FOAM | 1 or 1b* | QL |
| clindacin-p external swab | 1 or 1b* | QL |
| CLINDAGEL EXTERNAL GEL | 3 | ST; QL |
| clindamycin phosphate external foam | 1 or 1b* | QL |
| clindamycin phosphate external gel 1 % | 1 or 1b* | QL |
| clindamycin phosphate external lotion | 1 or 1b* | QL |
| clindamycin phosphate external solution | 1 or 1b* | QL |
| clindamycin phosphate external swab | 1 or 1b* | QL |
| dapsone external gel 5 % | 1 or 1b* | ST; QL |
| dapsone external gel 7.5 % | 3 | ST; QL |
| ery external pad | 1 or 1b* | QL |
| ERYGEL EXTERNAL GEL | 3 | QL |
| erythromycin external gel | 1 or 1b* | QL |
| erythromycin external solution | 1 or 1b* | QL |
| KLARON EXTERNAL LOTION | 3 | |
| sulfacetamide sodium (acne) external lotion | 1 or 1b* | |
| *ACNE COMBINATIONS*** | | |
| ACANYA EXTERNAL GEL | 3 | ST; QL |
| adapalene-benzoyl peroxide external gel | 1 or 1b* | PA; QL |
| BENZAMYCIN EXTERNAL GEL | 3 | ST; QL |
| benzoyl peroxide-erythromycin external gel | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| CABTREO EXTERNAL GEL | 3 | ST; QL |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 % | 1 or 1b* | QL |
| clindamycin-tretinoin external gel | 3 | PA; QL |
| EPIDUO EXTERNAL GEL | 3 | ST; QL |
| EPIDUO FORTE EXTERNAL GEL | 3 | ST; QL |
| neuac external gel | 1 or 1b* | QL |
| ONEXTON EXTERNAL GEL | 3 | ST; QL |
| TWYNEO EXTERNAL CREAM | 3 | ST; QL |
| ZIANA EXTERNAL GEL | 3 | ST; QL |
| *ACNE PRODUCTS*** | | |
| ABSORICA LD ORAL CAPSULE | 3 | PA |
| ABSORICA ORAL CAPSULE | 3 | PA |
| accutane oral capsule | 2 | PA |
| adapalene external cream | 1 or 1b* | PA; QL |
| adapalene external gel | 1 or 1b* | PA; QL |
| adapalene external pad | 1 or 1b* | PA; QL |
| ADAPALENE EXTERNAL SOLUTION | 3 | ST; QL |
| AKLIEF EXTERNAL CREAM | 3 | ST; QL |
| ALTRENO EXTERNAL LOTION | 3 | ST; QL |
| amnestem oral capsule | 2 | PA |
| ARAZLO EXTERNAL LOTION | 3 | ST; QL |
| ATRALIN EXTERNAL GEL | 3 | ST; QL |
| AZELEX EXTERNAL CREAM | 3 | ST; QL |
| claravis oral capsule | 2 | PA |
| DIFFERIN EXTERNAL CREAM | 3 | ST; QL |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | ST; QL |
| DIFFERIN EXTERNAL LOTION | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| EPSOLAY EXTERNAL CREAM | 3 | QL |
| FABIOR EXTERNAL FOAM | 3 | ST; QL |
| isotretinoin oral capsule | 2 | PA |
| RETIN-A EXTERNAL CREAM | 3 | ST; QL |
| RETIN-A EXTERNAL GEL | 3 | ST; QL |
| RETIN-A MICRO EXTERNAL GEL | 3 | ST; QL |
| RETIN-A MICRO PUMP EXTERNAL GEL | 3 | ST; QL |
| TAZAROTENE EXTERNAL FOAM | 3 | ST; QL |
| tretinoin external cream | 1 or 1b* | PA; QL |
| tretinoin external gel | 1 or 1b* | PA; QL |
| tretinoin microsphere external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| tretinoin microsphere external gel 0.08 % | 3 | ST; QL |
| tretinoin microsphere pump external gel 0.04 %, 0.1 % | 1 or 1b* | PA; QL |
| tretinoin microsphere pump external gel 0.08 % | 3 | ST; QL |
| WINLEVI EXTERNAL CREAM | 3 | ST; QL |
| zenatane oral capsule | 2 | PA |
| *AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** | | |
| VEREGEN EXTERNAL OINTMENT | 3 | QL |
| *AGENTS FOR FACIAL WRINKLES - RETINOIDS*** | | |
| RENOVA EXTERNAL CREAM | 3 | PA; QL |
| RENOVA PUMP EXTERNAL CREAM | 3 | PA; QL |
| *ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS*** | | |
| LITFULO ORAL CAPSULE | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANALGESICS - TOPICAL*** | | |
| hav ez penetrating pain relief external gel | 2 | |
| *ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** | | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| *ANTIBIOTICS - TOPICAL*** | | |
| gentamicin sulfate external cream | 1 or 1b* | QL |
| gentamicin sulfate external ointment | 1 or 1b* | QL |
| mupirocin calcium external cream | 3 | ST; QL |
| mupirocin external ointment | 1 or 1b* | QL |
| *ANTIFUNGALS - TOPICAL COMBINATIONS*** | | |
| clotrimazole-betamethasone external cream | 1 or 1b* | QL |
| clotrimazole-betamethasone external lotion | 1 or 1b* | QL |
| FUNGIMEZ EXTERNAL SOLUTION | 3 | |
| miconazole-zinc oxide-petrolat external ointment | 1 or 1b* | QL |
| nystatin-triamcinolone external cream | 1 or 1b* | QL |
| nystatin-triamcinolone external ointment | 1 or 1b* | QL |
| VUSION EXTERNAL OINTMENT | 3 | QL |
| *ANTIFUNGALS - TOPICAL*** | | |
| antifungal maximum strength external solution | 1 or 1b* | |
| ciclodan external solution | 1 or 1b* | QL |
| ciclopirox external gel | 1 or 1b* | QL |
| ciclopirox external shampoo | 1 or 1b* | QL |
| ciclopirox external solution | 1 or 1b* | QL |
| ciclopirox olamine external cream | 1 or 1b* | QL |
| ciclopirox olamine external suspension | 1 or 1b* | QL |
| eq athletes foot ultra external cream | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| KLAYESTA EXTERNAL POWDER | 1 or 1b* | QL |
| naftifine hcl external cream | 1 or 1b* | ST; QL |
| naftifine hcl external gel 2 % | 1 or 1b* | ST; QL |
| NAFTIN EXTERNAL GEL 2 % | 3 | ST; QL |
| nyamyc external powder | 1 or 1b* | QL |
| nystatin external cream | 1 or 1b* | QL |
| nystatin external ointment | 1 or 1b* | QL |
| nystatin external powder | 1 or 1b* | QL |
| nystop external powder | 1 or 1b* | QL |
| *ANTIHISTAMINES - TOPICAL*** | | |
| TECNU RASH RELIEF EXTERNAL SOLUTION | 1 or 1b* | |
| *ANTI-INFLAMMATORY AGENTS - TOPICAL*** | | |
| diclofenac epolamine external patch | 3 | ST; QL |
| diclofenac sodium external gel 1 % | 1 or 1b* | QL |
| diclofenac sodium external solution | 3 | ST; QL |
| FLECTOR EXTERNAL PATCH | 3 | ST; QL |
| LICART EXTERNAL PATCH 24 HOUR | 3 | ST; QL |
| mm arthritis pain reliever external gel | 1 or 1b* | |
| PENNSAID EXTERNAL SOLUTION | 3 | ST; QL |
| PHARMACIST CHOICE DICLOFENAC EXTERNAL GEL | 1 or 1b* | QL |
| *ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** | | |
| VALCHLOR EXTERNAL GEL | 3 | PA; QL |
| *ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** | | |
| CARAC EXTERNAL CREAM | 3 | ST; QL |
| EFUDEX EXTERNAL CREAM | 3 | ST; QL |
| fluorouracil external cream 5 % | 1 or 1b* | AL; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|----------------|
| fluorouracil external solution | 1 or 1b* | AL; QL |
| TOLAK EXTERNAL CREAM | 3 | ST; QL |
| *ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** | | |
| diclofenac sodium external gel 3 % | 1 or 1b* | PA; QL |
| *ANTIPRURITICS - TOPICAL*** | | |
| doxepin hcl external cream | 1 or 1b* | PA; QL |
| PRUDOXIN EXTERNAL CREAM | 3 | PA; QL |
| ZONALON EXTERNAL CREAM | 3 | PA; QL |
| *ANTIPSORIATICS - SYSTEMIC*** | | |
| acitretin oral capsule | 1 or 1b* | QL |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| COSENTYX INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; LD; QL; SP |
| SOTYKTU ORAL TABLET | 3 | PA; LD; QL; SP |
| SPEVIGO INTRAVENOUS SOLUTION | 3 | PA; QL |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML | 3 | PA; QL; SP |
| *ANTIPSORIATICS*** | | |
| calcipotriene external cream | 1 or 1b* | QL |
| calcipotriene external foam | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| calcipotriene external ointment | 1 or 1b* | QL |
| calcipotriene external solution | 1 or 1b* | QL |
| calcitrene external ointment | 1 or 1b* | QL |
| calcitriol external ointment | 1 or 1b* | QL |
| SORILUX EXTERNAL FOAM | 3 | QL |
| tazarotene external cream 0.1 % | 1 or 1b* | QL |
| tazarotene external gel | 1 or 1b* | QL |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | QL |
| TAZORAC EXTERNAL CREAM 0.1 % | 3 | ST; QL |
| TAZORAC EXTERNAL GEL | 3 | QL |
| VECTICAL EXTERNAL OINTMENT | 3 | QL |
| VTAMA EXTERNAL CREAM | 3 | PA; QL |
| ZORYVE EXTERNAL CREAM 0.3 % | 3 | PA; QL |
| *ANTISEBORRHEIC PRODUCTS*** | | |
| selenium sulfide external lotion | 1 or 1a* | QL |
| ZORYVE EXTERNAL FOAM | 3 | PA; QL |
| *ANTIVIRAL TOPICAL COMBINATIONS*** | | |
| XERESE EXTERNAL CREAM | 3 | PA; QL |
| *ANTIVIRALS - TOPICAL*** | | |
| acyclovir external cream | 1 or 1b* | PA; QL |
| acyclovir external ointment | 1 or 1b* | QL |
| DENAVIR EXTERNAL CREAM | 3 | PA; QL |
| eq docosanol external cream | 1 or 1b* | |
| penciclovir external cream | 1 or 1b* | PA; QL |
| ZOVIRAX EXTERNAL CREAM | 3 | PA; QL |
| ZOVIRAX EXTERNAL OINTMENT | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ASTRINGENTS*** | | |
| BOUDREAUXS BUTT PASTE EXTERNAL THERAPY PACK | 2 | |
| *ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** | | |
| OPZELURA EXTERNAL CREAM | 3 | PA; QL |
| *ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** | | |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| *BURN PRODUCTS*** | | |
| mafenide acetate external packet | 1 or 1b* | |
| SILVADENE EXTERNAL CREAM | 3 | |
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| *CORTICOSTEROIDS - TOPICAL*** | | |
| ALA SCALP EXTERNAL LOTION | 3 | ST; QL |
| ala-cort external cream 1 % | 1 or 1a* | QL |
| alclometasone dipropionate external cream | 1 or 1b* | QL |
| alclometasone dipropionate external ointment | 1 or 1b* | QL |
| amcinonide external cream | 3 | QL |
| AMCINONIDE EXTERNAL OINTMENT | 3 | ST; QL |
| APEXICON E EXTERNAL CREAM | 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| betamethasone dipropionate external cream | 1 or 1b* | QL |
| betamethasone dipropionate external lotion | 1 or 1b* | QL |
| betamethasone dipropionate external ointment | 1 or 1b* | QL |
| betamethasone valerate external cream | 1 or 1b* | QL |
| betamethasone valerate external foam | 3 | ST; QL |
| betamethasone valerate external lotion | 1 or 1b* | QL |
| betamethasone valerate external ointment | 1 or 1b* | QL |
| BRYHALI EXTERNAL LOTION | 3 | ST; QL |
| clobetasol propionate e external cream | 1 or 1b* | QL |
| clobetasol propionate emulsion external foam | 1 or 1b* | QL |
| clobetasol propionate external cream | 1 or 1b* | QL |
| clobetasol propionate external foam | 1 or 1b* | QL |
| clobetasol propionate external gel | 1 or 1b* | QL |
| clobetasol propionate external liquid | 1 or 1b* | QL |
| clobetasol propionate external lotion | 1 or 1b* | QL |
| clobetasol propionate external ointment | 1 or 1b* | QL |
| clobetasol propionate external shampoo | 1 or 1b* | QL |
| clobetasol propionate external solution | 1 or 1b* | QL |
| CLOBEX EXTERNAL LOTION | 3 | ST; QL |
| CLOBEX EXTERNAL SHAMPOO | 3 | ST; QL |
| CLOBEX SPRAY EXTERNAL LIQUID | 3 | ST; QL |
| clocortolone pivalate external cream | 3 | ST; QL |
| clodan external shampoo | 1 or 1b* | QL |
| CLODERM EXTERNAL CREAM | 3 | ST; QL |
| CORDRAN EXTERNAL TAPE | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| DERMA-SMOOTH/FS BODY EXTERNAL OIL | 3 | ST; QL |
| desonide external cream | 1 or 1b* | QL |
| desonide external gel | 1 or 1b* | QL |
| desonide external lotion | 1 or 1b* | QL |
| desonide external ointment | 1 or 1b* | QL |
| DESOWEN EXTERNAL CREAM | 3 | ST; QL |
| desoximetasone external cream | 3 | ST; QL |
| desoximetasone external gel | 3 | ST; QL |
| desoximetasone external liquid | 3 | ST; QL |
| desoximetasone external ointment | 3 | ST; QL |
| diflorasone diacetate external cream | 3 | ST; QL |
| diflorasone diacetate external ointment | 3 | ST; QL |
| DIPROLENE EXTERNAL OINTMENT | 3 | ST; QL |
| fluocinolone acetonide body external oil | 1 or 1b* | QL |
| fluocinolone acetonide external cream | 1 or 1b* | QL |
| fluocinolone acetonide external ointment | 1 or 1b* | QL |
| fluocinolone acetonide external solution | 1 or 1b* | QL |
| fluocinolone acetonide scalp external oil | 1 or 1b* | QL |
| fluocinonide emulsified base external cream | 1 or 1b* | QL |
| fluocinonide external cream | 1 or 1b* | QL |
| fluocinonide external gel | 1 or 1b* | QL |
| fluocinonide external ointment | 1 or 1b* | QL |
| fluocinonide external solution | 1 or 1b* | QL |
| flurandrenolide external cream | 3 | ST; QL |
| flurandrenolide external lotion | 3 | ST; QL |
| fluticasone propionate external cream | 1 or 1b* | QL |
| fluticasone propionate external lotion | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| fluticasone propionate external ointment | 1 or 1b* | QL |
| halcinonide external cream | 3 | ST; QL |
| halobetasol propionate external cream | 1 or 1b* | QL |
| HALOBETASOL PROPIONATE EXTERNAL FOAM | 3 | ST; QL |
| halobetasol propionate external ointment | 1 or 1b* | QL |
| HALOG EXTERNAL CREAM | 3 | ST; QL |
| HALOG EXTERNAL OINTMENT | 3 | ST; QL |
| HALOG EXTERNAL SOLUTION | 3 | ST; QL |
| hydrocortisone butyrate external cream | 3 | ST; QL |
| hydrocortisone butyrate external lotion | 3 | ST; QL |
| hydrocortisone butyrate external ointment | 3 | ST; QL |
| hydrocortisone butyrate external solution | 3 | ST; QL |
| hydrocortisone external cream 2.5 % | 1 or 1a* | QL |
| hydrocortisone external lotion 2 % | 3 | ST; QL |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | QL |
| hydrocortisone external ointment 2.5 % | 1 or 1a* | QL |
| hydrocortisone valerate external cream | 3 | ST; QL |
| hydrocortisone valerate external ointment | 3 | ST; QL |
| IMPOYZ EXTERNAL CREAM | 3 | ST; QL |
| KENALOG EXTERNAL AEROSOL SOLUTION | 3 | ST; QL |
| LEXETTE EXTERNAL FOAM | 3 | ST; QL |
| LOCOID EXTERNAL LOTION | 3 | ST; QL |
| LOCOID LIPOCREAM EXTERNAL CREAM | 3 | ST; QL |
| mometasone furoate external cream | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| mometasone furoate external ointment | 1 or 1b* | QL |
| mometasone furoate external solution | 1 or 1b* | QL |
| PANDEL EXTERNAL CREAM | 3 | ST; QL |
| SERNIVO EXTERNAL EMULSION | 3 | ST; QL |
| SYNALAR EXTERNAL CREAM | 3 | ST; QL |
| SYNALAR EXTERNAL OINTMENT | 3 | ST; QL |
| TEXACORT EXTERNAL SOLUTION | 3 | ST; QL |
| TOPICORT EXTERNAL CREAM | 3 | ST; QL |
| TOPICORT EXTERNAL GEL | 3 | ST; QL |
| TOPICORT EXTERNAL OINTMENT | 3 | ST; QL |
| TOPICORT SPRAY EXTERNAL LIQUID | 3 | ST; QL |
| tovet external foam | 1 or 1b* | QL |
| triamcinolone acetonide external aerosol solution | 3 | ST; QL |
| triamcinolone acetonide external cream | 1 or 1a* | QL |
| triamcinolone acetonide external lotion | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | QL |
| triamcinolone acetonide external ointment 0.05 % | 3 | ST; QL |
| triamcinolone in absorbbase external ointment | 3 | ST; QL |
| triderm external cream 0.5 % | 1 or 1a* | QL |
| ULTRAVATE EXTERNAL LOTION | 3 | ST; QL |
| VANOS EXTERNAL CREAM | 3 | ST; QL |
| *DEPIGMENTING COMBINATIONS*** | | |
| TRI-LUMA EXTERNAL CREAM | 3 | |
| *EMOLLIENTS*** | | |
| ammonium lactate external cream | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ENZYMES - TOPICAL*** | | |
| NEXOBRID EXTERNAL GEL | 3 | PA; QL |
| SANTYL EXTERNAL OINTMENT | 3 | PA; QL |
| *EYELID CLEANSERS & LUBRICANTS*** | | |
| OPTASE TTO CLEANSING WIPES EXTERNAL PAD | 2 | |
| THERATEARS STERILID CLEANSER EXTERNAL SOLUTION | 2 | |
| *GLABELLAR LINES (FROWN LINES) AGENTS*** | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA |
| JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| *IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| clotrimazole external cream | 1 or 1b* | QL |
| econazole nitrate external cream | 1 or 1b* | QL |
| ECOZA EXTERNAL FOAM | 3 | ST; QL |
| ERTACZO EXTERNAL CREAM | 3 | ST; QL |
| EXELDERM EXTERNAL CREAM | 3 | ST; QL |
| EXELDERM EXTERNAL SOLUTION | 3 | ST; QL |
| JUBLIA EXTERNAL SOLUTION | 3 | QL |
| ketoconazole external cream | 1 or 1b* | QL |
| ketoconazole external foam | 3 | QL |
| ketoconazole external shampoo 2 % | 1 or 1b* | QL |
| ketodan external foam | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| luliconazole external cream | 1 or 1b* | ST; QL |
| LUZU EXTERNAL CREAM | 3 | ST; QL |
| oxiconazole nitrate external cream | 3 | ST; QL |
| OXISTAT EXTERNAL LOTION | 3 | ST; QL |
| sulconazole nitrate external cream | 1 or 1b* | ST; QL |
| sulconazole nitrate external solution | 1 or 1b* | ST; QL |
| *IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** | | |
| imiquimod external cream | 1 or 1b* | QL |
| imiquimod pump external cream | 1 or 1b* | ST; QL |
| ZYCLARA EXTERNAL CREAM | 3 | ST; QL |
| ZYCLARA PUMP EXTERNAL CREAM | 3 | ST; QL |
| *INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC*** | | |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL; SP |
| *KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** | | |
| CONDYLOX EXTERNAL GEL | 3 | QL |
| podofilox external gel | 1 or 1b* | QL |
| podofilox external solution | 1 or 1b* | QL |
| YCANATH EXTERNAL SOLUTION | 3 | PA; QL |
| *LINIMENTS*** | | |
| TURPENTINE EXTERNAL SPIRIT | 3 | |
| *LOCAL ANESTHETICS - TOPICAL*** | | |
| burn gel external gel | 1 or 1b* | |
| dyclopro external solution | 3 | |
| glydo external prefilled syringe | 1 or 1b* | |
| lidocaine external ointment 5 % | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| lidocaine external patch 5 % | 1 or 1b* | PA; QL |
| lidocaine hcl external solution | 1 or 1b* | QL |
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 or 1b* | |
| LIDOCAN EXTERNAL PATCH | 1 or 1b* | PA; QL |
| LIDODERM EXTERNAL PATCH | 3 | PA; QL |
| PHARMACIST CHOICE LIDOCAINE EXTERNAL PATCH | 1 or 1b* | |
| TRIDACAINE II EXTERNAL PATCH | 1 or 1b* | PA; QL |
| TRIDACAINE III EXTERNAL PATCH | 1 or 1b* | PA; QL |
| ZTLIDO EXTERNAL PATCH | 3 | PA; QL |
| *LUBRICANTS*** | | |
| cvs lubricating liquid external liquid | 1 or 1b* | |
| cvs personal lubricant external liquid | 1 or 1b* | |
| *MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** | | |
| ELIDEL EXTERNAL CREAM | 3 | ST; QL |
| HYFTOR EXTERNAL GEL | 3 | PA; QL |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| *MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** | | |
| SCENESSE SUBCUTANEOUS IMPLANT | 3 | PA; QL |
| *MICROTUBULE INHIBITORS - TOPICAL*** | | |
| KLISYRI EXTERNAL OINTMENT | 3 | ST; QL |
| *MISC. DERMATOLOGICAL PRODUCTS*** | | |
| ILIDERM EXTERNAL EMULSION | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| SUMMERS EVE SPRAY EXTERNAL AEROSOL | 2 | |
| *MISC. TOPICAL*** | | |
| BORIC ACID EXTERNAL GRANULES | 2 | |
| QBREXZA EXTERNAL PAD | 3 | PA; QL |
| SOFDRA EXTERNAL GEL | 3 | PA; QL |
| *OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| tavaborole external solution | 1 or 1b* | ST; QL |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** | | |
| EUCRISA EXTERNAL OINTMENT | 3 | ST; QL |
| ZORYVE EXTERNAL CREAM 0.15 % | 3 | PA; QL |
| *PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** | | |
| AMELUZ EXTERNAL GEL | 3 | |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| *PROSTAGLANDINS - TOPICAL*** | | |
| bimatoprost external solution | 1 or 1b* | |
| LATISSE EXTERNAL SOLUTION | 3 | |
| *ROSACEA AGENTS*** | | |
| azelaic acid external gel | 1 or 1b* | QL |
| brimonidine tartrate external gel | 1 or 1b* | QL |
| doxycycline oral capsule delayed release | 3 | ST; QL |
| FINACEA EXTERNAL FOAM | 2 | QL |
| ivermectin external cream | 1 or 1b* | QL |
| METROCREAM EXTERNAL CREAM | 3 | ST; QL |
| METROGEL EXTERNAL GEL | 3 | ST; QL |
| METROLOTION EXTERNAL LOTION | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| metronidazole external cream | 1 or 1b* | QL |
| metronidazole external gel | 1 or 1b* | QL |
| metronidazole external lotion | 1 or 1b* | QL |
| MIRVASO EXTERNAL GEL | 3 | QL |
| NORITATE EXTERNAL CREAM | 3 | ST; QL |
| ORACEA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| RHOFADE EXTERNAL CREAM | 3 | QL |
| SOOLANTRA EXTERNAL CREAM | 2 | QL |
| ZILXI EXTERNAL FOAM | 2 | QL |
| *SCABICIDES & PEDICULICIDES*** | | |
| crotan external lotion | 1 or 1b* | QL |
| malathion external lotion | 1 or 1b* | QL |
| NATROBA EXTERNAL SUSPENSION | 3 | QL |
| OVIDE EXTERNAL LOTION | 3 | QL |
| permethrin external cream | 1 or 1b* | QL |
| spinosad external suspension | 1 or 1b* | QL |
| *SCAR TREATMENT PRODUCTS*** | | |
| COPASIL EXTERNAL GEL | 3 | |
| *SEBORRHEIC KERATOSIS PRODUCTS** | | |
| ESKATA EXTERNAL SOLUTION | 3 | |
| *SKIN PROTECTANTS*** | | |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 1 % | 2 | |
| *STEROID-LOCAL ANESTHETIC COMBINATIONS*** | | |
| EPIFOAM EXTERNAL FOAM | 3 | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| PRAMOSONE EXTERNAL LOTION | 2 | |
| *TAR PRODUCTS*** | | |
| coal tar external solution | 1 or 1b* | |
| *TISSUE REPLACEMENTS*** | | |
| AMNIOFIX INJECTION SUSPENSION RECONSTITUTED | 3 | |
| AMNIOTEXT EXTERNAL SHEET | 3 | |
| AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED | 3 | |
| CYGNUS DUAL EXTERNAL SHEET | 3 | |
| EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM | 3 | |
| EPIFIX EXTERNAL DISK | 3 | |
| EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM | 3 | |
| EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG | 3 | |
| KARDIAMEMBRANE EXTERNAL SHEET | 3 | |
| NEOX 100 EXTERNAL SHEET | 3 | |
| NEOX CORD 1K EXTERNAL SHEET | 3 | |
| PALINGEN FLOW INJECTION INJECTABLE | 3 | |
| PALINGEN HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN INOVOFLO INJECTION INJECTABLE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| PALINGEN MEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN XPLUS MEMBRANE EXTERNAL SHEET | 3 | |
| STRAVIX EXTERNAL SHEET | 3 | |
| TRUSKIN EXTERNAL SHEET 4 CM X 8 CM | 3 | |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| lidocaine-prilocaine external cream | 1 or 1b* | QL |
| lidocaine-prilocaine external kit | 1 or 1b* | QL |
| LIDOPRO EXTERNAL PATCH 4-1 % | 1 or 1b* | |
| NERVIVE ROLL-ON EXTERNAL GEL | 1 or 1b* | |
| PLIAGLIS EXTERNAL CREAM | 3 | PA; QL |
| PLIAGLIS EXTERNAL KIT | 3 | PA; QL |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT | 3 | |
| *TOPICAL STEROID COMBINATIONS*** | | |
| calcipotriene-betameth diprop external ointment | 2 | ST; QL |
| calcipotriene-betameth diprop external suspension | 2 | ST; QL |
| DUOBRII EXTERNAL LOTION | 3 | PA; QL |
| ENSTILAR EXTERNAL FOAM | 3 | QL |
| TACLONEX EXTERNAL SUSPENSION | 3 | ST; QL |
| WYNZORA EXTERNAL CREAM | 3 | ST; QL |
| *TYPE II 5-ALPHA REDUCTASE INHIBITORS*** | | |
| finasteride oral tablet 1 mg | 1 or 1b* | |
| PROPECIA ORAL TABLET | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *VASCULAR AGENTS*** | | |
| eq hair regrowth for women external foam | 1 or 1b* | |
| *WOUND CARE - GROWTH FACTOR AGENTS*** | | |
| REGRANEX EXTERNAL GEL | 3 | QL |
| *WOUND CLEANSERS/DECUBITUS ULCER THERAPY*** | | |
| LAVARE WOUND WASH EXTERNAL GEL | 3 | |
| *WOUND DRESSINGS*** | | |
| FILSUEVZ EXTERNAL GEL | 3 | PA |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | 3 | |
| MEPILEX BORDER FLEX/CM EXTERNAL PAD | 2 | |
| *DIAGNOSTIC PRODUCTS* | | |
| *DIAGNOSTIC RADIOPHARMACEUTICALS - MISCELLANEOUS*** | | |
| fludeoxyglucose f 18 intravenous solution 20-200 mci/ml | 3 | |
| *DIAGNOSTIC RADIOPHARMACEUTICALS - SKELETAL*** | | |
| sodium fluoride f 18 intravenous solution | 3 | |
| *DIAGNOSTIC TESTS*** | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL |
| ACCU-CHEK GUIDE IN VITRO STRIP | 2 | QL |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | QL |
| ADVANCE INTUITION TEST IN VITRO STRIP | 3 | ST; QL |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHEK TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE MICRO TEST IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE NO CODING IN VITRO STRIP | 3 | ST; QL |
| CLEVER CHOICE TALK SYSTEM IN VITRO STRIP | 3 | ST; QL |
| CONTOUR NEXT TEST IN VITRO STRIP | 3 | ST; QL |
| CONTOUR PLUS TEST IN VITRO STRIP | 3 | ST; QL |
| CONTOUR TEST IN VITRO STRIP | 3 | ST; QL |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| cvs true metrix glucose test in vitro strip | 3 | ST; QL |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| DIATRUE PLUS TEST IN VITRO STRIP | 3 | ST; QL |
| DUO-CARE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| EASY PLUS II GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY STEP TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TALK PLUS II TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| EASY TOUCH TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASY TRAK II GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASYGLUCO IN VITRO STRIP | 3 | ST; QL |
| EASYMAX 15 TEST IN VITRO STRIP | 3 | ST; QL |
| EASYMAX TEST IN VITRO STRIP | 3 | ST; QL |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EASYPRO PLUS IN VITRO STRIP | 3 | ST; QL |
| ELEMENT COMPACT TEST IN VITRO STRIP | 3 | ST; QL |
| ELEMENT TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| EQ BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| EVOLUTION AUTOCODE IN VITRO STRIP | 3 | ST; QL |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP | 3 | ST; QL |
| FORA 6 CONNECT IN VITRO STRIP | 3 | ST; QL |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP | 3 | ST; QL |
| FORA BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GD20 TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA TN'G ADVANCE PRO IN VITRO STRIP | 3 | ST; QL |
| FORA TN'G/TN'G VOICE IN VITRO STRIP | 3 | ST; QL |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|------|--------|
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE GD40 TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP | 3 | ST; QL |
| FORACARE TEST N GO TEST IN VITRO STRIP | 3 | ST; QL |
| FREESTYLE INSULINX TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE LITE TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE PRECISION NEO TEST IN VITRO STRIP | 3 | QL |
| FREESTYLE TEST IN VITRO STRIP | 3 | QL |
| GE100 BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GENULTIMATE TEST IN VITRO STRIP | 3 | ST; QL |
| GHT TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCO PERFECT 3 TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD SHINE TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD VITAL TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOCARD X-SENSOR IN VITRO STRIP | 3 | ST; QL |
| GLUCOCOM TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GLUCOSE METER TEST IN VITRO STRIP | 3 | ST; QL |
| GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP | 3 | ST; QL |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP | 3 | ST; QL |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP | 3 | ST; QL |
| GOODSENSE BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| IGLUCOSE TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| INFINITY VOICE IN VITRO STRIP | 3 | ST; QL |
| KROGER BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| LIBERTY NEXT GENERATION TEST IN VITRO STRIP | 3 | ST; QL |
| LIBERTY TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER TRUETEST TEST IN VITRO STRIP | 3 | ST; QL |
| MEIJER TRUETRACK TEST IN VITRO STRIP | 3 | ST; QL |
| MICRODOT TEST IN VITRO STRIP | 3 | ST; QL |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| MYGLUCOHEALTH TEST IN VITRO STRIP | 3 | ST; QL |
| NEUTEK 2TEK TEST IN VITRO STRIP | 3 | ST; QL |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| ONE DROP TEST IN VITRO STRIP | 3 | QL |
| ONETOUCH ULTRA IN VITRO STRIP | 2 | QL |
| ONETOUCH ULTRA TEST IN VITRO STRIP | 2 | QL |
| ONETOUCH VERIO IN VITRO STRIP | 2 | QL |
| OPTIUMEZ TEST IN VITRO STRIP | 3 | ST; QL |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP | 3 | ST; QL |
| PHARMACIST CHOICE NO CODING IN VITRO STRIP | 3 | ST; QL |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP | 3 | QL |
| POCKETCHEM EZ TEST IN VITRO STRIP | 3 | ST; QL |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST | 3 | QL |
| PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP | 3 | ST; QL |
| PTS PANELS EGLU TEST IN VITRO STRIP | 3 | ST; QL |
| QUICKTEK TEST IN VITRO STRIP | 3 | ST; QL |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP | 3 | ST; QL |
| RELION PREMIER TEST IN VITRO STRIP | 3 | ST; QL |
| RELION PRIME TEST IN VITRO STRIP | 3 | ST; QL |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| RELION ULTIMA TEST IN VITRO STRIP | 3 | ST; QL |
| REXALL BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP | 3 | ST; QL |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| SMART SENSE PREMIUM TEST IN VITRO STRIP | 3 | ST; QL |
| SMART SENSE VALUE TEST IN VITRO STRIP | 3 | ST; QL |
| SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| SOLUS V2 TEST IN VITRO STRIP | 3 | ST; QL |
| SUPREME TEST IN VITRO STRIP | 3 | ST; QL |
| TGT BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP | 3 | ST; QL |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| TRUETEST TEST IN VITRO STRIP | 3 | ST; QL |
| TRUETRACK TEST IN VITRO STRIP | 3 | ST; QL |
| UNISTRIP1 GENERIC IN VITRO STRIP | 3 | ST; QL |
| VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP | 3 | ST; QL |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP | 3 | ST; QL |
| *DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* | | |
| *NUTRITIONAL SUPPLEMENTS - DIET AIDS*** | | |
| acai berry diet oral capsule | 2 | |
| *NUTRITIONAL SUPPLEMENTS*** | | |
| BOOST ORIGINAL ORAL LIQUID | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID | 2 | |
| KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID | 2 | |
| NEOCATE SYNEO JUNIOR ORAL POWDER | 2 | |
| *DIGESTIVE AIDS* | | |
| *DIGESTIVE ENZYME COMBINATIONS*** | | |
| lipase concentrate-hp oral capsule 55.5 mg | 2 | |
| *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 | 3 | PA; QL |
| VIOKACE ORAL TABLET | 3 | QL |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 2 | QL |
| *DIURETICS* | | |
| *CARBONIC ANHYDRASE INHIBITORS*** | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| dichlorphenamide oral tablet | 1 or 1b* | PA; QL |
| KEVEYIS ORAL TABLET | 3 | PA; QL |
| methazolamide oral tablet | 1 or 1b* | |
| ORMALVI ORAL TABLET | 1 or 1b* | PA; QL |
| *DIURETIC COMBINATIONS*** | | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| spironolactone-hctz oral tablet | 1 or 1b* | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |
| *LOOP DIURETICS*** | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| BUMEX ORAL TABLET 0.5 MG | 3 | |
| EDECIN ORAL TABLET | 3 | |
| ethacrynate sodium intravenous solution reconstituted | 1 or 1b* | |
| ethacrynic acid oral tablet | 1 or 1b* | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT | 3 | PA; QL |
| furosemide injection solution 10 mg/ml | 1 or 1a* | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| LASIX ORAL TABLET | 3 | |
| SOANZ ORAL TABLET | 3 | ST |
| torseamide oral tablet | 1 or 1b* | |
| *OSMOTIC DIURETICS*** | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 20 % | 1 or 1b* | |
| *POTASSIUM SPARING DIURETICS*** | | |
| ALDACTONE ORAL TABLET | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** | | |
| REVCIVI INTRAMUSCULAR SOLUTION | 3 | PA |
| *ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** | | |
| LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *BISPHOSPHONATES*** | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | QL |
| alendronate sodium oral solution | 1 or 1b* | QL |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 or 1b* | QL |
| AELVIA ORAL TABLET DELAYED RELEASE | 3 | QL |
| BINOSTO ORAL TABLET EFFERVESCENT | 3 | QL |
| FOSAMAX ORAL TABLET 70 MG | 3 | QL |
| FOSAMAX PLUS D ORAL TABLET | 2 | QL |
| ibandronate sodium intravenous solution 3 mg/3ml | 1 or 1b* | |
| ibandronate sodium oral tablet | 1 or 1b* | QL |
| 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 |
| *CALCIMIMETIC AGENTS*** | | |
| cinacalcet hcl oral tablet | 1 or 1b* | PA; QL |
| PARSABIV INTRAVENOUS SOLUTION | 3 | PA; LD |
| SENSIPAR ORAL TABLET | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *CALCITONINS*** | | |
| calcitonin (salmon) injection solution | 1 or 1b* | |
| calcitonin (salmon) nasal solution | 1 or 1b* | QL |
| MIACALCIN INJECTION SOLUTION | 3 | |
| *CARNITINE REPLENISHER - AGENTS*** | | |
| CARNITOR INTRAVENOUS SOLUTION | 3 | |
| CARNITOR ORAL SOLUTION | 3 | |
| CARNITOR ORAL TABLET | 3 | |
| CARNITOR SF ORAL SOLUTION | 3 | |
| levocarnitine intravenous solution | 1 or 1b* | |
| levocarnitine oral solution | 1 or 1b* | |
| levocarnitine oral tablet | 1 or 1b* | |
| levocarnitine sf oral solution | 1 or 1b* | |
| *CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** | | |
| XPHOZAH ORAL TABLET | 3 | PA; QL |
| *CORTICOTROPIN*** | | |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; SP |
| *CORTISOL SYNTHESIS INHIBITORS*** | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | PA; QL |
| RECORLEV ORAL TABLET | 3 | PA; QL |
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| cabergoline oral tablet | 1 or 1b* | QL |
| *FABRY DISEASE - AGENTS*** | | |
| ELFABRIO INTRAVENOUS SOLUTION | 3 | PA; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| GALAFOLD ORAL CAPSULE | 3 | PA; QL |
| *GAA DEFICIENCY TREATMENT - AGENTS*** | | |
| OPFOLDA ORAL CAPSULE | 3 | PA; LD; QL; SP |
| POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *GNRH/LHRH ANTAGONISTS*** | | |
| cetorelix acetate subcutaneous kit | 1 or 1b* | PA; SP |
| ORLISSA ORAL TABLET | 2 | PA; QL |
| *GROWTH HORMONE RELEASING HORMONES (GHRH)*** | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| *GROWTH HORMONES*** | | |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 3 | PA; LD; QL |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; LD; QL; SP |
| *HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** | | |
| XURIDEN ORAL PACKET | 3 | PA; QL |
| *HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** | | |
| nitisinone oral capsule 20 mg | 1 or 1b* | PA |
| NITYR ORAL TABLET | 3 | PA |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| ORFADIN ORAL CAPSULE 20 MG | 3 | PA |
| ORFADIN ORAL SUSPENSION | 3 | PA |
| *HOMOCYSTINURIA TREATMENT - AGENTS*** | | |
| betaine oral powder | 1 or 1b* | |
| CYSTADANE ORAL POWDER | 3 | |
| *HYPERAMMONEMIA TREATMENT - AGENTS*** | | |
| CARBAGLU ORAL TABLET SOLUBLE | 3 | PA |
| carglumic acid oral tablet soluble | 1 or 1b* | PA |
| *HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA |
| calcitriol oral capsule | 1 or 1b* | PA |
| calcitriol oral solution | 1 or 1b* | PA |
| doxercalciferol intravenous solution | 1 or 1b* | PA |
| doxercalciferol oral capsule | 1 or 1b* | PA |
| HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML | 3 | PA |
| paricalcitol intravenous solution | 1 or 1b* | PA |
| paricalcitol oral capsule | 1 or 1b* | PA |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | PA; QL |
| ROCALTROL ORAL CAPSULE | 3 | PA |
| ROCALTROL ORAL SOLUTION | 3 | PA |
| ZEMPLAR INTRAVENOUS SOLUTION | 3 | PA |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | PA |

| Drug Name | Tier | Notes |
|---|------|------------|
| *HYPOPHOSPHATASIA (HPP) AGENTS*** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 3 | PA |
| *INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** | | |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; LD; QL |
| *LEPTIN ANALOGUES*** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| *LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL |
| *MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** | | |
| NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS*** | | |
| MEPSEVII INTRAVENOUS SOLUTION | 3 | PA |
| *NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** | | |
| VEOZAH ORAL TABLET | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| *NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** | | |
| KERENDIA ORAL TABLET | 3 | PA; QL |
| *OVULATION STIMULANTS-SYNTHETIC*** | | |
| CLOMID ORAL TABLET | 1 or 1b* | PA |
| *PARATHYROID HORMONE AND DERIVATIVES*** | | |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml | 3 | QL; SP |
| teriparatide subcutaneous solution pen-injector | 3 | QL; SP |
| *PHENYLKETONURIA TREATMENT - AGENTS*** | | |
| JAVYGTOR ORAL PACKET | 1 or 1b* | PA; LD |
| JAVYGTOR ORAL TABLET | 1 or 1b* | PA; LD |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| OSPHENA ORAL TABLET | 3 | PA; QL |
| *SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** | | |
| JYNARQUE ORAL TABLET THERAPY PACK | 3 | PA; QL |
| *SOMATOSTATIC AGENTS*** | | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; QL |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *UREA CYCLE DISORDER - AGENTS*** | | |
| AMMONUL INTRAVENOUS SOLUTION | 3 | |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK | 3 | PA; LD; QL |
| PHEBURANE ORAL PELLET | 3 | PA; QL; SP |
| sod benz-sod phenylacet intravenous solution | 1 or 1b* | |
| *VASOPRESSIN*** | | |
| DDAVP INJECTION SOLUTION 4 MCG/ML | 3 | |
| DDAVP ORAL TABLET 0.1 MG | 3 | DO |
| DDAVP ORAL TABLET 0.2 MG | 3 | QL |
| DDAVP PF INJECTION SOLUTION | 3 | |
| desmopressin ace spray refrig nasal solution | 1 or 1b* | |
| desmopressin acetate injection solution | 1 or 1b* | |
| DESMOPRESSIN ACETATE NASAL SOLUTION | 3 | LD; QL |
| desmopressin acetate oral tablet 0.1 mg | 1 or 1b* | DO |
| desmopressin acetate oral tablet 0.2 mg | 1 or 1b* | QL |
| desmopressin acetate pf injection solution | 1 or 1b* | |
| desmopressin acetate spray nasal solution | 1 or 1b* | |
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| vasopressin +rfid intravenous solution | 1 or 1b* | |
| vasopressin intravenous solution | 1 or 1b* | |
| vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-% | 3 | |
| VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML, 20-5 UT/100ML-%, 40-5 UT/100ML-% | 3 | |
| *ESTROGENS* | | |
| *ESTROGEN & PROGESTIN*** | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | |
| ANGELIQ ORAL TABLET | 3 | |
| BIJUVA ORAL CAPSULE | 2 | QL |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | QL |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | QL |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |
| *ESTROGEN- PROGESTIN-GNRH ANTAGONIST*** | | |
| MYFEMBREE ORAL TABLET | 3 | PA; QL |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *ESTROGENS*** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 3 | QL |
| CLIMARA TRANSDERMAL PATCH WEEKLY | 3 | QL |
| DELESTROGEN INTRAMUSCULAR OIL | 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| DIVIGEL TRANSDERMAL GEL | 3 | QL |
| dotti transdermal patch twice weekly | 1 or 1b* | QL |
| ELESTRIN TRANSDERMAL GEL | 3 | QL |
| ESTRACE ORAL TABLET | 3 | |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal gel | 1 or 1b* | QL |
| estradiol transdermal patch twice weekly | 1 or 1b* | QL |
| estradiol transdermal patch weekly | 1 or 1b* | QL |
| estradiol valerate intramuscular oil | 1 or 1b* | |
| ESTROGEL TRANSDERMAL GEL | 3 | QL |
| EVAMIST TRANSDERMAL SOLUTION | 2 | QL |
| lyllana transdermal patch twice weekly | 1 or 1b* | QL |
| MENEST ORAL TABLET | 2 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 3 | QL |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY | 3 | QL |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |
| PREMARIN ORAL TABLET | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY | 3 | QL |
| *ESTROGEN- SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** | | |
| DUAVEE ORAL TABLET | 3 | PA; QL |
| *FLUOROQUINOLONES * | | |
| *FLUOROQUINOLONES *** | | |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BAXDELA ORAL TABLET | 3 | PA |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 or 1b* | |
| ciprofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin intravenous solution | 1 or 1b* | QL |
| levofloxacin oral solution | 1 or 1b* | |
| levofloxacin oral tablet | 1 or 1b* | |
| moxifloxacin hcl in nacl intravenous solution | 1 or 1b* | |
| MOXIFLOXACIN HCL INTRAVENOUS SOLUTION | 3 | |
| moxifloxacin hcl oral tablet | 1 or 1b* | |
| ofloxacin oral tablet 300 mg, 400 mg | 1 or 1b* | |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| *5-HT4 RECEPTOR AGONISTS*** | | |
| MOTEGRITY ORAL TABLET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *BILE ACID SYNTHESIS DISORDER AGENTS*** | | |
| CHOLBAM ORAL CAPSULE | 3 | PA; QL |
| *CIC AGENTS - GUANYLATE CYCLASE- C (GC-C) AGONISTS*** | | |
| TRULANCE ORAL TABLET | 3 | ST; QL |
| *GALLSTONE SOLUBILIZING AGENTS*** | | |
| CHENODAL ORAL TABLET | 3 | PA; QL |
| RELTONE ORAL CAPSULE | 3 | PA |
| URSO FORTE ORAL TABLET | 3 | |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 3 | PA |
| 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*** | | |
| AMITIZA ORAL CAPSULE | 3 | QL |
| lubiprostone oral capsule | 1 or 1b* | QL |
| *GASTROINTESTINAL STIMULANTS*** | | |
| GIMOTI NASAL SOLUTION | 3 | PA; QL |
| metoclopramide hcl injection solution | 1 or 1a* | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 or 1a* | QL |
| metoclopramide hcl oral tablet | 1 or 1a* | QL |
| metoclopramide hcl oral tablet dispersible 5 mg | 1 or 1a* | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| REGLAN ORAL TABLET | 3 | QL |
| *HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS*** | | |
| REZDIFFRA ORAL TABLET | 3 | PA; QL; SP |
| *IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** | | |
| LINZESS ORAL CAPSULE | 2 | QL |
| *IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** | | |
| VIBERZI ORAL TABLET | 3 | PA; QL |
| *IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** | | |
| alosetron hcl oral tablet | 1 or 1b* | PA; QL |
| LOTRONEX ORAL TABLET | 3 | PA; QL |
| *IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** | | |
| IBSRELA ORAL TABLET | 3 | ST; QL |
| *ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** | | |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 3 | PA; QL |
| BYLVAY ORAL CAPSULE | 3 | PA; QL |
| LIVMARLI ORAL SOLUTION | 3 | PA; QL |
| *INFLAMMATORY BOWEL AGENTS*** | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE | 3 | QL |
| AZULFIDINE ORAL TABLET | 3 | QL |
| balsalazide disodium oral capsule | 1 or 1b* | QL |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| SKYRIZI INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| *INTESTINAL ACIDIFIERS*** | | |
| enulose oral solution | 1 or 1b* | QL |
| generlac oral solution | 1 or 1b* | QL |
| lactulose encephalopathy oral solution 10 gm/15ml | 1 or 1b* | QL |
| *LIVE FECAL MICROBIOTA (HUMAN)** | | |
| REBYOTA RECTAL SUSPENSION | 3 | PA; QL |
| VOWST ORAL CAPSULE | 3 | PA; QL |
| *PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** | | |
| alvimopan oral capsule | 1 or 1b* | |
| MOVANTIK ORAL TABLET | 2 | QL |
| RELISTOR ORAL TABLET | 3 | ST; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | ST; QL |
| SYMPROIC ORAL TABLET | 3 | ST; QL |
| *PEROXISOME PROLIFERATOR- ACTIVATED RECEPTOR AGONISTS*** | | |
| IQIRVO ORAL TABLET | 3 | PA; QL; SP |
| LIVDELZI ORAL CAPSULE | 3 | PA; 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 |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| 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 |
| REVELA ORAL PACKET | 3 | ST; QL |
| REVELA 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 |
| VELPHORO ORAL TABLET CHEWABLE | 3 | ST; QL |
| *SPHINGOSINE 1- PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)*** | | |
| VELSIPIITY ORAL TABLET | 3 | PA; LD; QL; SP |
| *TRYPTOPHAN HYDROXYLASE INHIBITORS*** | | |
| XERMELO ORAL TABLET | 3 | PA; QL |
| *TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** | | |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT | 3 | PA; QL; SP |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| *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 | |
| ketamine hcl injection solution 100 mg/ml, 50 mg/ml | 1 or 1b* | |
| propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| propofol-lipuro intravenous emulsion | 1 or 1b* | |
| *BARBITURATE ANESTHETICS*** | | |
| BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG | 3 | |
| *VOLATILE ANESTHETICS*** | | |
| desflurane inhalation solution | 1 or 1b* | |
| FORANE INHALATION SOLUTION | 3 | |
| isoflurane inhalation solution | 1 or 1b* | |
| sevoflurane inhalation solution | 1 or 1b* | |
| SUPRANE INHALATION SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| terrell inhalation solution | 1 or 1b* | |
| ULTANE INHALATION SOLUTION | 3 | |
| *GENTOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-ALPHA REDUCTASE INHIBITORS*** | | |
| AVODART ORAL CAPSULE | 3 | QL |
| dutasteride oral capsule | 1 or 1b* | QL |
| finasteride oral tablet 5 mg | 1 or 1b* | QL |
| PROSCAR ORAL TABLET | 3 | QL |
| *ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | QL |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| FLOMAX ORAL CAPSULE | 3 | QL |
| RAPAFLO ORAL CAPSULE | 3 | QL |
| silodosin oral capsule | 1 or 1b* | QL |
| tamsulosin hcl oral capsule | 1 or 1b* | QL |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | QL |
| *ANTI-INFECTIVE GENTOURINARY IRRIGANTS*** | | |
| neomycin-polymyxin b gu irrigation solution | 1 or 1b* | |
| *CITRATES*** | | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE | 3 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *CYSTINOSIS AGENTS*** | | |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 3 | PA |
| PROCYSBI ORAL PACKET | 3 | PA |
| *GENITOURINARY IRRIGANTS*** | | |
| acetic acid irrigation solution | 1 or 1b* | |
| argyle sterile saline irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 1 or 1b* | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| sodium chloride irrigation solution 0.9 % | 1 or 1b* | |
| SORBITOL IRRIGATION SOLUTION 3 % | 3 | |
| SORBITOL-MANNITOL IRRIGATION SOLUTION | 3 | |
| *IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG*** | | |
| FILSPARI ORAL TABLET | 3 | PA; LD; QL; SP |
| *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 |
| ENTADFI ORAL CAPSULE | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** | | |
| OXLUMO SUBCUTANEOUS SOLUTION | 3 | PA |
| RIVFLOZA SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *URINARY ANALGESICS*** | | |
| eq urinary pain relief max st oral tablet 99.5 mg | 1 or 1b* | |
| phenazopyridine hcl oral tablet 95 mg | 1 or 1a* | |
| URO-PAIN MAXIMUM STRENGTH ORAL TABLET | 1 or 1b* | |
| URO-PAIN ORAL TABLET | 1 or 1a* | |
| *URINARY STONE AGENTS*** | | |
| LITHOSTAT ORAL TABLET | 3 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| THIOLA ORAL TABLET | 3 | PA; QL |
| tiopronin oral tablet | 1 or 1b* | PA; QL |
| tiopronin oral tablet delayed release | 1 or 1b* | PA; QL |
| *VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** | | |
| DEFLUX INJECTION PREFILLED SYRINGE | 3 | |
| *GOUT AGENTS* | | |
| *GOUT AGENT COMBINATIONS*** | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| *GOUT AGENTS*** | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 or 1a* | QL |
| allopurinol oral tablet 200 mg | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| colchicine oral capsule | 3 | ST; QL |
| colchicine oral tablet | 2 | QL |
| febuxostat oral tablet | 1 or 1b* | ST; QL |
| GLOPERBA ORAL SOLUTION | 3 | QL |
| MITIGARE ORAL CAPSULE | 3 | ST; QL |
| ULORIC ORAL TABLET | 3 | ST; QL |
| *URICOSURICS*** | | |
| probenecid oral tablet | 1 or 1b* | |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| *AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA* | | |
| adzynma intravenous kit | 3 | PA; LD |
| *AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** | | |
| GIVLAARI SUBCUTANEOUS SOLUTION | 3 | PA |
| *ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML | 3 | PA; SP |
| HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML | 3 | PA; LD; SP |
| *ANTIHEMOPHILIC PRODUCTS*** | | |
| ALTUVIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 3 | PA; LD; SP |

| Drug Name | Tier | Notes |
|---|------|------------|
| BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| KCENTRA INTRAVENOUS KIT | 3 | |
| obizur intravenous solution reconstituted | 3 | PA; LD; SP |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT | 3 | PA; LD; SP |
| *ANTI-VON WILLEBRAND FACTOR AGENTS*** | | |
| CABLIVI INJECTION KIT | 3 | PA |
| *COMPLEMENT C3 INHIBITORS*** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION | 3 | PA; QL |
| *COMPLEMENT C5 INHIBITORS*** | | |
| PIASKY INJECTION SOLUTION | 3 | PA; QL; SP |
| VEOPOZ INJECTION SOLUTION | 3 | PA; QL |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| *COMPLEMENT C5A INHIBITORS*** | | |
| gohibic intravenous solution | 3 | |
| *COMPLEMENT C5A RECEPTOR INHIBITORS*** | | |
| TAVNEOS ORAL CAPSULE | 3 | PA; QL |
| *COMPLEMENT FACTOR B INHIBITORS*** | | |
| FABHALTA ORAL CAPSULE | 3 | PA; QL |
| *COMPLEMENT FACTOR D INHIBITORS*** | | |
| VOYDEYA ORAL TABLET | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| VOYDEYA ORAL TABLET THERAPY PACK | 3 | PA; QL |
| *DIRECT-ACTING P2Y12 INHIBITORS*** | | |
| BRILINTA ORAL TABLET | 2 | QL |
| KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** | | |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | |
| AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% | 3 | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 1 or 1b* | |
| tirofiban hcl in nacl intravenous solution | 1 or 1b* | |
| *HEMATORHEOLOGIC AGENTS*** | | |
| pentoxifylline er oral tablet extended release | 1 or 1b* | |
| *HEMIN*** | | |
| PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 3 | |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| cilostazol oral tablet | 1 or 1b* | |
| *PLASMA EXPANDERS*** | | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| HEXTEND INTRAVENOUS SOLUTION | 3 | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|------|----------------|
| *PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3 | PA; LD; QL; SP |
| *PLASMA KALLIKREIN INHIBITORS*** | | |
| ORLADEYO ORAL CAPSULE | 3 | PA; QL |
| *PLASMA PROTEINS*** | | |
| ALBUKED 25 INTRAVENOUS SOLUTION | 3 | |
| ALBUKED 5 INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN HUMAN INTRAVENOUS SOLUTION | 3 | |
| ALBUMINEX INTRAVENOUS SOLUTION | 3 | |
| ALBUMIN-ZLB INTRAVENOUS SOLUTION | 3 | |
| ALBURX INTRAVENOUS SOLUTION | 3 | |
| ALBUTEIN INTRAVENOUS SOLUTION | 3 | |
| FLEXBUMIN INTRAVENOUS SOLUTION | 3 | |
| 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 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION | 3 | |
| RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; SP |
| THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | 3 | |
| *PLATELET AGGREGATION INHIBITOR COMBINATIONS*** | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | QL |
| YOSPRALA ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| *PLATELET AGGREGATION INHIBITORS*** | | |
| dipyridamole oral tablet | 1 or 1b* | |
| *PROTAMINE*** | | |
| protamine sulfate intravenous solution | 1 or 1b* | |
| *PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** | | |
| ZONTIVITY ORAL TABLET | 3 | PA; QL |
| *PYRUVATE KINASE ACTIVATORS*** | | |
| PYRUKYND ORAL TABLET | 3 | PA; QL |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK | 3 | PA; QL |
| *QUINAZOLINE AGENTS*** | | |
| AGRYLIN ORAL CAPSULE | 3 | QL |
| anagrelide hcl oral capsule | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** | | |
| TAVALISSE ORAL TABLET | 3 | PA; QL |
| *THIENOPYRIDINE DERIVATIVES*** | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | QL |
| EFFIENT ORAL TABLET | 3 | QL |
| PLAVIX ORAL TABLET 75 MG | 3 | QL |
| prasugrel hcl oral tablet | 1 or 1b* | QL |
| *THROMBOLYTIC AGENT - MISC*** | | |
| DEFITELIO INTRAVENOUS SOLUTION | 3 | |
| *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*** | | |
| YARGESA ORAL CAPSULE | 1 or 1b* | PA; QL; SP |
| *AMINO ACIDS*** | | |
| ENDARI ORAL PACKET | 3 | PA; LD; SP |
| l-glutamine oral packet | 1 or 1b* | PA; LD; SP |
| *COBALAMINS*** | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| cyanocobalamin nasal solution | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| dodex injection solution | 1 or 1a* | |
| hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |
| NASCOBAL NASAL SOLUTION | 3 | |
| *CXCR4 RECEPTOR ANTAGONIST*** | | |
| APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA |
| plerixafor subcutaneous solution | 1 or 1b* | PA; LD; SP |
| XOLREMDI ORAL CAPSULE | 3 | PA; QL |
| *CYTOTOXIC AGENTS*** | | |
| DROXIA ORAL CAPSULE | 2 | |
| *ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** | | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| *FOLIC ACID/FOLATE COMBINATIONS*** | | |
| l-arginine mens health oral tablet | 2 | |
| *FOLIC ACID/FOLATES*** | | |
| folic acid injection solution | 1 or 1a* | |
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| *HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** | | |
| OXBRYTA ORAL TABLET 300 MG | 3 | PA; LD; QL; SP |
| *HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS*** | | |
| JESDUVROQ ORAL TABLET | 3 | PA; QL |
| VAFSEO ORAL TABLET | 3 | PA; QL |
| *IRON*** | | |
| ACCRUFER ORAL CAPSULE | 3 | |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML | 3 | SP |
| iron slow release oral tablet extended release 45 mg | 1 or 1a* | |
| *THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** | | |
| ALVAIZ ORAL TABLET 18 MG, 9 MG | 3 | PA; DO; SP |
| ALVAIZ ORAL TABLET 36 MG, 54 MG | 3 | PA; QL; SP |
| *HEMOSTATICS* | | |
| *HEMOSTATIC COMBINATIONS - TOPICAL*** | | |
| ARTISS EXTERNAL KIT | 3 | |
| ARTISS EXTERNAL SOLUTION | 3 | |
| THROMBI-GEL 10 EXTERNAL PAD | 3 | |
| THROMBI-GEL 100 EXTERNAL PAD | 3 | |
| THROMBI-GEL 40 EXTERNAL PAD | 3 | |
| THROMBI-PAD EXTERNAL PAD | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| TISSEEL EXTERNAL KIT | 3 | |
| TISSEEL EXTERNAL SOLUTION | 3 | |
| *HEMOSTATICS - SYSTEMIC*** | | |
| aminocaproic acid intravenous solution | 1 or 1b* | |
| aminocaproic acid oral solution | 1 or 1b* | QL |
| aminocaproic acid oral tablet 1000 mg | 1 or 1b* | |
| aminocaproic acid oral tablet 500 mg | 1 or 1b* | QL |
| CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML | 3 | |
| tranexamic acid intravenous solution 1000 mg/10ml | 1 or 1b* | |
| tranexamic acid oral tablet | 1 or 1b* | QL |
| TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION | 3 | |
| *HEMOSTATICS - TOPICAL*** | | |
| ACTIFOAM COLLAGEN SPONGE EXTERNAL | 3 | |
| AVITENE EXTERNAL PAD | 3 | |
| AVITENE FLOUR EXTERNAL POWDER | 3 | |
| ENDO AVITENE EXTERNAL | 3 | |
| GELFILM EXTERNAL FILM | 3 | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | 3 | |
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | 3 | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | 3 | |
| GELFOAM MOUTH/THROAT POWDER | 3 | |
| GELFOAM SPONGE EXTERNAL | 3 | |

| Drug Name | Tier | Notes |
|---|------|-------|
| 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 | |
| SURGICEL SNOW 1"X2" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 2"X4" EXTERNAL PAD | 3 | |
| SURGICEL SNOW 4"X4" EXTERNAL PAD | 3 | |
| SYRINGE AVITENE EXTERNAL | 3 | |
| TACHOSIL EXTERNAL PATCH | 3 | |
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| THROMBOGEN EXTERNAL KIT | 3 | |
| THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X25X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL | 3 | |
| *HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS* | | |
| *ANTI-HISTAMINE HYPNOTIC COMBINATIONS*** | | |
| ft ibuprofen pm oral tablet | 1 or 1b* | |
| *ANTI-HISTAMINE HYPNOTICS*** | | |
| eq sleep-aid oral tablet | 1 or 1b* | |
| *BARBITURATE HYPNOTICS*** | | |
| pentobarbital sodium injection solution | 1 or 1b* | |
| phenobarbital oral elixir | 1 or 1b* | QL |
| phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg | 1 or 1b* | QL |
| phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg | 1 or 1b* | DO |
| phenobarbital sodium injection solution | 1 or 1b* | |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *BENZODIAZEPINE HYPNOTICS*** | | |
| BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| DORAL ORAL TABLET | 3 | ST; QL |
| estazolam oral tablet | 1 or 1b* | QL |
| flurazepam hcl oral capsule | 1 or 1b* | QL |
| HALCION ORAL TABLET | 3 | ST; QL |
| midazolam hcl (pf) injection solution | 1 or 1b* | |
| midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml | 1 or 1b* | |
| midazolam hcl oral syrup | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-% | 3 | |
| midazolam-sodium chloride (pf) intravenous solution | 3 | |
| quazepam oral tablet | 1 or 1b* | QL |
| RESTORIL ORAL CAPSULE | 3 | ST; QL |
| temazepam oral capsule | 1 or 1b* | QL |
| triazolam oral tablet | 1 or 1b* | QL |
| *HYPNOTICS - TRICYCLIC AGENTS*** | | |
| doxepin hcl oral tablet | 1 or 1b* | ST; QL |
| SILENOR ORAL TABLET | 3 | ST; QL |
| *NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** | | |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE | 3 | ST; QL |
| AMBIEN ORAL TABLET | 3 | ST; QL |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL | 3 | ST; QL |
| eszopiclone oral tablet 1 mg, 2 mg | 1 or 1b* | QL |
| eszopiclone oral tablet 3 mg | 1 or 1b* | AL; QL |
| LUNESTA ORAL TABLET 1 MG, 2 MG | 3 | ST; QL |
| LUNESTA ORAL TABLET 3 MG | 3 | ST; AL; QL |
| zaleplon oral capsule | 1 or 1b* | QL |
| zolpidem tartrate er oral tablet extended release | 1 or 1b* | QL |
| zolpidem tartrate oral capsule | 3 | ST; QL |
| zolpidem tartrate oral tablet | 1 or 1b* | QL |
| zolpidem tartrate sublingual tablet sublingual | 1 or 1b* | ST; QL |
| *OREXIN RECEPTOR ANTAGONISTS*** | | |
| BELSOMRA ORAL TABLET | 3 | ST; QL |
| DAYVIGO ORAL TABLET | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| QUVIVIQ ORAL TABLET | 3 | ST; QL |
| *SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML | 3 | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| IGALMI SUBLINGUAL FILM | 3 | PA; QL |
| PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML | 3 | |
| *SELECTIVE MELATONIN RECEPTOR AGONISTS*** | | |
| HETLIOZ LQ ORAL SUSPENSION | 3 | PA; QL |
| HETLIOZ ORAL CAPSULE | 3 | PA; QL |
| ramelteon oral tablet | 1 or 1b* | QL |
| ROZEREM ORAL TABLET | 3 | ST; QL |
| tasimelteon oral capsule | 1 or 1b* | PA; QL |
| *LAXATIVES* | | |
| *BOWEL EVACUANT COMBINATIONS*** | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML | 3 | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | QL |
| MOVIPREP ORAL SOLUTION RECONSTITUTED | 3 | QL |
| PEG-PREP ORAL KIT | 3 | QL |
| PLENVU ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUFLAVE ORAL SOLUTION RECONSTITUTED | 3 | QL |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 3 | QL |
| SUTAB ORAL TABLET | 2 | QL |
| *BULK LAXATIVES*** | | |
| cvs natural daily fiber oral powder 51.7 % | 1 or 1b* | |
| *LAXATIVES - MISCELLANEOUS*** | | |
| constulose oral solution | 1 or 1b* | QL |
| KRISTALOSE ORAL PACKET | 3 | ST; QL |
| LACTULOSE ORAL PACKET | 3 | QL |
| lactulose oral solution | 1 or 1b* | QL |
| qc glycerin rectal suppository | 1 or 1b* | |
| *LUBRICANT LAXATIVES*** | | |
| mineral oil heavy oral oil | 1 or 1b* | |
| *SALINE LAXATIVE MIXTURES*** | | |
| FLEET SALINE ENEMA RECTAL ENEMA | 2 | |
| *STIMULANT LAXATIVES*** | | |
| eq chocolate laxative oral tablet chewable | 1 or 1b* | |
| *SURFACTANT LAXATIVES*** | | |
| cvs mini enema rectal enema | 1 or 1b* | |
| eq stool softener extra str oral capsule | 1 or 1b* | |
| eq stool softener oral capsule 250 mg | 1 or 1b* | |
| mm stool softener oral capsule | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *LOCAL ANESTHETICS-PARENTERAL* | | |
| *LOCAL ANESTHETIC & SYMPATHOMIMETIC** | | |
| articadent dental injection solution cartridge 4 %-1:100000 | 3 | |
| bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000 | 1 or 1b* | |
| bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000 | 1 or 1b* | |
| lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000 | 1 or 1b* | |
| MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 | 3 | |
| MARCAINE/EPINEPHRINE PF INJECTION SOLUTION | 3 | |
| ORABLOC INJECTION SOLUTION CARTRIDGE | 3 | |
| sensorcaine/epinephrine injection solution | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000 | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000 | 3 | |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % | 3 | |
| XYLOCAINE/EPINEPHRINE INJECTION SOLUTION | 3 | |
| XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION | 3 | |
| *LOCAL ANESTHETICS - AMIDES*** | | |
| BUPIVACAINE FISIOPHARMA INJECTION SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| bupivacaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl (pf) injection solution | 1 or 1b* | |
| lidocaine hcl injection solution 0.5 % | 1 or 1b* | |
| lidocaine hcl intravenous solution prefilled syringe | 3 | |
| MARCAINE INJECTION SOLUTION | 3 | |
| MARCAINE PRESERVATIVE FREE INJECTION SOLUTION | 3 | |
| MONOJECT BONE MARROW BIOPSY INJECTION KIT | 3 | |
| NAROPIN INJECTION SOLUTION | 3 | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |
| POSIMIR INJECTION SOLUTION | 3 | |
| ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 or 1b* | |
| sensorcaine injection solution | 1 or 1b* | |
| sensorcaine-mpf injection solution | 1 or 1b* | |
| XARACOLL IMPLANT IMPLANT | 3 | |
| XYLOCAINE INJECTION SOLUTION | 3 | |
| XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % | 3 | |
| *LOCAL ANESTHETICS - ESTERS*** | | |
| chloroprocaine hcl (pf) injection solution | 1 or 1b* | |
| NESACAINE INJECTION SOLUTION | 3 | |
| NESACAINE-MPF INJECTION SOLUTION | 3 | |
| *MACROLIDES* | | |
| *AZITHROMYCIN*** | | |
| azithromycin intravenous solution reconstituted 500 mg | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| azithromycin oral packet | 1 or 1b* | |
| azithromycin oral suspension reconstituted | 1 or 1b* | |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 or 1b* | |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL PACKET | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK ORAL TABLET | 3 | |
| ZITHROMAX Z-PAK ORAL TABLET | 3 | |
| *CLARITHROMYCIN*** | | |
| clarithromycin er oral tablet extended release 24 hour | 1 or 1b* | |
| clarithromycin oral suspension reconstituted | 1 or 1b* | |
| clarithromycin oral tablet | 1 or 1b* | |
| *ERYTHROMYCINS*** | | |
| e.e.s. 400 oral tablet | 1 or 1b* | |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED | 3 | |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED | 3 | |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED | 3 | |
| ery-tab oral tablet delayed release | 1 or 1b* | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 or 1b* | |
| erythromycin ethylsuccinate oral tablet | 1 or 1b* | |
| erythromycin lactobionate intravenous solution reconstituted | 1 or 1b* | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| *FIDAXOMICIN*** | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| DIFICID ORAL TABLET | 3 | QL |
| *MEDICAL DEVICES AND SUPPLIES* | | |
| *DENTAL DESENSITIZING PRODUCTS*** | | |
| REMESENSE DENTAL | 3 | |
| *DENTIFRICES*** | | |
| MI PASTE DENTAL PASTE | 3 | |
| MI PASTE PLUS DENTAL PASTE | 3 | |
| *DIAPERS*** | | |
| HUGGIES LITTLE MOVERS SIZE 7 | 2 | |
| HUGGIES LITTLE SNUGLER NEWBRN | 2 | |
| HUGGIES LITTLE SNUGLERS SZ 3 | 2 | |
| HUGGIES LITTLE SNUGLERS SZ 4 | 2 | |
| HUGGIES LITTLE SNUGLERS SZ 5 | 2 | |
| HUGGIES OVERNITES SIZE 3 | 2 | |
| HUGGIES OVERNITES SIZE 4 | 2 | |
| HUGGIES SNUG & DRY SIZE 1 | 2 | |
| HUGGIES SNUG & DRY SIZE 2 | 2 | |
| HUGGIES SNUG & DRY SIZE 3 | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|-------|
| HUGGIES SNUG & DRY SIZE 5 | 2 | |
| HUGGIES SPEC DELIVERY NEWBORN | 2 | |
| HUGGIES SPEC DELIVERY SIZE 1 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 2 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 3 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 4 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 5 | 2 | |
| HUGGIES SPEC DELIVERY SIZE 6 | 2 | |
| HUGGIES+ LITTLE SNUGLER NEWBN | 2 | |
| HUGGIES+ LITTLE SNUGLER SZ 1 | 2 | |
| HUGGIES+ LITTLE SNUGLER SZ 2 | 2 | |
| PAMPERS EASY UPS 2T-3T | 2 | |
| PAMPERS EASY UPS 4T-5T | 2 | |
| PAMPERS EASY UPS MLP 2T-3T | 2 | |
| PAMPERS EASY UPS MLP 4T-5T | 2 | |
| PAMPERS SWADDLERS SIZE 7 | 2 | |
| *ELASTIC BANDAGES & SUPPORTS*** | | |
| EXTREMIT-EASE COMPRESSION GRMT | 2 | |
| *GLUCOSE MONITORING TEST SUPPLIES*** | | |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL |
| ACTI-LANCE 28G | 2 | QL |
| ACTI-LANCE LITE LANCETS 28G | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL |
| ACTI-LANCE UNIVERSAL 23G | 2 | QL |
| ADVANCED MOBILE LANCET | 2 | QL |
| ADVOCATE LANCETS | 2 | QL |
| ADVOCATE LANCETS 30G | 2 | QL |
| ADVOCATE SAFETY LANCETS | 2 | QL |
| ADVOCATE SAFETY LANCETS 26G | 2 | QL |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | QL |
| AIMSCO TWIST LANCETS 32G | 2 | QL |
| AIMSCO TWIST LANCETS 33G | 2 | QL |
| AQUALANCE LANCETS 30G | 2 | QL |
| ASSURE COMFORT LANCETS 28G | 2 | QL |
| ASSURE LANCE LANCETS | 2 | QL |
| ASSURE LANCE LANCETS 21G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL |
| AURORA LANCET SUPER THIN 30G | 2 | QL |
| AURORA LANCET THIN 23G | 2 | QL |
| BD MICROTAINER LANCETS | 2 | QL |
| CAREONE LANCET SUPER THIN 30G | 2 | QL |
| CAREONE LANCET THIN 23G | 2 | QL |
| CARESENS LANCETS | 2 | QL |
| CARESENS LANCETS 30G | 2 | QL |
| CARETOUCH SAFETY LANCETS | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| CARETOUCH SAFETY LANCETS 26G | 2 | QL |
| CARETOUCH TWIST LANCETS 28G | 2 | QL |
| CARETOUCH TWIST LANCETS 30G | 2 | QL |
| CARETOUCH TWIST LANCETS 33G | 2 | QL |
| CARETOUCH TWIST MC LANCETS 30G | 2 | QL |
| CHOSEN LANCETS 30G | 2 | QL |
| CHOSEN SAFETY LANCETS 28G | 2 | QL |
| CLEANLET LANCETS 28G | 2 | QL |
| CLEVER CHEK LANCETS | 2 | QL |
| CLEVER CHOICE COMFORT EZ | 2 | QL |
| CLEVER CHOICE LANCETS 21G | 2 | QL |
| CLEVER CHOICE LANCETS 23G | 2 | QL |
| CLEVER CHOICE LANCETS 28G | 2 | QL |
| COAGUCHEK LANCETS | 2 | QL |
| COMFORT ASSURED LANCETS 28G | 2 | QL |
| COMFORT ASSURED LANCETS 33G | 2 | QL |
| COMFORT TOUCH LANCETS 31G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 28G | 2 | QL |
| COMFORT TOUCH PLUS LANCETS 30G | 2 | QL |
| COMFORT TOUCH TWIST LANCET 30G | 2 | QL |
| CVS LANCETS 21G | 2 | QL |
| CVS LANCETS MICRO THIN 33G | 2 | QL |
| CVS LANCETS ORIGINAL | 2 | QL |
| CVS LANCETS THIN 26G | 2 | QL |
| CVS LANCETS ULTRA THIN 30G | 2 | QL |
| CVS LANCETS ULTRA-THIN 30G | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------|------|--------|
| CVS ULTRA THIN LANCETS | 2 | QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DEXCOM G7 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G7 SENSOR | 2 | PA; QL |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL |
| DIATHRIVE LANCETS | 2 | QL |
| DROPLET LANCETS ULTRA THIN 30G | 2 | QL |
| DROPLET PERSONAL LANCETS 30G | 2 | QL |
| DRUG MART LANCETS THIN 26G | 2 | QL |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL |
| DRUG MART UNILET LANCETS 28G | 2 | QL |
| DRUG MART UNILET LANCETS 30G | 2 | QL |
| DRUG MART UNILET LANCETS 33G | 2 | QL |
| EASY COMFORT LANCETS | 2 | QL |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL |
| EASY MAX T1 GLUCOSE SYSTEM KIT | 3 | ST; QL |
| EASY TOUCH LANCETS 21G | 2 | QL |
| EASY TOUCH LANCETS 23G | 2 | QL |
| EASY TOUCH LANCETS 26G | 2 | QL |
| EASY TOUCH LANCETS 28G | 2 | QL |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 30G | 2 | QL |
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 32G | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--------------------------------|------|--------|
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL |
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 26G | 2 | QL |
| EASY TOUCH SAFETY LANCETS 28G | 2 | QL |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | QL |
| EMBRACE PRESSURE ACTIVATED 21G | 2 | QL |
| EMBRACE PRESSURE ACTIVATED 28G | 2 | QL |
| ENLITE GLUCOSE SENSOR | 3 | PA |
| EQL COLOR LANCETS 21G | 2 | QL |
| EQL COLOR LANCETS MICRO 33G | 2 | QL |
| EQL SUPER THIN LANCETS 30G | 2 | QL |
| EQL THIN LANCETS 26G | 2 | QL |
| EVERSENSE E3 SENSOR/HOLDER | 3 | PA |
| EVERSENSE E3 SMART TRANSMITTER | 3 | PA; QL |
| EVERSENSE SENSOR/HOLDER | 3 | PA |
| EVERSENSE SMART TRANSMITTER | 3 | PA; QL |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | QL |
| E-Z JECT LANCET SUPER THIN 30G | 2 | QL |
| E-Z JECT LANCETS | 2 | QL |
| E-Z JECT LANCETS 21G | 2 | QL |
| E-Z JECT LANCETS THIN 26G | 2 | QL |
| EZ-LETS LANCETS 21G | 2 | QL |
| EZ-LETS LANCETS 26G | 2 | QL |
| EZ-LETS LANCETS 28G | 2 | QL |
| EZ-LETS LANCETS 30G | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------------|------|--------|
| FIFTY50 SAFETY SEAL LANCETS | 2 | QL |
| FIFTY50 UNILET LANCETS 33G | 2 | QL |
| FINGERSTIX LANCETS | 2 | QL |
| FORA LANCETS | 2 | QL |
| FREESTYLE LANCETS | 2 | QL |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 3 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | 2 | PA; QL |
| FREESTYLE UNISTICK II LANCETS | 2 | QL |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL |
| GLUCOCOM LANCETS 28G | 2 | QL |
| GLUCOCOM LANCETS 30G | 2 | QL |
| GLUCOCOM LANCETS 33G | 2 | QL |
| GNP LANCETS 21G | 2 | QL |
| GNP LANCETS THIN 26G | 2 | QL |
| GNP STERILE LANCETS 28G | 2 | QL |
| GNP STERILE LANCETS 30G | 2 | QL |
| GNP STERILE LANCETS 33G | 2 | QL |
| GOJJI STERILE LANCETS | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---------------------------------------|------|--------|
| GOODSENSE COLOR LANCETS 33G | 2 | QL |
| GOODSENSE LANCETS 26G UNIV | 2 | QL |
| GOODSENSE LANCETS 30G | 2 | QL |
| GOODSENSE LANCETS 30G UNIV | 2 | QL |
| GOODSENSE LANCETS 33G | 2 | QL |
| GOODSENSE LANCETS 33G UNIV | 2 | QL |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA; QL |
| GUARDIAN 4 TRANSMITTER | 3 | PA; QL |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA; QL |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | 3 | PA; QL |
| GUARDIAN SENSOR (3) | 3 | PA; QL |
| GUARDIAN SENSOR 3 | 3 | PA; QL |
| HAEMOLANCE | 2 | QL |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL |
| HAEMOLANCE PLUS | 2 | QL |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL |
| HAEMOLANCE PLUS MAX FLOW | 2 | QL |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL |
| H-E-B INCONTROL LANCETS 28G | 2 | QL |
| H-E-B INCONTROL LANCETS 30G | 2 | QL |
| H-E-B INCONTROL LANCETS 33G | 2 | QL |
| HY-VEE LANCETS | 2 | QL |
| HY-VEE THIN LANCETS | 2 | QL |
| IN TOUCH STERILE LANCETS 30G | 2 | QL |
| KINNEY LANCETS | 2 | QL |
| KINNEY THIN LANCETS | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| KROGER HEALTHPRO LANCET 26G | 2 | QL |
| KROGER LANCETS | 2 | QL |
| KROGER LANCETS 21G | 2 | QL |
| KROGER LANCETS MICRO THIN 33G | 2 | QL |
| KROGER LANCETS SUPER THIN | 2 | QL |
| KROGER LANCETS THIN | 2 | QL |
| KROGER LANCETS THIN 26G | 2 | QL |
| KROGER LANCETS ULTRATHIN 30G | 2 | QL |
| LANCETS | 2 | QL |
| LANCETS 30G | 2 | QL |
| LANCETS 33G | 2 | QL |
| LANCETS MICRO THIN 33G | 2 | QL |
| LANCETS SUPER THIN | 2 | QL |
| LANCETS SUPER THIN 28G | 2 | QL |
| LANCETS THIN | 2 | QL |
| LANCETS ULTRA THIN | 2 | QL |
| LANCETS ULTRA THIN 30G | 2 | QL |
| LIBERTY MEDICAL LANCETS | 2 | QL |
| LITE TOUCH LANCETS | 2 | QL |
| LITETOUCH LANCETS | 2 | QL |
| LIVE BETTER LANCET SUPER THIN | 2 | QL |
| LONGS LANCETS STANDARD | 2 | QL |
| LONGS LANCETS THIN | 2 | QL |
| LONGS LANCETS ULTRA THIN | 2 | QL |
| MEDICHOICE SAFETY LANCET | 2 | QL |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | QL |
| MEDICHOICE SAFETY LANCET NORM | 2 | QL |
| MEDLANCE PLUS EXTRA 21G | 2 | QL |
| MEDLANCE PLUS LITE 25G | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS | 2 | QL |
| MEIJER LANCETS THIN | 2 | QL |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL |
| MEIJER SUPER THIN LANCETS | 2 | QL |
| MICROLET LANCETS | 2 | QL |
| MINILINK REAL-TIME TRANSMITTER | 3 | PA |
| MINIMED 630G GUARDIAN PRESS | 3 | PA |
| MM TWIST LANCETS | 2 | QL |
| MONOLET LANCETS | 2 | QL |
| MONOLET OPD LANCETS | 2 | QL |
| MONOLETTOR SAFETY LANCETS | 2 | QL |
| MYGLUCOHEALTH LANCETS 30G | 2 | QL |
| NOVA SAFETY LANCETS 23G | 2 | QL |
| NOVA SAFETY LANCETS 28G | 2 | QL |
| NOVA SUREFLEX LANCETS | 2 | QL |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL |
| ONETOUCH ULTRASOFT 2 LANCETS | 2 | QL |
| PARADIGM REAL-TIME TRANSMITTER | 3 | PA |
| PERFECT LANCETS 28G | 2 | QL |
| PERFECT LANCETS 30G | 2 | QL |
| PERFECT POINT SAFETY LANCETS | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| PHARMACIST CHOICE LANCETS | 2 | QL |
| PHARMACY COUNTER LANCETS | 2 | QL |
| PIP LANCETS 28G | 2 | QL |
| PIP LANCETS 30G | 2 | QL |
| PREFERRED PLUS LANCETS COLORED | 2 | QL |
| PREFERRED PLUS LANCETS THIN | 2 | QL |
| PRO COMFORT LANCETS 30G | 2 | QL |
| PRO COMFORT LANCETS 31G | 2 | QL |
| pro comfort safety lancets 30g | 2 | QL |
| PRODIGY LANCETS 28G | 2 | QL |
| PRODIGY SAFETY LANCETS 26G | 2 | QL |
| PRODIGY TWIST TOP LANCETS 28G | 2 | QL |
| PURE COMFORT LANCETS 30G | 2 | QL |
| PX LANCETS MICROTHIN 33G | 2 | QL |
| PX LANCETS ULTRA THIN 28G | 2 | QL |
| QC LANCETS SUPER THIN 30G | 2 | QL |
| QC LANCETS ULTRA THIN | 2 | QL |
| QC UNILET LANCETS 28G | 2 | QL |
| QC UNILET LANCETS MICRO THIN | 2 | QL |
| RA E-ZJECT LANCETS 28G | 2 | QL |
| RA E-ZJECT LANCETS THIN 26G | 2 | QL |
| RA E-ZJECT LANCETS THIN 28G | 2 | QL |
| RA E-ZJECT LANCETS ULTRA THIN | 2 | QL |
| READYLANCE SAFETY LANCETS | 2 | QL |
| REALITY LANCETS | 2 | QL |
| REALITY TRIGGER LANCETS | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| RELION LANCETS MICRO-THIN 33G | 2 | QL |
| RELION LANCETS THIN 26G | 2 | QL |
| RELION LANCETS ULTRA-THIN 30G | 2 | QL |
| RELION ULTRA THIN LANCETS 30G | 2 | QL |
| RELION ULTRA THIN PLUS LANCETS | 2 | QL |
| REXALL LANCETS ULTRA THIN 30G | 2 | QL |
| RIGHTEST GL300 LANCETS | 2 | QL |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | QL |
| SAFETY LANCETS | 2 | QL |
| SAFETY LANCETS 21G | 2 | QL |
| SAFETY LANCETS 23G | 2 | QL |
| SAFETY LANCETS 28G | 2 | QL |
| saps health plus lancets | 2 | QL |
| SAPS HEALTH TWIST TOP LANCETS | 2 | QL |
| SAPS TWIST TOP LANCETS | 2 | QL |
| SAPSCARE TWIST TOP LANCETS | 2 | QL |
| SB LANCETS THIN | 2 | QL |
| SB LANCETS ULTRA THIN | 2 | QL |
| SINGLE-LET | 2 | QL |
| SM LANCETS 33G | 2 | QL |
| SMART SENSE COLOR LANCETS 33G | 2 | QL |
| SMART SENSE STANDARD LANCETS | 2 | QL |
| SMART SENSE SUPER THIN LANCETS | 2 | QL |
| SMART SENSE THIN LANCETS 26G | 2 | QL |
| SMARTTEST LANCETS 28G | 2 | QL |
| SOLUS V2 LANCETS 28G | 2 | QL |
| SOLUS V2 TWIST LANCETS 30G | 2 | QL |
| STERILANCE TL | 2 | QL |
| SUPER THIN LANCETS | 2 | QL |

| Drug Name | Tier | Notes |
|--------------------------------|------|-------|
| SURE COMFORT LANCETS 18G | 2 | QL |
| SURE COMFORT LANCETS 21G | 2 | QL |
| SURE COMFORT LANCETS 23G | 2 | QL |
| SURE COMFORT LANCETS 28G | 2 | QL |
| SURE COMFORT LANCETS 30G | 2 | QL |
| SURELITE LANCETS | 2 | QL |
| TECHLITE AST LANCETS | 2 | QL |
| TECHLITE LANCETS | 2 | QL |
| TECHLITE LANCETS 26G | 2 | QL |
| TGT LANCET MICRO THIN 33G | 2 | QL |
| TGT LANCET THIN 26G | 2 | QL |
| TGT LANCET ULTRA THIN 30G | 2 | QL |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | QL |
| TRAVEL LANCETS ADVANCED 28G | 2 | QL |
| true comfort safety lancets | 2 | QL |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL |
| TRUEPLUS LANCETS 26G | 2 | QL |
| TRUEPLUS LANCETS 28G | 2 | QL |
| TRUEPLUS LANCETS 30G | 2 | QL |
| TRUEPLUS LANCETS 33G | 2 | QL |
| TRUEPLUS SAFETY LANCETS 28G | 2 | QL |
| twist top lancets 30g | 2 | QL |
| ULTILET CLASSIC LANCETS | 2 | QL |
| ULTILET LANCETS | 2 | QL |
| ULTILET SAFETY LANCETS | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|-------------------------------|------|-------|
| ULILET SAFETY LANCETS 23G | 2 | QL |
| ULTRA THIN LANCETS 31G | 2 | QL |
| ULTRA-CARE LANCETS 30G | 2 | QL |
| ULTRA-THIN II AUTO LANCET | 2 | QL |
| ULTRA-THIN II LANCETS | 2 | QL |
| UNILET COMFORTOUCH LANCET | 2 | QL |
| UNILET EXCELITE | 2 | QL |
| UNILET EXCELITE II | 2 | QL |
| UNILET G.P. LANCET | 2 | QL |
| UNILET G.P. SUPERLITE LANCET | 2 | QL |
| UNILET GP 28 ULTRA THIN | 2 | QL |
| UNILET LANCET | 2 | QL |
| UNILET MICRO-THIN 33G | 2 | QL |
| UNILET SUPERLITE LANCET | 2 | QL |
| UNILET SUPER-THIN 30G | 2 | QL |
| UNILET ULTRA-THIN 28G | 2 | QL |
| UNISTIK 3 GENTLE | 2 | QL |
| UNISTIK PRO SAFETY LANCET | 2 | QL |
| UNISTIK SAFETY LANCETS 28G | 2 | QL |
| UNISTIK SAFETY LANCETS 30G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 28G | 2 | QL |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | QL |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | QL |

| Drug Name | Tier | Notes |
|--|------|-------|
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | QL |
| VALUE PLUS LANCET STANDARD 21G | 2 | QL |
| VALUE PLUS LANCETS SUPER THIN | 2 | QL |
| VALUE PLUS LANCETS THIN 26G | 2 | QL |
| VERIFINE SAFE LANCET MINI 21G | 2 | QL |
| VERIFINE SAFE LANCET MINI 23G | 2 | QL |
| VERIFINE SAFE LANCET MINI 28G | 2 | QL |
| VERIFINE SAFE LANCET MINI 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 28G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 30G | 2 | QL |
| VERIFINE UNIVERSAL LANCETS 33G | 2 | QL |
| VIVAGUARD LANCETS | 2 | QL |
| VIVAGUARD LANCETS 30G | 2 | QL |
| VIVAGUARD SAFETY LANCETS 28G | 2 | QL |
| WALGREENS LANCETS | 2 | QL |
| WALGREENS LANCETS MICRO THIN | 2 | QL |
| WALGREENS LANCETS SUPER THIN | 2 | QL |
| WALGREENS THIN LANCETS | 2 | QL |
| WALGREENS ULTRA THIN LANCETS | 2 | QL |
| ZEVRX TWIST TOP LANCETS 30G | 2 | QL |
| *HOT/COLD COMBINATION THERAPY AIDS*** | | |
| eq hot or cold large compress pad | 2 | |
| *INCONTINENCE SUPPLIES*** | | |
| DEPEND FRESH PROTECTION MENS | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| *INSULIN ADMINISTRATION SUPPLIES*** | | |
| OMNIPOD 5 G6 INTRO (GEN 5) KIT | 2 | PA; QL |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | PA; QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | PA; QL |
| OMNIPOD DASH INTRO (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PDM (GEN 4) KIT | 2 | PA; QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | PA; QL |
| OMNIPOD GO KIT | 3 | PA |
| V-GO 20 KIT 20 UNIT/24HR | 3 | PA |
| V-GO 30 KIT 30 UNIT/24HR | 3 | PA |
| V-GO 40 KIT 40 UNIT/24HR | 3 | PA |
| *MISC. DEVICES*** | | |
| digital scale/bluetooth | 2 | |
| *NEEDLES & SYRINGES*** | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL |
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLE | 3 | ST; QL |
| ADVOCATE INSULIN PEN NEEDLES | 3 | ST; QL |
| ADVOCATE INSULIN SYRINGE | 3 | ST; QL |
| aq insulin syringe | 3 | ST; QL |
| aqinject pen needle | 3 | ST; QL |
| ASSURE ID DUO PRO PEN NEEDLES | 3 | QL |
| ASSURE ID PRO PEN NEEDLES | 3 | QL |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 3 | QL |
| aum insulin safety pen needle | 3 | ST; QL |
| AUM MINI INSULIN PEN NEEDLE | 3 | ST; QL |
| aum pen needle | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| AUM READYGARD DUO PEN NEEDLE | 3 | ST; QL |
| AUM SAFETY PEN NEEDLE | 3 | ST; QL |
| AURORA PEN NEEDLES | 3 | ST; QL |
| BD AUTOSHIELD DUO | 2 | QL |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | QL |
| BD INSULIN SYRINGE HALF-UNIT | 2 | QL |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL |
| BD INSULIN SYRINGE U/F | 2 | QL |
| BD INSULIN SYRINGE U/F 1/2UNIT | 2 | QL |
| BD INSULIN SYRINGE U-500 | 2 | QL |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML | 2 | QL |
| BD PEN NEEDLE MICRO U/F | 2 | QL |
| BD PEN NEEDLE MINI U/F | 2 | QL |
| BD PEN NEEDLE NANO 2ND GEN | 2 | QL |
| BD PEN NEEDLE NANO U/F | 2 | QL |
| BD PEN NEEDLE ORIGINAL U/F | 2 | QL |
| BD PEN NEEDLE SHORT U/F | 2 | QL |
| BD SAFETYGLIDE INSULIN SYRINGE | 2 | QL |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| BD VEO INSULIN SYRINGE U/F | 2 | QL |
| CAREFINE PEN NEEDLES | 3 | ST; QL |
| CAREONE INSULIN SYRINGE | 3 | ST; QL |
| CAREONE UNIFINE PENTIPS PLUS | 3 | ST; QL |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | 3 | QL |
| CARETOUCH PEN NEEDLES | 3 | ST; QL |
| CEQR SIMPLICITY 2U DEVICE | 3 | PA |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | 3 | ST; QL |
| CLICKFINE PEN NEEDLES | 3 | ST; QL |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | 3 | ST; QL |
| COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 3 | QL |
| COMFORT EZ MICRO PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ PEN NEEDLES | 3 | ST; QL |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| COMFORT EZ PRO PEN NEEDLES 31G X 5 MM | 3 | QL |
| COMFORT EZ SHORT PEN NEEDLES | 3 | ST; QL |
| COMFORT TOUCH INSULIN PEN NEED | 3 | ST; QL |
| DIATHRIVE PEN NEEDLE | 3 | ST; QL |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| DROPLET INSULIN SYRINGE 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" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| DROPLET MICRON | 3 | QL |
| DROPLET PEN NEEDLES | 3 | ST; QL |
| DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM | 3 | ST; QL |
| DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | 3 | QL |
| DROPSAFE SAFETY SYRINGE/NEEDLE | 3 | ST; QL |
| DROPSAFE SICURA | 2 | |
| DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL |
| DRUG MART UNIFINE PENTIPS PLUS | 3 | ST; QL |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| easy comfort insulin syringe 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml | 3 | ST; QL |
| EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 3 | ST; QL |
| EASY COMFORT PEN NEEDLES 31G X 8 MM | 3 | QL |
| EASY GLIDE PEN NEEDLES | 3 | ST; QL |
| EASY TOUCH FLIPLOCK INSULIN SY | 3 | ST; QL |
| EASY TOUCH INSULIN SAFETY SYR | 3 | ST; QL |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML | 3 | QL |
| EASY TOUCH PEN NEEDLES | 3 | ST; QL |
| EASY TOUCH SAFETY PEN NEEDLES | 3 | ST; QL |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| EMBRACE PEN NEEDLES | 3 | ST; QL |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| FIFTY50 PEN NEEDLES | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|------|--------|
| FIFTY50 SUPERIOR COMFORT SYR | 3 | ST; QL |
| GLOBAL EASE INJECT PEN NEEDLES | 3 | ST; QL |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML | 3 | QL |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | 3 | ST; QL |
| GLOBAL EASY GLIDE PEN NEEDLES | 3 | ST; QL |
| GLOBAL INJECT EASE INSULIN SYR | 3 | ST; QL |
| GLOBAL INSULIN SYRINGES | 3 | ST; QL |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML | 3 | QL |
| GNP CLICKFINE PEN NEEDLES | 3 | ST; QL |
| GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| GNP INSULIN SYRINGES | 3 | ST; QL |
| GNP INSULIN SYRINGES 28GX1/2" | 3 | ST; QL |
| GNP INSULIN SYRINGES 29GX1/2" | 3 | ST; QL |
| GNP INSULIN SYRINGES 30GX5/16" | 3 | ST; QL |
| GNP INSULIN SYRINGES 31GX5/16" | 3 | ST; QL |
| GNP ULTICARE PEN NEEDLES | 3 | ST; QL |
| GNP ULTIGUARD SAFEPACK NEEDLE | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML | 3 | ST; QL |
| GOODSENSE CLICKFINE PEN NEEDLE | 3 | ST; QL |
| GOODSENSE PEN NEEDLE PENFINE | 3 | ST; QL |
| HEALTHWISE INSULIN SYR/NEEDLE | 3 | QL |
| HEALTHWISE MICRON PEN NEEDLES | 3 | QL |
| HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM | 3 | QL |
| HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM | 3 | ST; QL |
| H-E-B INCONTROL PEN NEEDLES | 3 | ST; QL |
| H-E-B INCONTROL UNIFINE PENTIP | 3 | ST; QL |
| HM ULTICARE INSULIN SYRINGE | 3 | ST; QL |
| HM ULTICARE MINI PEN NEEDLES | 3 | ST; QL |
| HM ULTICARE SHORT PEN NEEDLES | 3 | ST; QL |
| INCONTROL ULTICARE PEN NEEDLES | 3 | ST; QL |
| INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| insulin syringe-needle u-100 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, 30g x 1/2" 1 ml | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|------|--------|
| INSULIN SYRINGE-NEEDLE U-100 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 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| KINRAY INSULIN SYRINGE | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 29G | 3 | ST; QL |
| KMART VALU INSULIN SYRINGE 30G | 3 | ST; QL |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| KROGER PEN NEEDLES | 3 | ST; QL |
| LEADER INSULIN SYRINGE | 3 | ST; QL |
| LEADER UNIFINE PENTIPS | 3 | ST; QL |
| LEADER UNIFINE PENTIPS PLUS | 3 | ST; QL |
| LITETOUCH INSULIN SYRINGE | 3 | ST; QL |
| LITETOUCH PEN NEEDLES | 3 | ST; QL |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML | 3 | ST; QL |
| MAGELLAN INSULIN SAFETY SYR | 3 | ST; QL |
| MARATHON MEDICAL PENTIPS | 3 | ST; QL |
| MAXICOMFORT II PEN NEEDLE | 3 | ST; QL |
| MAXI-COMFORT INSULIN SYRINGE | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| MAXI-COMFORT SAFETY PEN NEEDLE | 3 | ST; QL |
| MAXICOMFORT SYR 27G X 1/2" | 3 | ST; QL |
| MEDIC INSULIN SYRINGE | 3 | ST; QL |
| MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 8 MM | 3 | ST; QL |
| MEIJER PEN NEEDLES | 3 | ST; QL |
| MICRODOT PEN NEEDLE | 3 | ST; QL |
| MM INSULIN SYRINGE/NEEDLE | 3 | ST; QL |
| MM PEN NEEDLES | 3 | ST; QL |
| MONOJECT INSULIN SYRINGE | 3 | ST; QL |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 3 | ST; QL |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| NOVOFINE PEN NEEDLE | 3 | ST; QL |
| NOVOFINE PLUS PEN NEEDLE | 3 | ST; QL |
| PC UNIFINE PENTIPS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM | 3 | ST; QL |
| PEN NEEDLES | 3 | ST; QL |
| PEN NEEDLES 5/16" 31G X 8 MM | 3 | ST; QL |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| pip pen needles 31g x 5mm | 3 | ST; QL |
| pip pen needles 32g x 4mm | 3 | ST; QL |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL |
| PREFERRED PLUS INSULIN SYRINGE | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | 3 | ST; QL |
| PREVENT DROPSAFE PEN NEEDLES | 3 | ST; QL |
| PREVENT SAFETY PEN NEEDLES | 3 | ST; QL |
| PRO COMFORT INSULIN SYRINGE | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 3 | ST; QL |
| PRODIGY INSULIN SYRINGE | 3 | ST; QL |
| PURE COMFORT PEN NEEDLE | 3 | ST; QL |
| pure comfort safety pen needle | 3 | QL |
| PX EXTRA SHORT PEN NEEDLES | 3 | ST; QL |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | 3 | ST; QL |
| PX MINI PEN NEEDLES | 3 | ST; QL |
| PX PEN NEEDLE | 3 | ST; QL |
| QC PEN NEEDLES | 3 | ST; QL |
| QC UNIFINE PENTIPS | 3 | ST; QL |
| RA INSULIN SYRINGE | 3 | ST; QL |
| RA PEN NEEDLES | 3 | ST; QL |
| raya sure pen needle | 3 | ST; QL |
| REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 3 | QL |
| REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| RELION MINI PEN NEEDLES | 3 | ST; QL |
| RELION PEN NEEDLES | 3 | ST; QL |
| RELION SHORT PEN NEEDLES | 3 | ST; QL |
| safety pen needles | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|--------|
| SB INSULIN SYRINGE | 3 | ST; QL |
| SECURESAFE INSULIN SYRINGE | 3 | ST; QL |
| SECURESAFE SAFETY PEN NEEDLES | 3 | ST; QL |
| SURE COMFORT INSULIN SYRINGE | 3 | ST; QL |
| SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| sure comfort pen needles 31g x 6 mm | 3 | ST; QL |
| TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | 3 | ST; QL |
| TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML | 3 | QL |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM | 3 | |
| TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 6 MM | 3 | ST; QL |
| TECHLITE PLUS PEN NEEDLES | 3 | ST; QL |
| TODAYS HEALTH PEN NEEDLES | 3 | ST; QL |
| TODAYS HEALTH SHORT PEN NEEDLE | 3 | ST; QL |
| TOPCARE CLICKFINE PEN NEEDLES | 3 | ST; QL |
| TOPCARE ULTRA COMFORT INS SYR | 3 | ST; QL |
| true comfort insulin syringe 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, 32g x 5/16" 1 ml | 3 | ST; QL |
| TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| TRUE COMFORT PEN NEEDLES | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|------|--------|
| TRUE COMFORT PRO INSULIN SYR | 3 | ST; QL |
| TRUE COMFORT PRO PEN NEEDLES | 3 | ST; QL |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM | 3 | QL |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| TRUEPLUS INSULIN SYRINGE | 3 | ST; QL |
| TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM | 3 | ST; QL |
| TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM | 3 | QL |
| ULTICARE INSULIN SAFETY SYR | 3 | ST; QL |
| ULTICARE INSULIN SYR 1/2 UNIT | 3 | ST; QL |
| ULTICARE INSULIN SYRINGE | 3 | ST; QL |
| ULTICARE MICRO PEN NEEDLES | 3 | ST; QL |
| ULTICARE MINI PEN NEEDLES | 3 | ST; QL |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 3 | ST; QL |
| ULTICARE SHORT PEN NEEDLES | 3 | ST; QL |
| ULTIGUARD SAFEPACK PEN NEEDLE | 3 | ST; QL |
| ULTIGUARD SAFEPACK SYR/NEEDLE | 3 | ST; QL |
| ULTILET PEN NEEDLE | 3 | ST; QL |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL |
| ULTRA FLO INSULIN PEN NEEDLES | 3 | ST; QL |
| ULTRA FLO INSULIN SYR 1/2 UNIT | 3 | ST; QL |
| ULTRA FLO INSULIN SYRINGE | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|------|--------|
| ULTRA THIN PEN NEEDLES | 3 | ST; QL |
| ULTRACARE INSULIN SYRINGE | 3 | QL |
| ULTRACARE PEN NEEDLES | 3 | ST; QL |
| ULTRA-THIN II INS SYR SHORT | 3 | ST; QL |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |
| ULTRA-THIN II MINI PEN NEEDLE | 3 | ST; QL |
| ULTRA-THIN II PEN NEEDLE SHORT | 3 | ST; QL |
| ULTRA-THIN II PEN NEEDLES | 3 | ST; QL |
| UNIFINE PENTIPS | 3 | ST; QL |
| UNIFINE PENTIPS PLUS | 3 | ST; QL |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM | 3 | QL |
| UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| UNIFINE SAFECONTROL PEN NEEDLE | 3 | ST; QL |
| UNIFINE ULTRA PEN NEEDLE | 3 | ST; QL |
| VALUE HEALTH INSULIN SYRINGE | 3 | ST; QL |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 3 | ST; QL |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | 3 | QL |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 3 | ST; QL |
| VERIFINE INSULIN PEN NEEDLE 31G X 5 MM | 3 | QL |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|------|--------|
| VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | QL |
| VERIFINE PLUS PEN NEEDLE | 3 | ST; QL |
| VP INSULIN SYRINGE | 3 | ST; QL |
| WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL |
| ZEV RX INSULIN SYRINGE | 3 | ST; QL |
| ZEV RX PEN NEEDLES | 3 | ST; QL |
| *MIGRAINE PRODUCTS* | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | PA; QL |
| QULIPTA ORAL TABLET | 2 | PA; QL |
| UBRELVY ORAL TABLET | 2 | ST; QL |
| ZAVZPRET NASAL SOLUTION | 3 | ST; QL |
| *CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| VYEPTI INTRAVENOUS SOLUTION | 3 | PA; QL |
| *ERGOT COMBINATIONS*** | | |
| ergotamine-caffeine oral tablet | 1 or 1b* | |
| migergot rectal suppository | 1 or 1b* | |
| *MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** | | |
| ELYXYB ORAL SOLUTION | 3 | ST; QL |
| *MIGRAINE PRODUCTS - NSAIDS*** | | |
| CAMBIA ORAL PACKET | 3 | ST; QL |
| diclofenac potassium(migraine) oral packet | 3 | ST; QL |
| *MIGRAINE PRODUCTS*** | | |
| dihydroergotamine mesylate injection solution | 1 or 1b* | PA; QL |
| dihydroergotamine mesylate nasal solution | 3 | ST; QL |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| MIGRANAL NASAL SOLUTION | 3 | ST; QL |
| TRUDHESA NASAL AEROSOL SOLUTION | 3 | ST; QL |
| *SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** | | |
| sumatriptan-naproxen sodium oral tablet | 3 | ST; QL |
| TREXIMET ORAL TABLET 85-500 MG | 3 | ST; QL |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** | | |
| almotriptan malate oral tablet | 1 or 1b* | QL |
| eletriptan hydrobromide oral tablet | 1 or 1b* | QL |
| FROVA ORAL TABLET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| frovatriptan succinate oral tablet | 1 or 1b* | ST; QL |
| IMITREX ORAL TABLET | 3 | ST; QL |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | ST; QL |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| MAXALT ORAL TABLET 10 MG | 3 | ST; QL |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | 3 | ST; QL |
| naratriptan hcl oral tablet | 1 or 1b* | QL |
| ONZETRA XSAIL NASAL EXHALER POWDER | 3 | ST; QL |
| RELPAK ORAL TABLET | 3 | ST; QL |
| rizatriptan benzoate oral tablet | 1 or 1b* | QL |
| rizatriptan benzoate oral tablet dispersible | 1 or 1b* | QL |
| sumatriptan nasal solution | 1 or 1b* | QL |
| sumatriptan succinate oral tablet | 1 or 1b* | QL |
| sumatriptan succinate refill subcutaneous solution cartridge | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 or 1b* | QL |
| TOSYMRA NASAL SOLUTION | 3 | ST; QL |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| zolmitriptan nasal solution 5 mg | 1 or 1b* | ST; QL |
| zolmitriptan oral tablet | 1 or 1b* | QL |
| zolmitriptan oral tablet dispersible | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| ZOMIG NASAL SOLUTION 5 MG | 3 | ST; QL |
| ZOMIG ORAL TABLET | 3 | ST; QL |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** | | |
| REYVOW ORAL TABLET | 3 | ST; QL |
| *MINERALS & ELECTROLYTES* | | |
| *BICARBONATES*** | | |
| SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | 3 | |
| sodium acetate intravenous solution 4 meq/ml | 1 or 1b* | |
| sodium bicarbonate intravenous solution 4.2 %, 7.5 % | 1 or 1b* | |
| THAM INTRAVENOUS SOLUTION | 3 | |
| *CALCIUM COMBINATIONS*** | | |
| calcium 600-vitamin d3 oral tablet | 1 or 1b* | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-% | 3 | |
| CITRACAL +D3 ORAL TABLET CHEWABLE 250-112.5-12.5 MG-MG-MCG | 2 | |
| *CALCIUM*** | | |
| CALCIUM GLUCONATE INTRAVENOUS SOLUTION | 3 | |
| *ELECTROLYTES & DEXTROSE*** | | |
| DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION | 3 | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 % | 3 | |
| dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| dextrose-sodium chloride intravenous solution 2.5-0.45 % | 3 | |
| 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 cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l | 1 or 1b* | |
| *ELECTROLYTES ORAL*** | | |
| hydrating electrolyte oral packet | 2 | |
| PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *ELECTROLYTES PARENTERAL*** | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-% | 1 or 1b* | |
| kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-% | 1 or 1b* | |
| KCL (0.298%) IN NACL INTRAVENOUS SOLUTION | 1 or 1b* | |
| lactated ringers intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 5.5 intravenous solution | 1 or 1b* | |
| multiple electro type 1 ph 7.4 intravenous solution | 1 or 1b* | |
| NORMOSOL-R INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |
| POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-% | 3 | |
| potassium chloride in nacl intravenous solution 20-0.9 meq/l-% | 3 | |
| ringers intravenous solution | 1 or 1b* | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 3 | |
| *FLUORIDE COMBINATIONS*** | | |
| FLORIVA ORAL LIQUID | 3 | |
| *MAGNESIUM*** | | |
| ft magnesium oxide oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-% | 3 | |
| MAGNESIUM SULFATE INJECTION SOLUTION 50 % | 1 or 1b* | |
| MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML | 3 | |
| *MANGANESE*** | | |
| manganese chloride intravenous solution | 1 or 1b* | |
| *PHOSPHATE*** | | |
| GLYCOPHOS INTRAVENOUS SOLUTION | 3 | |
| K-PHOS ORAL TABLET | 2 | |
| K-PHOS-NEUTRAL ORAL TABLET | 3 | |
| phospha 250 neutral oral tablet | 1 or 1b* | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin 250 neutral oral tablet | 1 or 1b* | |
| phospho-trin k500 oral tablet | 1 or 1b* | |
| POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML | 3 | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |
| potassium phosphates(66 meq k) intravenous solution | 3 | |
| POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION | 3 | |
| sodium phosphates intravenous solution | 1 or 1b* | |
| wes-phos 250 neutral oral tablet | 1 or 1b* | |
| *POTASSIUM*** | | |
| klor-con 10 oral tablet extended release | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| klor-con m10 oral tablet extended release | 1 or 1a* | |
| klor-con m15 oral tablet extended release | 1 or 1a* | |
| klor-con m20 oral tablet extended release | 1 or 1a* | |
| klor-con oral packet 20 meq | 1 or 1b* | |
| klor-con oral tablet extended release | 1 or 1b* | |
| K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ | 3 | |
| POKONZA ORAL PACKET | 3 | ST |
| POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | 3 | |
| potassium chloride crys er oral tablet extended release | 1 or 1a* | |
| potassium chloride er oral capsule extended release | 1 or 1b* | |
| potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq | 1 or 1b* | |
| potassium chloride er oral tablet extended release 15 meq | 1 or 1a* | |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML | 3 | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |
| *SODIUM*** | | |
| aquastat intravenous solution | 1 or 1b* | |
| AQUASTAT SFR INTRAVENOUS SOLUTION | 1 or 1b* | |
| bd posiflush intravenous solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION | 1 or 1b* | |
| monoject flush syringe intravenous solution | 1 or 1b* | |
| monoject sodium chloride flush intravenous solution | 1 or 1b* | |
| normal saline flush intravenous solution | 1 or 1b* | |
| sodium chloride (pf) injection solution | 1 or 1b* | |
| sodium chloride flush intravenous solution | 1 or 1b* | |
| sodium chloride injection solution 2.5 meq/ml | 1 or 1b* | |
| sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 % | 1 or 1b* | |
| *TRACE MINERAL COMBINATIONS*** | | |
| MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| MULTRYS INTRAVENOUS SOLUTION | 3 | |
| THE LIQUILIFT TRACE INTRAVENOUS KIT | 3 | |
| TRALEMENT INTRAVENOUS SOLUTION | 3 | |
| *TRACE MINERALS*** | | |
| chromic chloride intravenous solution | 1 or 1b* | |
| cupric chloride intravenous solution | 3 | |
| SELENIOS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML | 3 | |
| SELENIOS ACID INTRAVENOUS SOLUTION 40 MCG/ML | 1 or 1b* | |
| *ZINC*** | | |
| GALZIN ORAL CAPSULE | 3 | |
| zinc chloride intravenous solution | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|------------|
| zinc sulfate intravenous solution | 1 or 1b* | |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | | |
| *ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT*** | | |
| JOENJA ORAL TABLET | 3 | PA; QL |
| *ALLOGENEIC THYMUS TISSUE*** | | |
| RETHYMIC INTRAMUSCULAR IMPLANT | 3 | |
| *CHELATING AGENTS*** | | |
| CUVRIOR ORAL TABLET | 3 | PA; QL |
| trientine hcl oral capsule 500 mg | 3 | PA; QL; SP |
| *CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** | | |
| PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION | 3 | |
| PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION | 3 | |
| PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION | 3 | |
| *CYCLOSPORINE ANALOGS*** | | |
| cyclosporine modified oral capsule | 1 or 1b* | |
| cyclosporine modified oral solution | 1 or 1b* | |
| cyclosporine oral capsule | 1 or 1b* | |
| gengraf oral capsule 100 mg, 25 mg | 1 or 1b* | |
| gengraf oral solution | 1 or 1b* | |
| LUPKYNIS ORAL CAPSULE | 3 | PA; QL |
| NEORAL ORAL CAPSULE | 3 | |
| NEORAL ORAL SOLUTION | 3 | |
| SANDIMMUNE ORAL CAPSULE | 3 | |
| *ENZYMES*** | | |
| AMPHADASE INJECTION SOLUTION | 3 | |
| HYLENEX INJECTION SOLUTION | 3 | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED | 3 | PA; LD; SP |
| *FARNESYLTRANSFERASE INHIBITORS*** | | |
| ZOKINVY ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** | | |
| SOLESTA INJECTION GEL | 3 | LD; SP |
| *HOMEOPATHIC PRODUCTS*** | | |
| ARNICARE ARTHRITIS EXTERNAL CREAM | 2 | |
| cough & cold daytime/kids oral liquid | 2 | |
| LICEFREEE EXTERNAL KIT | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *IMMUNOMODULATOR S - COMBINATIONS*** | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION | 3 | PA; LD; QL; SP |
| *IMMUNOMODULATOR S FOR MYELODYSPLASTIC SYNDROMES*** | | |
| lenalidomide oral capsule 2.5 mg, 20 mg | 1 or 1b* | PA; LD; QL; SP |
| *INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** | | |
| CELLCEPT ORAL CAPSULE | 3 | ST |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | 3 | ST |
| CELLCEPT ORAL TABLET | 3 | ST |
| mycophenolate mofetil oral capsule | 1 or 1b* | |
| mycophenolate mofetil oral suspension reconstituted | 1 or 1b* | |
| mycophenolate mofetil oral tablet | 1 or 1b* | |
| mycophenolate sodium oral tablet delayed release | 1 or 1b* | |
| mycophenolic acid oral tablet delayed release 180 mg, 360 mg | 1 or 1b* | |
| MYFORTIC ORAL TABLET DELAYED RELEASE | 3 | |
| MYHIBBIN ORAL SUSPENSION | 3 | ST |
| *IRRIGATION SOLUTIONS*** | | |
| argyle sterile water irrigation solution | 1 or 1b* | |
| lactated ringers irrigation solution | 1 or 1b* | |
| physiolyte irrigation solution | 1 or 1b* | |
| physiosol irrigation irrigation solution | 1 or 1b* | |
| ringers irrigation irrigation solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| sterile water for irrigation irrigation solution | 1 or 1b* | |
| tis-u-sol irrigation solution | 1 or 1b* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | |
| *MACROLIDE IMMUNOSUPPRESSANTS*** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | 1 or 1b* | |
| PROGRAF ORAL CAPSULE | 3 | |
| PROGRAF ORAL PACKET | 3 | |
| RAPAMUNE ORAL SOLUTION | 3 | |
| RAPAMUNE ORAL TABLET | 3 | |
| sirolimus oral solution | 1 or 1b* | |
| sirolimus oral tablet | 1 or 1b* | |
| tacrolimus oral capsule | 1 or 1b* | |
| ZORTRESS ORAL TABLET | 3 | |
| *MISC NATURAL PRODUCTS*** | | |
| beet root oral capsule | 2 | |
| cvs manuka honey external cream | 2 | |
| cvs sleep support oral tablet chewable | 2 | |
| DIM-PLUS ORAL CAPSULE | 2 | |
| flevoxin oral tablet extended release | 2 | |
| IBEROGAST ORAL CAPSULE | 2 | |
| IBEROGAST ORAL LIQUID | 2 | |
| JUICEFESTIV ORAL CAPSULE THERAPY PACK | 2 | |
| livetrol oral capsule | 2 | |
| steatox oral capsule | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| stress & anxiety day/night oral tablet therapy pack | 2 | |
| water pill oral tablet | 2 | |
| *MONOCLONAL ANTIBODIES*** | | |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UPLIZNA INTRAVENOUS SOLUTION | 3 | PA; LD; QL |
| *NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** | | |
| RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML | 3 | PA; LD; QL; SP |
| RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML | 3 | PA; QL; SP |
| *PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** | | |
| VIJOICE ORAL PACKET | 3 | PA; QL; SP |
| *POTASSIUM REMOVING AGENTS*** | | |
| KIONEX ORAL SUSPENSION | 1 or 1b* | |
| LOKELMA ORAL PACKET | 3 | QL |
| sodium polystyrene sulfonate oral powder | 1 or 1b* | |
| sps oral suspension | 1 or 1b* | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 3 | QL |
| *PROSTAGLANDINS*** | | |
| PROSTIN VR INJECTION SOLUTION | 3 | |
| *PURINE ANALOGS*** | | |
| azasan oral tablet | 1 or 1b* | |
| azathioprine oral tablet | 1 or 1b* | |
| AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED | 3 | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| IMURAN ORAL TABLET | 3 | |
| *ROCK INHIBITORS*** | | |
| REZUROCK ORAL TABLET | 3 | PA; QL |
| *SCLEROSING AGENTS*** | | |
| ASCLERA INTRAVENOUS SOLUTION | 3 | |
| ETHAMOLIN INTRAVENOUS SOLUTION | 3 | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 1 or 1b* | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| VARITHENA INTRAVENOUS FOAM | 3 | |
| *TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** | | |
| SAPHNELO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *UREMIC PRURITUS AGENTS*** | | |
| KORSUVA INTRAVENOUS SOLUTION | 3 | PA |
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| *ANESTHETICS TOPICAL ORAL*** | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | QL |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | QL |
| *ANTI-INFECTIVES - THROAT*** | | |
| clotrimazole mouth/throat troche | 1 or 1b* | QL |
| nystatin mouth/throat suspension | 3 | QL |
| ORAVIG BUCCAL TABLET | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| *ANTISEPTICS - MOUTH/THROAT*** | | |
| chlorhexidine gluconate mouth/throat solution | 1 or 1a* | QL |
| PERIDEX MOUTH/THROAT SOLUTION | 3 | QL |
| periogard mouth/throat solution | 1 or 1a* | QL |
| *DENTAL PRODUCTS - COMBINATIONS*** | | |
| denta 5000 plus sensitive dental paste | 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL GEL | 3 | |
| sodium fluoride 5000 enamel dental gel | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental gel | 1 or 1b* | |
| *FLUORIDE DENTAL PRODUCTS*** | | |
| clinpro 5000 dental paste | 1 or 1b* | QL |
| denta 5000 plus dental cream | 1 or 1b* | QL |
| dentagel dental gel | 1 or 1a* | QL |
| easygel dental gel | 1 or 1b* | |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | QL |
| fluoridex enhanced whitening dental paste | 1 or 1b* | QL |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 3 | QL |
| PREVIDENT 5000 KIDS DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE | 3 | QL |
| PREVIDENT 5000 PLUS DENTAL CREAM | 3 | QL |

| Drug Name | Tier | Notes |
|--|----------|-------|
| PREVIDENT DENTAL GEL | 3 | QL |
| PREVIDENT MOUTH/THROAT SOLUTION | 3 | |
| sf 5000 plus dental cream | 1 or 1b* | QL |
| sf dental gel | 1 or 1a* | QL |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental gel | 1 or 1b* | QL |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | QL |
| sodium fluoride dental cream | 1 or 1b* | QL |
| sodium fluoride mouth/throat solution | 1 or 1a* | |
| *LOZENGES*** | | |
| medikoff drops mouth/throat lozenge 5.8 mg | 1 or 1b* | |
| *SALIVA STIMULANTS*** | | |
| cevimeline hcl oral capsule | 1 or 1b* | |
| EVOXAC ORAL CAPSULE | 3 | |
| pilocarpine hcl oral tablet | 1 or 1b* | QL |
| SALAGEN ORAL TABLET | 3 | QL |
| *STERIODS - MOUTH/THROAT/DENTAL*** | | |
| KOURZEQ MOUTH/THROAT PASTE | 1 or 1b* | |
| oralone mouth/throat paste | 1 or 1b* | |
| triamcinolone acetonide mouth/throat paste | 1 or 1b* | |
| *MULTIVITAMINS* | | |
| *B-COMPLEX VITAMINS*** | | |
| b-complex energy support oral tablet dispersible | 2 | |
| *BIOTIN W/ VITAMIN C*** | | |
| hair skin nails gummies oral tablet chewable | 2 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** | | |
| FOLGARD OS ORAL TABLET | 3 | |
| *MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** | | |
| QUFLORA FE ORAL TABLET CHEWABLE | 3 | |
| *MULTIPLE VITAMINS W/ MINERALS*** | | |
| ALIVE CALCIUM BONE SUPPORT ORAL TABLET | 2 | |
| alive daily energy oral tablet | 2 | |
| ALIVE HAIR, SKIN & NAILS ORAL CAPSULE | 2 | |
| CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET | 2 | |
| daily diabetes health pack oral | 2 | |
| gnp century adult oral tablet | 2 | |
| thera-vite max-m oral tablet | 2 | |
| *MULTIVITAMINS*** | | |
| INFUVITE ADULT INTRAVENOUS INJECTABLE | 3 | |
| novite oral capsule | 1 or 1b* | |
| VITLIPID N ADULT INTRAVENOUS EMULSION | 3 | |
| *PED MULTI VITAMINS W/FL & FE*** | | |
| multi-vitamin/fluoride/iron oral solution | 1 or 1b* | |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE | 3 | |
| QUFLORA FE PEDIATRIC ORAL LIQUID | 3 | |
| *PED MV W/ FLUORIDE*** | | |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE | 3 | |

| Drug Name | Tier | Notes |
|---|------|--------|
| FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| FLORIVA PLUS ORAL SOLUTION | 3 | |
| multivitamin/fluoride oral solution | 2 | |
| MULTI-VIT-FLOR ORAL TABLET CHEWABLE | 3 | |
| POLY-VI-FLOR ORAL SUSPENSION | 3 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | 3 | |
| QUFLORA PEDIATRIC ORAL SOLUTION | 3 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| *PED VITAMINS ACD & FA W/ FLUORIDE*** | | |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML | 3 | |
| TRI-VI-FLORO ORAL SUSPENSION | 3 | |
| *PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** | | |
| FLORIVA ORAL TABLET CHEWABLE | 3 | |
| *PEDIATRIC MULTIPLE VITAMINS*** | | |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | 3 | |
| VITALIPID N INFANT INTRAVENOUS EMULSION | 3 | |
| VITLIPID N INFANT INTRAVENOUS EMULSION | 3 | |
| *PRENATAL MV & MIN W/FE-FA*** | | |
| ATABEX EC ORAL TABLET DELAYED RELEASE | 2 | QL |
| ATABEX OB ORAL TABLET | 2 | QL |
| AZESCO ORAL TABLET | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| CITRANATAL B-CALM ORAL | 2 | QL |
| C-NATE DHA ORAL CAPSULE | 2 | QL |
| COMPLETENATE ORAL TABLET CHEWABLE | 2 | QL |
| CO-NATAL FA ORAL TABLET | 2 | QL |
| CONCEPT DHA ORAL CAPSULE | 2 | QL |
| CONCEPT OB ORAL CAPSULE | 2 | QL |
| elite-ob oral tablet | 1 or 1b* | QL |
| ENBRACE HR ORAL CAPSULE | 3 | ST; QL |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | 2 | QL |
| inatal gt oral tablet | 1 or 1b* | QL |
| JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE | 3 | ST; QL |
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 3 | ST; QL |
| M-NATAL PLUS ORAL TABLET | 2 | QL |
| natal pnv oral tablet | 3 | ST; QL |
| NATALVIT ORAL TABLET | 2 | QL |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | 3 | ST; QL |
| NEONATAL COMPLETE ORAL TABLET 27-1 MG | 3 | ST; QL |
| NEONATAL PLUS ORAL TABLET | 3 | QL |
| NESTABS DHA ORAL | 3 | ST; QL |
| NESTABS ORAL TABLET | 3 | ST; QL |
| NIVA-PLUS ORAL TABLET | 2 | QL |
| OB COMPLETE ONE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE ORAL TABLET | 3 | ST; QL |
| OB COMPLETE PETITE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE PREMIER ORAL TABLET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| OB COMPLETE/DHA ORAL CAPSULE | 3 | ST; QL |
| ONE VITE WOMENS PLUS ORAL TABLET | 2 | QL |
| pnv prenatal plus multivit+dha oral | 2 | QL |
| PNV TABS 20-1 ORAL TABLET | 3 | ST; QL |
| PNV-OMEGA ORAL CAPSULE | 3 | ST; QL |
| pnv-select oral tablet | 1 or 1b* | ST; QL |
| PREGENNA ORAL TABLET | 3 | ST; QL |
| PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| PRENATAL 19 ORAL TABLET 29-1 MG | 2 | QL |
| prenatal 19 oral tablet chewable | 1 or 1a* | QL |
| PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |
| PRENATAL ORAL TABLET 27-1 MG | 2 | QL |
| PRENATAL PLUS ORAL TABLET | 2 | QL |
| PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET | 2 | QL |
| PRENATAL-U ORAL CAPSULE | 2 | QL |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 3 | ST; QL |
| PRENATRIX ORAL TABLET | 3 | ST; QL |
| PRENATRYL ORAL TABLET | 3 | ST; QL |
| PRIMACARE ORAL CAPSULE | 3 | ST; QL |
| PROVIDA OB ORAL CAPSULE | 2 | QL |
| RELNATE DHA ORAL CAPSULE | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG | 3 | ST; QL |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| SE-NATAL 19 ORAL TABLET | 2 | QL |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 2 | QL |
| TARON-C DHA ORAL CAPSULE 35-1 MG | 2 | QL |
| THRIVITE RX ORAL TABLET | 2 | ST; QL |
| TRICARE ORAL TABLET | 2 | QL |
| TRINATAL RX 1 ORAL TABLET | 2 | QL |
| trinate oral tablet | 1 or 1a* | QL |
| VINATE DHA RF ORAL CAPSULE | 3 | ST; QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 2 | QL |
| VITAFOL-NANO ORAL TABLET | 3 | ST; QL |
| VITAFOL-OB ORAL TABLET | 3 | ST; QL |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| VITATHELY WITH GINGER ORAL TABLET | 3 | ST; QL |
| VIVA DHA ORAL CAPSULE | 3 | ST; QL |
| WESTAB PLUS ORAL TABLET | 2 | QL |
| ZALVIT ORAL TABLET | 3 | ST; QL |
| ZIPHEX ORAL TABLET | 3 | ST; QL |
| *PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** | | |
| COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG | 2 | QL |
| wesnatal dha complete oral | 2 | QL |
| *PRENATAL MV & MIN W/FE-FA-DHA*** | | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | ST; QL |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | 3 | ST; QL |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| CITRANATAL MEDLEY ORAL CAPSULE | 3 | ST; QL |
| NESTABS ONE ORAL CAPSULE | 3 | ST; QL |
| pnv-dha oral capsule | 1 or 1b* | QL |
| PNV-DHA+DOCUSATE ORAL CAPSULE | 3 | ST; QL |
| PREGEN DHA ORAL CAPSULE | 3 | ST; QL |
| PRENAISSANCE ORAL CAPSULE | 3 | ST; QL |
| PRENAISSANCE PLUS ORAL CAPSULE | 3 | ST; QL |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE ENHANCE ORAL CAPSULE | 3 | ST; QL |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | 3 | ST; QL |
| PRENATE PIXIE ORAL CAPSULE | 3 | ST; QL |
| PRENATE RESTORE ORAL CAPSULE | 3 | ST; QL |
| SELECT-OB+DHA ORAL | 3 | ST; QL |
| TRISTART DHA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL FE+ ORAL CAPSULE | 3 | ST; QL |
| VITAFOL ULTRA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL-OB+DHA ORAL | 3 | ST; QL |
| VITAFOL-ONE ORAL CAPSULE | 3 | ST; QL |
| VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE | 3 | ST; QL |
| VITATRUE ORAL | 3 | ST; QL |
| WESTGEL DHA ORAL CAPSULE | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *PRENATAL MV & MINERALS W/FA WITHOUT IRON*** | | |
| PRENATE ORAL TABLET CHEWABLE | 3 | ST; QL |
| *PRENATAL VITAMINS*** | | |
| PREMESISRX ORAL TABLET | 3 | ST; QL |
| PRENATE AM ORAL TABLET | 3 | ST; QL |
| VITAFOL STRIPS ORAL FILM | 2 | ST; QL |
| *SPECIALTY VITAMINS PRODUCTS*** | | |
| COMPLETE BALANCE MENOPAUSE RLF ORAL | 2 | |
| *VITAMIN D & K*** | | |
| d3 + k2 oral capsule | 2 | |
| *VITAMINS A & D*** | | |
| COD LIVER OIL ORAL OIL | 2 | |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *CENTRAL MUSCLE RELAXANTS*** | | |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| baclofen intrathecal solution 40000 mcg/20ml | 1 or 1b* | |
| baclofen oral solution | 3 | PA; QL |
| baclofen oral suspension | 3 | PA; QL |
| baclofen oral tablet 10 mg, 20 mg, 5 mg | 1 or 1b* | QL |
| baclofen oral tablet 15 mg | 3 | QL |
| carisoprodol oral tablet | 1 or 1b* | QL |
| chlorzoxazone oral tablet 250 mg | 3 | ST; QL |
| chlorzoxazone oral tablet 375 mg, 750 mg | 1 or 1b* | ST; QL |
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | QL |
| cyclobenzaprine hcl er oral capsule extended release 24 hour | 3 | ST; QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| cyclobenzaprine hcl oral tablet 7.5 mg | 3 | ST; QL |
| fexmid oral tablet | 3 | ST; QL |
| FLEQSUVY ORAL SUSPENSION | 3 | PA; QL |
| lorzone oral tablet | 1 or 1b* | ST; QL |
| LYVISPAN ORAL PACKET | 3 | PA; QL |
| metaxalone oral tablet | 1 or 1b* | ST; QL |
| methocarbamol injection solution 1000 mg/10ml | 1 or 1b* | |
| methocarbamol oral tablet 1000 mg | 3 | ST; QL |
| methocarbamol oral tablet 500 mg, 750 mg | 1 or 1b* | QL |
| orphenadrine citrate er oral tablet extended release 12 hour | 1 or 1b* | QL |
| orphenadrine citrate injection solution | 1 or 1b* | |
| OZOBAX DS ORAL SOLUTION | 3 | PA; QL |
| ROBAXIN INJECTION SOLUTION 1000 MG/10ML | 3 | |
| SOMA ORAL TABLET | 3 | ST; QL |
| TANLOR ORAL TABLET | 3 | ST; QL |
| tizanidine hcl oral capsule 2 mg, 4 mg | 3 | ST; QL |
| tizanidine hcl oral capsule 6 mg | 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 | 3 | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |
| dantrolene sodium oral capsule | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| revonto intravenous solution reconstituted | 1 or 1b* | |
| RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| *MUSCLE RELAXANT COMBINATIONS*** | | |
| norgesic oral tablet | 1 or 1b* | ST; QL |
| ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG | 1 or 1b* | ST; QL |
| orphengesic forte oral tablet 50-770-60 mg | 1 or 1b* | ST; QL |
| *RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** | | |
| SOHONOS ORAL CAPSULE | 3 | PA; LD; QL; SP |
| *VISCOSUPPLEMENTS** | | |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION | 3 | PA |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA |

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

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|----------------|
| OMNARIS NASAL SUSPENSION | 3 | ST; QL |
| PROPEL MINI NASAL IMPLANT | 3 | |
| PROPEL MINI SDS NASAL IMPLANT | 3 | |
| PROPEL NASAL IMPLANT | 3 | |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION | 3 | ST; QL |
| QNASL NASAL AEROSOL SOLUTION | 3 | ST; QL |
| XHANCE NASAL EXHALER SUSPENSION | 3 | PA; QL |
| *SYSTEMIC DECONGESTANTS*** | | |
| eq sinus & congestion max str oral tablet | 1 or 1b* | |
| *NEUROMUSCULAR AGENTS* | | |
| *ALS AGENT COMBINATIONS*** | | |
| RELYVRIO ORAL PACKET | 3 | PA; LD; QL; SP |
| *ALS AGENTS - MISCELLANEOUS*** | | |
| edaravone intravenous solution | 3 | PA; LD; SP |
| RADICAVA ORS ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION | 3 | PA; LD; QL; SP |
| *BENZATHIAZOLES*** | | |
| EXSERVAN ORAL FILM | 3 | PA; QL |
| TEGLUTIK ORAL SUSPENSION | 3 | PA; QL |
| *DEPOLARIZING MUSCLE RELAXANTS*** | | |
| ANECTINE INJECTION SOLUTION | 3 | |
| QUELICIN INJECTION SOLUTION | 3 | |
| SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** | | |
| SKYCLARYS ORAL CAPSULE | 3 | PA; QL |
| *MUSCULAR DYSTROPHY - GENE THERAPY AGENTS*** | | |
| AMONDYS 45 INTRAVENOUS SOLUTION | 3 | PA |
| EXONDYS 51 INTRAVENOUS SOLUTION | 3 | PA |
| VILTEPSO INTRAVENOUS SOLUTION | 3 | PA |
| VYONDYS 53 INTRAVENOUS SOLUTION | 3 | PA |
| *MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** | | |
| DUVYZAT ORAL SUSPENSION | 3 | PA; QL |
| *NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED | 3 | PA |
| *NONDEPOLARIZING MUSCLE RELAXANTS*** | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |
| cisatracurium besylate intravenous solution 20 mg/10ml | 1 or 1b* | |
| rocuronium bromide intravenous solution | 1 or 1b* | |
| vecuronium bromide intravenous solution reconstituted | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| clinisol sf intravenous solution | 1 or 1b* | |
| plenamine intravenous solution | 1 or 1b* | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 3 | |
| PROSOL INTRAVENOUS SOLUTION | 3 | |
| TRAVASOL INTRAVENOUS SOLUTION | 3 | |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 3 | |
| *AMINO ACIDS-SINGLE*** | | |
| ELCYS INTRAVENOUS SOLUTION | 3 | |
| *CARBOHYDRATES*** | | |
| dextrose intravenous solution 10 %, 5 %, 70 % | 1 or 1b* | |
| DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 % | 3 | |
| *FATTY ACIDS*** | | |
| TONALIN CLA ORAL CAPSULE 1200 MG | 2 | |
| *LIPIDS*** | | |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|------|-------|
| INTRALIPID INTRAVENOUS EMULSION | 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | |
| OMEGA VEN INTRAVENOUS EMULSION | 3 | |
| SMOFLIPID INTRAVENOUS EMULSION | 3 | |
| *LIPOTROPIC COMBINATIONS*** | | |
| LECITHIN ORAL GRANULES | 3 | |
| *MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** | | |
| EXTREME OMEGA HEART HEALTH ORAL CAPSULE | 2 | |
| superior omega3 w/ vitamin d oral capsule | 2 | |
| *MISC. NUTRITIONAL SUBSTANCES*** | | |
| asian ginseng oral capsule | 2 | |
| OVEGA-3 ORAL CAPSULE 250 MG | 2 | |
| *PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** | | |
| KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % | 3 | |
| PERIKABIVEN INTRAVENOUS EMULSION | 3 | |
| *OPHTHALMIC AGENTS* | | |
| *ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** | | |
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | QL |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** | | |
| lubricant eye pm ophthalmic ointment | 1 or 1b* | |
| REFRESH P.M. OPHTHALMIC OINTMENT | 1 or 1b* | |
| REFRESH TEARS PF OPHTHALMIC SOLUTION | 2 | |
| *ARTIFICIAL TEARS AND LUBRICANTS*** | | |
| EYES ALIVE OPHTHALMIC SOLUTION | 1 or 1b* | |
| OPTASE COMFORT DRY EYE OPHTHALMIC SOLUTION | 2 | |
| OPTASE DRY EYE INTENSE OPHTHALMIC SOLUTION | 2 | |
| *BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** | | |
| brimonidine tartrate-timolol ophthalmic solution | 1 or 1b* | QL |
| COMBIGAN OPHTHALMIC SOLUTION | 3 | QL |
| COSOPT OPHTHALMIC SOLUTION | 3 | QL |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | 3 | QL |
| dorzolamide hcl-timolol mal ophthalmic solution | 1 or 1b* | QL |
| dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 % | 1 or 1b* | QL |
| *BETA-BLOCKERS - OPHTHALMIC*** | | |
| betaxolol hcl ophthalmic solution | 1 or 1b* | QL |
| BETIMOL OPHTHALMIC SOLUTION | 3 | QL |
| BETOPTIC-S OPHTHALMIC SUSPENSION | 2 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| carteolol hcl ophthalmic solution | 1 or 1a* | |
| ISTALOL OPHTHALMIC SOLUTION | 3 | QL |
| 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 |
| *CHOLINERGIC AGONISTS*** | | |
| TYRVAYA NASAL SOLUTION | 3 | PA; QL |
| *CYCLOPLEGIC MYDRIATIC COMBINATIONS*** | | |
| CYCLOMYDRIL OPHTHALMIC SOLUTION | 3 | |
| MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE | 3 | |
| tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-2.5-0.5 % | 3 | |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1 % | 3 | QL |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % | 3 | |
| CYCLOGYL OPHTHALMIC SOLUTION 1 % | 3 | QL |
| cyclopentolate hcl ophthalmic solution 1 % | 1 or 1b* | QL |
| MYDRIACYL OPHTHALMIC SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| tropicamide ophthalmic solution | 1 or 1b* | |
| *LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** | | |
| XIIDRA OPHTHALMIC SOLUTION | 2 | PA; QL |
| *MIOTICS - CHOLINESTERASE INHIBITORS*** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | 3 | QL |
| *MIOTICS - DIRECT ACTING*** | | |
| MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED | 3 | |
| MIOSTAT INTRAOCULAR SOLUTION | 3 | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 or 1b* | |
| VUITY OPHTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** | | |
| VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA |
| *OPHTHALMIC ANTIALLERGIC*** | | |
| ALOCRILOPHTHALMIC SOLUTION | 3 | ST; QL |
| ALOMIDOPHTHALMIC SOLUTION | 3 | ST; QL |
| azelastine hcl ophthalmic solution | 1 or 1b* | QL |
| bepotastine besilate ophthalmic solution | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| BEPREVE OPHTHALMIC SOLUTION | 3 | ST; QL |
| cromolyn sodium ophthalmic solution | 1 or 1a* | QL |
| epinastine hcl ophthalmic solution | 1 or 1b* | QL |
| eq olopatadine hcl ophthalmic solution | 1 or 1b* | |
| ZERVIAE OPHTHALMIC SOLUTION | 3 | ST; QL |
| *OPHTHALMIC ANTIBIOTICS*** | | |
| AZASITE OPHTHALMIC SOLUTION | 3 | QL |
| bacitracin ophthalmic ointment | 1 or 1b* | QL |
| BESIVANCE OPHTHALMIC SUSPENSION | 3 | QL |
| CILOXAN OPHTHALMIC OINTMENT | 3 | QL |
| ciprofloxacin hcl ophthalmic solution | 1 or 1a* | QL |
| erythromycin ophthalmic ointment | 3 | QL |
| gatifloxacin ophthalmic solution | 1 or 1b* | QL |
| gentamicin sulfate ophthalmic solution | 1 or 1a* | QL |
| levofloxacin ophthalmic solution 1.5 % | 1 or 1b* | QL |
| mitomycin intraocular solution prefilled syringe 0.02 %, 0.04 % | 3 | |
| MITOSOL OPHTHALMIC KIT | 3 | |
| moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | QL |
| moxifloxacin hcl ophthalmic solution | 1 or 1b* | QL |
| OCUFLOX OPHTHALMIC SOLUTION | 3 | QL |
| ofloxacin ophthalmic solution | 1 or 1a* | QL |
| tobramycin ophthalmic solution | 1 or 1a* | QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| TOBREX OPHTHALMIC OINTMENT | 3 | QL |
| VIGAMOX OPHTHALMIC SOLUTION | 3 | QL |
| *OPHTHALMIC ANTIFUNGAL*** | | |
| NATACYN OPHTHALMIC SUSPENSION | 3 | QL |
| *OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** | | |
| bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 or 1a* | QL |
| neomycin-bacitracin zn-polymyx ophthalmic ointment | 1 or 1b* | QL |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 or 1b* | QL |
| neo-polycin ophthalmic ointment | 1 or 1b* | QL |
| polycin ophthalmic ointment | 1 or 1a* | QL |
| polymyxin b-trimethoprim ophthalmic solution | 1 or 1a* | QL |
| *OPHTHALMIC ANTISEPTICS*** | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC ANTIVIRALS*** | | |
| trifluridine ophthalmic solution | 1 or 1b* | QL |
| ZIRGAN OPHTHALMIC GEL | 3 | QL |
| *OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** | | |
| AZOPT OPHTHALMIC SUSPENSION | 3 | QL |
| brinzolamide ophthalmic suspension | 1 or 1b* | QL |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|------------|
| *OPHTHALMIC COMPLEMENT C3 INHIBITORS*** | | |
| SYFOVRE INTRAVITREAL SOLUTION | 3 | PA |
| *OPHTHALMIC COMPLEMENT C5 INHIBITORS*** | | |
| IZERVAY INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| *OPHTHALMIC DIAGNOSTIC PRODUCTS*** | | |
| ak-fluor intravenous solution 10 % | 1 or 1b* | |
| ak-fluor intravenous solution 25 % | 3 | |
| altafluor benox ophthalmic solution | 1 or 1b* | |
| fluorescein intravenous solution | 1 or 1b* | |
| FLUORESCEIN SODIUM/BENOXINATE OPTHALMIC SOLUTION | 3 | |
| fluorescein-benoxinate ophthalmic solution | 1 or 1b* | |
| FLUORESCITE INTRAVENOUS SOLUTION | 3 | |
| FLURA-SAFE OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC ECTOPARASITICIDE** | | |
| XDEMVIY OPTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMIC IMMUNOMODULATORS *** | | |
| CEQUA OPTHALMIC SOLUTION | 3 | PA; QL |
| cyclosporine ophthalmic emulsion | 1 or 1b* | PA; QL |
| RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 % | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| RESTASIS OPTHALMIC EMULSION | 2 | PA; QL |
| VERKAZIA OPTHALMIC EMULSION | 3 | PA; QL |
| VEVYE OPTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMIC IRRIGATION SOLUTIONS*** | | |
| BSS INTRAOCULAR SOLUTION | 3 | |
| BSS PLUS INTRAOCULAR SOLUTION | 3 | |
| *OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** | | |
| ROCKLATAN OPTHALMIC SOLUTION | 3 | QL |
| *OPHTHALMIC LOCAL ANESTHETICS*** | | |
| AKTEN OPTHALMIC GEL | 3 | |
| ALCAINE OPTHALMIC SOLUTION | 3 | |
| IHEEZO OPTHALMIC GEL | 3 | |
| proparacaine hcl ophthalmic solution | 1 or 1b* | |
| tetracaine hcl ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC NERVE GROWTH FACTORS*** | | |
| OXERVATE OPTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** | | |
| ACULAR LS OPTHALMIC SOLUTION | 3 | QL |
| ACULAR OPTHALMIC SOLUTION | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| ACUVAIL OPHTHALMIC SOLUTION | 3 | QL |
| bromfenac sodium (once-daily) ophthalmic solution | 1 or 1b* | QL |
| bromfenac sodium ophthalmic solution 0.07 %, 0.075 % | 1 or 1b* | QL |
| BROMSITE OPHTHALMIC SOLUTION | 3 | QL |
| diclofenac sodium ophthalmic solution | 1 or 1b* | QL |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | QL |
| ILEVRO OPHTHALMIC SUSPENSION | 2 | QL |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | QL |
| NEVANAC OPHTHALMIC SUSPENSION | 3 | QL |
| PROLENSA OPHTHALMIC SOLUTION | 3 | QL |
| *OPHTHALMIC PHOTOENHANCER COMBINATIONS*** | | |
| PHOTREXA-PHOTREXA VISCOSUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC RHO KINASE INHIBITORS*** | | |
| RHOPRESSA OPHTHALMIC SOLUTION | 3 | QL |
| *OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| ALPHAGAN P OPHTHALMIC SOLUTION | 3 | QL |
| apraclonidine hcl ophthalmic solution | 1 or 1b* | |
| brimonidine tartrate ophthalmic solution | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| *OPHTHALMIC STEROID COMBINATIONS*** | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | 1 or 1b* | QL |
| MAXITROL OPHTHALMIC OINTMENT | 3 | QL |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 % | 3 | QL |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 or 1a* | QL |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 or 1a* | QL |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | 1 or 1b* | |
| neo-polycin hc ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | QL |
| TOBRADEX OPHTHALMIC OINTMENT | 2 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | QL |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | QL |
| ZYLET OPHTHALMIC SUSPENSION | 2 | QL |
| *OPHTHALMIC STERIODS*** | | |
| ALREX OPHTHALMIC SUSPENSION | 3 | |
| clobetasol propionate ophthalmic suspension | 3 | QL |
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | |
| DEXTENZA OPHTHALMIC INSERT | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| DEXYCU INTRAOCULAR SUSPENSION | 3 | |
| difluprednate ophthalmic emulsion | 1 or 1b* | QL |
| DUREZOL OPHTHALMIC EMULSION | 3 | QL |
| EYSUVIS OPHTHALMIC SUSPENSION | 3 | PA; QL |
| FLAREX OPHTHALMIC SUSPENSION | 3 | |
| fluorometholone ophthalmic suspension | 1 or 1b* | |
| FML FORTE OPHTHALMIC SUSPENSION | 3 | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION | 3 | |
| INVELTYS OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX OPHTHALMIC GEL | 3 | QL |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | QL |
| LOTEMAX OPHTHALMIC SUSPENSION | 3 | QL |
| LOTEMAX SM OPHTHALMIC GEL | 3 | QL |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | QL |
| loteprednol etabonate ophthalmic suspension 0.2 % | 3 | |
| loteprednol etabonate ophthalmic suspension 0.5 % | 1 or 1b* | QL |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | |
| PRED FORTE OPHTHALMIC SUSPENSION | 3 | QL |
| PRED MILD OPHTHALMIC SUSPENSION | 3 | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION | 3 | QL |
| TRIESENCE INTRAOCULAR SUSPENSION | 3 | |
| XIPERE INTRAOCULAR SUSPENSION | 3 | PA |
| YUTIQ INTRAVITREAL IMPLANT | 3 | PA |
| *OPHTHALMIC SULFONAMIDES*** | | |
| sulfacetamide sodium ophthalmic ointment | 1 or 1b* | QL |
| sulfacetamide sodium ophthalmic solution | 1 or 1b* | QL |
| *OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** | | |
| DISCOVISC INTRAOCULAR SOLUTION | 3 | |
| DUOVISC INTRAOCULAR KIT 0.4- 0.35 ML, 0.55-0.5 ML | 3 | |
| OMIDRIA INTRAOCULAR SOLUTION | 3 | |
| VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC SURGICAL AIDS*** | | |
| AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| CELLUGEL INTRAOCULAR SOLUTION | 3 | |
| HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMICS - BLEPHAROPTOSIS AGENTS** | | |
| UPNEEQ OPHTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMICS - CYSTINOSIS AGENTS** | | |
| CYSTADROPS OPHTHALMIC SOLUTION | 3 | PA; QL |
| CYSTARAN OPHTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMICS MISC. - OTHER*** | | |
| MIEBO OPHTHALMIC SOLUTION | 3 | PA; QL |
| *PROSTAGLANDINS - OPHTHALMIC*** | | |
| bimatoprost ophthalmic solution | 1 or 1b* | |
| IDOSE TR INTRAOCULAR IMPLANT | 3 | PA; QL |
| IYUZEH OPHTHALMIC SOLUTION | 3 | QL |
| latanoprost ophthalmic solution | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | QL |
| tafluprost (pf) ophthalmic solution | 1 or 1b* | QL |
| TRAVATAN Z OPHTHALMIC SOLUTION | 3 | QL |
| travoprost (bak free) ophthalmic solution | 1 or 1b* | QL |
| VYZULTA OPHTHALMIC SOLUTION | 3 | QL |
| XALATAN OPHTHALMIC SOLUTION | 3 | QL |
| XELPROS OPHTHALMIC EMULSION | 3 | QL |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | 3 | QL |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** | | |
| BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; LD; SP |
| BYOOVIZ INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| CIMERLI INTRAVITREAL SOLUTION | 3 | PA; LD; SP |
| EYLEA HD INTRAVITREAL SOLUTION | 3 | 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 |

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

Effective 10/01/2024- DateFormat MMDDYYYY

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

| Drug Name | Tier | Notes |
|--|----------|-------|
| oxytocin injection solution | 1 or 1b* | |
| PITOCIN INJECTION SOLUTION | 3 | |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | |
| *ANTITOXINS-ANTIVENINS*** | | |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 3 | |
| ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *BACTERIAL MONOCLONAL ANTIBODIES*** | | |
| ZINPLAVA INTRAVENOUS SOLUTION | 3 | PA |
| *IMMUNE SERUMS*** | | |
| ALYGLO INTRAVENOUS SOLUTION | 3 | PA |
| BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL | 3 | |
| HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML | 3 | QL; SP |
| *PENICILLINS* | | |
| *AMINOPENICILLINS** | | |
| * | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml | 1 or 1a* | |
| amoxicillin oral suspension reconstituted 400 mg/5ml | 3 | |
| amoxicillin oral tablet | 1 or 1a* | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 or 1a* | |
| ampicillin oral capsule 500 mg | 1 or 1a* | |
| ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg | 1 or 1b* | |
| ampicillin sodium intravenous solution reconstituted | 1 or 1b* | |
| *NATURAL PENICILLINS*** | | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML | 3 | |
| penicillin g potassium injection solution reconstituted | 1 or 1b* | |
| penicillin g sodium injection solution reconstituted | 1 or 1b* | |
| penicillin v potassium oral solution reconstituted | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| penicillin v potassium oral tablet | 1 or 1b* | |
| pfizerpen injection solution reconstituted | 1 or 1b* | |
| *PENICILLIN COMBINATIONS*** | | |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 or 1b* | |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet | 1 or 1b* | |
| amoxicillin-pot clavulanate oral tablet chewable 400-57 mg | 1 or 1b* | |
| ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm | 1 or 1b* | |
| ampicillin-sulbactam sodium intravenous solution reconstituted | 1 or 1b* | |
| AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED | 3 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 2 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | |
| 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 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *PENICILLINASE-RESISTANT PENICILLINS*** | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML | 3 | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| nafcillin sodium intravenous solution reconstituted 10 gm | 1 or 1b* | |
| OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML | 3 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| oxacillin sodium intravenous solution reconstituted | 1 or 1b* | |
| *PHARMACEUTICAL ADJUVANTS* | | |
| *PHARMACEUTICAL EXCIPIENTS*** | | |
| GALEN IQ 900 POWDER | 3 | |
| *SEMI SOLID VEHICLES*** | | |
| ft petroleum jelly external gel | 1 or 1b* | |
| PLO-DICLOGEL EXTERNAL GEL | 3 | |
| *PROGESTINS* | | |
| *PROGESTINS*** | | |
| 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 |
| PROMETRIUM ORAL CAPSULE | 3 | QL |
| PROVERA ORAL TABLET | 3 | QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| *AGENTS FOR OPIOID WITHDRAWAL*** | | |
| lofexidine hcl oral tablet | 1 or 1b* | QL |
| 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*** | | |
| LUMRYZ ORAL PACKET | 3 | PA; LD; QL; SP |
| sodium oxybate oral solution | 3 | PA; QL |
| XYREM ORAL SOLUTION | 3 | PA; QL |
| *ANTI-CATAPLECTIC COMBINATIONS*** | | |
| XYWAV ORAL SOLUTION | 3 | PA; QL |
| *ANTIDEMENTIA AGENT COMBINATIONS*** | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 2 | QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | QL |
| *ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| *BENZODIAZEPINES & TRICYCLIC AGENTS*** | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| *CHOLINOMIMETICS - ACHE INHIBITORS*** | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY | 3 | ST; QL |
| ARICEPT ORAL TABLET 10 MG, 23 MG | 3 | QL |
| ARICEPT ORAL TABLET 5 MG | 3 | DO |
| donepezil hcl oral tablet 10 mg, 23 mg | 1 or 1b* | QL |
| donepezil hcl oral tablet 5 mg | 1 or 1b* | DO |
| donepezil hcl oral tablet dispersible | 1 or 1b* | QL |
| EXELON TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | 1 or 1b* | QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 1 or 1b* | DO |
| galantamine hydrobromide oral solution | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 1 or 1b* | QL |
| galantamine hydrobromide oral tablet 4 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 1 or 1b* | QL |
| rivastigmine transdermal patch 24 hour | 1 or 1b* | QL |
| *FIBROMYALGIA AGENT - SNRIS*** | | |
| SAVELLA ORAL TABLET | 2 | QL |
| SAVELLA TITRATION PACK ORAL | 2 | QL |
| *MELANOCORTIN RECEPTOR AGONISTS*** | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *MOVEMENT DISORDER DRUG THERAPY*** | | |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 3 | PA; QL; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 3 | PA; DO; SP |
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 3 | PA; QL; SP |
| *MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| teriflunomide oral tablet | 1 or 1b* | PA; LD; QL; SP |
| *MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** | | |
| BRIUMVI INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 1 or 1b* | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 1 or 1b* | QL |
| memantine hcl oral solution 2 mg/ml | 1 or 1b* | QL |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 1 or 1b* | QL |
| memantine hcl oral tablet 5 mg | 1 or 1b* | DO |
| NAMENDA TITRATION PAK ORAL TABLET | 3 | QL |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG | 3 | DO |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG | 3 | QL |
| *PHENOTHIAZINES & TRICYCLIC AGENTS*** | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | AL |
| *POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** | | |
| gabapentin (once-daily) oral tablet | 1 or 1b* | PA; DO |
| GRALISE ORAL TABLET 300 MG | 3 | PA; DO |
| GRALISE ORAL TABLET 450 MG | 2 | PA; DO |
| GRALISE ORAL TABLET 600 MG | 3 | PA; QL |
| GRALISE ORAL TABLET 750 MG, 900 MG | 2 | PA; QL |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG | 3 | PA; DO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG | 3 | PA; QL |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg | 1 or 1b* | PA; DO |
| pregabalin er oral tablet extended release 24 hour 330 mg | 1 or 1b* | PA; QL |
| *PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | QL |
| *PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** | | |
| NUEDEXTA ORAL CAPSULE | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** | | |
| ergoloid mesylates oral tablet | 1 or 1b* | QL |
| pimozide oral tablet | 1 or 1b* | AL; 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*** | | |
| AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LD; QL; SP |
| ONPATTRO INTRAVENOUS SOLUTION | 3 | PA; LD; QL; SP |
| *SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** | | |
| ingolimod hcl oral capsule | 1 or 1b* | PA; QL; SP |
| GILENYA ORAL CAPSULE 0.25 MG | 3 | PA; QL; SP |
| TASCENSO ODT ORAL TABLET DISPERSIBLE | 3 | PA; QL |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 3 | PA; LD; QL; SP |
| *THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** | | |
| LYBALVI ORAL TABLET | 3 | ST; QL |
| *THIENBENZODIAZEPINES & SSRIS*** | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 or 1b* | AL; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|----------------|
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 or 1b* | DO; AL |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | DO; AL |
| *VASOMOTOR SYMPTOM AGENTS - SSRIS*** | | |
| paroxetine mesylate oral capsule | 1 or 1b* | |
| *RESPIRATORY AGENTS - MISC.* | | |
| *ALPHA-PROTEINASE INHIBITOR (HUMAN)*** | | |
| PROLASTIN-C INTRAVENOUS SOLUTION | 3 | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG | 3 | PA; LD; SP |
| *CFTR POTENTIATORS*** | | |
| KALYDECO ORAL PACKET | 3 | PA; QL |
| KALYDECO ORAL TABLET | 3 | PA; QL |
| *CYSTIC FIBROSIS AGENT - COMBINATIONS*** | | |
| ORKAMBI ORAL PACKET | 3 | PA; QL |
| ORKAMBI ORAL TABLET | 3 | PA; QL |
| SYMDEKO ORAL TABLET THERAPY PACK | 3 | PA; QL |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; QL |
| TRIKAFTA ORAL THERAPY PACK | 3 | PA; QL |
| *PULMONARY FIBROSIS AGENTS*** | | |
| pirfenidone oral capsule | 1 or 1b* | PA; LD; QL; SP |
| pirfenidone oral tablet 534 mg | 1 or 1b* | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *SULFONAMIDES* | | |
| *SULFONAMIDES*** | | |
| sulfadiazine oral tablet | 1 or 1b* | |
| *TETRACYCLINES* | | |
| *AMINOMETHYLCYCLOPENTANES*** | | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| NUZYRA ORAL TABLET 150 MG | 3 | PA; QL |
| *FLUOROCYCLINES*** | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *GLYCYLCYCLINES*** | | |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *TETRACYCLINES*** | | |
| demeclocycline hcl oral tablet | 1 or 1b* | |
| DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG | 3 | ST |
| doxy 100 intravenous solution reconstituted | 1 or 1b* | QL |
| doxycycline hyclate intravenous solution reconstituted | 1 or 1b* | QL |
| doxycycline hyclate oral capsule 100 mg | 1 or 1b* | QL |
| doxycycline hyclate oral capsule 50 mg | 1 or 1b* | |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 1 or 1b* | QL |
| doxycycline hyclate oral tablet 150 mg, 75 mg | 3 | ST; QL |
| doxycycline hyclate oral tablet delayed release | 3 | ST; QL |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| doxycycline monohydrate oral capsule 150 mg | 3 | ST |
| doxycycline monohydrate oral suspension reconstituted | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | 1 or 1b* | QL |
| doxycycline monohydrate oral tablet 150 mg | 1 or 1b* | |
| MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| minocycline hcl er oral tablet extended release 24 hour | 3 | ST; QL |
| minocycline hcl oral capsule | 1 or 1b* | QL |
| minocycline hcl oral tablet | 1 or 1b* | QL |
| MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| mondoxyne nl oral capsule 100 mg | 1 or 1b* | QL |
| SEYSARA ORAL TABLET | 3 | ST; QL |
| targadox oral tablet | 1 or 1b* | QL |
| tetracycline hcl oral capsule | 1 or 1b* | QL |
| tetracycline hcl oral tablet | 3 | ST; QL |
| VIBRAMYCIN ORAL CAPSULE | 3 | ST; QL |
| *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*** | | |
| ADTHYZA ORAL TABLET | 3 | |
| ARMOUR THYROID ORAL TABLET | 3 | |
| CYTOMEL ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| ERMEZA ORAL SOLUTION | 3 | |
| euthyrox oral tablet | 1 or 1b* | |
| levo-t oral tablet | 1 or 1b* | |
| LEVOthyroxine Sodium IntraVenous Solution 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML | 3 | |
| levothyroxine sodium intravenous solution 100 mcg/ml | 3 | |
| LEVOthyroxine Sodium IntraVenous Solution Reconstituted | 3 | |
| levothyroxine sodium oral capsule | 1 or 1b* | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |
| liothyronine sodium intravenous solution | 1 or 1b* | |
| liothyronine sodium oral tablet | 1 or 1b* | |
| niva thyroid oral tablet | 3 | |
| np thyroid oral tablet | 1 or 1a* | |
| SYNTHROID ORAL TABLET | 3 | |
| THYQUIDITY ORAL SOLUTION | 3 | |
| thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg | 3 | |
| TIROSINT ORAL CAPSULE | 3 | |
| TIROSINT-SOL ORAL SOLUTION | 3 | |
| unithroid oral tablet | 1 or 1a* | |
| *TOXOIDS* | | |
| *TOXOID COMBINATIONS*** | | |
| 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.

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|-------|
| *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | | |
| *ANTICHOLINERGIC COMBINATIONS*** | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| LIBRAX ORAL CAPSULE | 3 | |
| *ANTISPASMODICS*** | | |
| BENTYL INTRAMUSCULAR SOLUTION | 3 | |
| dicyclomine hcl intramuscular solution | 1 or 1b* | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution | 1 or 1a* | |
| dicyclomine hcl oral tablet | 1 or 1a* | |
| *BELLADONNA ALKALOIDS*** | | |
| ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML | 3 | |
| ATROPINE SULFATE INTRAVENOUS SOLUTION | 3 | |
| *H-2 ANTAGONIST-ANTACID COMBINATIONS*** | | |
| goodsense dual action complete oral tablet chewable | 1 or 1b* | |
| *H-2 ANTAGONISTS*** | | |
| cimetidine hcl oral solution 300 mg/5ml | 1 or 1b* | QL |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 or 1b* | QL |
| eq famotidine oral tablet | 1 or 1b* | |
| famotidine (pf) intravenous solution | 1 or 1b* | |
| famotidine intravenous solution 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |
| famotidine oral suspension reconstituted | 1 or 1b* | QL |
| famotidine oral tablet 40 mg | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | QL |
| PEPCID ORAL TABLET | 3 | QL |
| *MISC. ANTI-ULCER*** | | |
| CARAFATE ORAL SUSPENSION | 3 | |
| CARAFATE ORAL TABLET | 3 | |
| sucralfate oral suspension | 1 or 1b* | |
| sucralfate oral tablet | 1 or 1b* | |
| *PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)*** | | |
| VOQUEZNA ORAL TABLET | 3 | PA; QL |
| *PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** | | |
| KONVOMEK ORAL SUSPENSION RECONSTITUTED | 3 | ST; QL |
| omeprazole-sodium bicarbonate oral capsule 40-1100 mg | 3 | ST; QL |
| omeprazole-sodium bicarbonate oral packet | 3 | ST; QL |
| ZEGERID ORAL CAPSULE | 3 | ST; QL |
| ZEGERID ORAL PACKET | 3 | ST; QL |
| *PROTON PUMP INHIBITORS*** | | |
| ACIPHEX ORAL TABLET DELAYED RELEASE | 3 | ST |
| DEXILANT ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| dexlansoprazole oral capsule delayed release | 3 | ST |
| esomeprazole magnesium oral capsule delayed release | 1 or 1b* | |
| esomeprazole magnesium oral packet | 1 or 1b* | |
| esomeprazole sodium intravenous solution reconstituted 40 mg | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| ft acid reducer oral capsule delayed release 20 mg | 1 or 1b* | |
| lansoprazole oral capsule delayed release 30 mg | 1 or 1b* | |
| lansoprazole oral tablet delayed release dispersible | 3 | ST; QL |
| NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 3 | |
| NEXIUM ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| NEXIUM ORAL PACKET | 3 | ST |
| omeprazole oral capsule delayed release | 1 or 1b* | |
| pantoprazole sodium intravenous solution reconstituted | 1 or 1b* | |
| pantoprazole sodium oral packet | 3 | ST |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | |
| pantoprazole sodium-nacl intravenous solution | 3 | |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | 3 | ST |
| PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE | 3 | ST; QL |
| PRILOSEC ORAL PACKET | 3 | ST |
| PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| PROTONIX ORAL PACKET | 3 | ST |
| PROTONIX ORAL TABLET DELAYED RELEASE | 3 | ST |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | 3 | ST |
| rabeprazole sodium oral tablet delayed release | 3 | ST |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *QUATERNARY ANTICHOLINERGICS*** | | |
| CUVPOSA ORAL SOLUTION | 3 | |
| GLYCATE ORAL TABLET | 3 | PA |
| glycopyrrolate injection solution | 1 or 1b* | |
| glycopyrrolate oral solution | 1 or 1b* | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | PA |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML | 1 or 1b* | |
| glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml | 3 | |
| GLYRX-PF INJECTION SOLUTION | 3 | |
| GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| methscopolamine bromide oral tablet | 1 or 1b* | |
| ROBINUL ORAL TABLET | 3 | |
| ROBINUL-FORTE ORAL TABLET | 3 | |
| *ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** | | |
| bis subcit-metronid-tetracyc oral capsule | 1 or 1b* | ST; QL |
| bismuth/metronidaz/tetracycl in oral capsule | 1 or 1b* | ST; QL |
| HELIDAC THERAPY ORAL | 3 | ST; QL |
| PYLERA ORAL CAPSULE | 3 | ST; QL |
| *ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** | | |
| amoxicill-clarithro-lansopraz oral therapy pack | 1 or 1b* | ST; QL |
| OMECLAMOX-PAK ORAL | 3 | ST; QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|---|----------|--------|
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| *ULCER ANTI-INFECTIVE-PCAB COMBINATIONS*** | | |
| VOQUEZNA DUAL PAK ORAL THERAPY PAK | 3 | PA; QL |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PAK | 3 | PA; 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 |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| DETROL ORAL TABLET | 3 | ST; QL |
| fesoterodine fumarate er oral tablet extended release 24 hour | 1 or 1b* | QL |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | ST; QL |
| oxybutynin chloride er oral tablet extended release 24 hour | 1 or 1b* | QL |
| oxybutynin chloride oral solution | 1 or 1b* | QL |
| oxybutynin chloride oral tablet | 1 or 1b* | QL |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY | 3 | ST; QL |
| solifenacin succinate oral tablet | 1 or 1b* | QL |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| tolterodine tartrate oral tablet | 1 or 1b* | QL |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| tropium chloride er oral capsule extended release 24 hour | 1 or 1b* | QL |
| tropium chloride oral tablet | 1 or 1b* | QL |
| VESICARE LS ORAL SUSPENSION | 3 | PA; QL |
| VESICARE ORAL TABLET | 3 | ST; QL |
| *URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** | | |
| GEMTESA ORAL TABLET | 3 | ST; QL |
| mirabegron er oral tablet extended release 24 hour | 1 or 1b* | QL |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 3 | QL |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 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*** | | |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|-------|
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | |
| *VIRAL VACCINES*** | | |
| DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |
| ERVEBO INTRAMUSCULAR SUSPENSION | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | |
| RABA VERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| STAMARIL INJECTION SUSPENSION RECONSTITUTED | 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| YF-VAX SUBCUTANEOUS INJECTABLE | 3 | |
| *VAGINAL AND RELATED PRODUCTS* | | |
| *DOUCHE PRODUCTS*** | | |
| SUMMERS EVE COMPLETE CLEAN VAGINAL SOLUTION | 1 or 1b* | |
| *IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| eq miconazole 3-day combo vaginal kit | 1 or 1b* | |
| eq miconazole 7 vaginal cream | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| ft miconazole 3 comb pack-supp vaginal kit | 1 or 1b* | |
| ft miconazole 3 combo pack vaginal kit | 1 or 1b* | |
| GYNAZOLE-1 VAGINAL CREAM | 3 | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | QL |
| terconazole vaginal suppository | 1 or 1b* | QL |
| *MISCELLANEOUS VAGINAL PRODUCTS*** | | |
| INTRAROSA VAGINAL INSERT | 3 | ST; QL |
| *VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN VAGINAL CREAM | 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |
| CLINDESSE VAGINAL CREAM | 3 | |
| metronidazole vaginal gel | 1 or 1b* | |
| NUVESSA VAGINAL GEL | 3 | |
| VANDAZOLE VAGINAL GEL | 1 or 1b* | |
| XACIATO VAGINAL GEL | 3 | PA; QL |
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | 3 | |
| *VAGINAL ESTROGENS*** | | |
| ESTRACE VAGINAL CREAM | 3 | QL |
| estradiol vaginal cream | 1 or 1b* | QL |
| estradiol vaginal tablet | 1 or 1b* | QL |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 3 | QL |
| FEMRING VAGINAL RING | 3 | QL |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|----------|--------|
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | 3 | QL |
| IMVEXXY STARTER PACK VAGINAL INSERT | 3 | QL |
| PREMARIN VAGINAL CREAM | 2 | QL |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | QL |
| yuvaferm vaginal tablet | 1 or 1b* | QL |
| *VAGINAL PROGESTINS*** | | |
| ENDOMETRIN VAGINAL INSERT | 3 | PA |
| *VASOPRESSORS* | | |
| *ANAPHYLAXIS THERAPY AGENTS*** | | |
| ADRENALIN INJECTION SOLUTION | 3 | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| epinephrine (anaphylaxis) injection solution | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | QL |
| EPINEPHRINESNAP INJECTION KIT | 3 | |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR | 3 | ST; QL |
| *VASOPRESSORS*** | | |
| AKOVAZ INTRAVENOUS SOLUTION | 3 | |
| AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| BIORPHEN INTRAVENOUS SOLUTION | 3 | |
| EMERPHED INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION | 3 | |
| ephedrine sulfate-nacl intravenous solution prefilled syringe 15-0.9 mg/3ml-% | 3 | |
| epinephrine injection solution 10 mg/10ml | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML | 3 | |
| EPINEPHRINE PF INJECTION SOLUTION | 3 | |
| GIAPREZA INTRAVENOUS SOLUTION | 3 | |
| IMMPHENTIV INTRAVENOUS SOLUTION | 3 | |
| LEVOPHED INTRAVENOUS SOLUTION | 3 | |
| midodrine hcl oral tablet | 1 or 1b* | |
| PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML | 3 | |
| phenylephrine hcl-nacl intravenous solution 200-0.9 mg/250ml-% | 3 | |
| REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML | 3 | |
| VAZCULEP INTRAVENOUS SOLUTION | 3 | |
| *VITAMINS* | | |
| *VITAMIN A*** | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML | 3 | |
| *VITAMIN B-1*** | | |
| thiamine hcl injection solution | 1 or 1b* | |

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

Effective 10/01/2024- DateFormat MMDDYYYY

| Drug Name | Tier | Notes |
|--|-------------|--------------|
| *VITAMIN C*** | | |
| ASCOR INTRAVENOUS SOLUTION | 3 | |
| c extra strength oral tablet | 1 or 1b* | |
| *VITAMIN D*** | | |
| d3 extra strength oral capsule | 1 or 1b* | |
| d3 max st oral capsule 250 mcg (10000 ut) | 1 or 1b* | |
| d3 oral capsule | 1 or 1b* | |
| DRISDOL ORAL CAPSULE | 3 | |
| ergocalciferol oral capsule | 1 or 1a* | |
| ft vitamin d3 oral capsule | 1 or 1b* | |
| true vitamin d3 oral capsule 50 mcg (2000 ut) | 1 or 1b* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 or 1a* | |
| *VITAMIN K*** | | |
| phytonadione injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |
| phytonadione oral tablet | 1 or 1b* | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

*Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
Effective 10/01/2024- DateFormat MMDDYYYY

*Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.
Effective 10/01/2024- DateFormat MMDDYYYY

For information about your pharmacy benefit, log in at [anthem.com/ca](https://www.anthem.com/ca).

You'll find the most up-to-date drug list and details about your benefits.

If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users

Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Get help in your language

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

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

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Arabic

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

Armenian

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

Farsi

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

French

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

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

Navajo

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

It's important we treat you fairly

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