

# Essential Drug List

*Three-tier formulary*

## Anthem Blue Cross and Blue Shield Essential Drug List

Your prescription drug benefit includes coverage for medicines that you'll find on the Essential Drug List. You can often find more savings when your doctor prescribes medicine that is on our Essential Drug List. Here are some commonly asked questions and answers about how the Essential Drug List works with your prescription drug plan.

### Q. What is an Essential Drug List?

A. The Essential Drug List, also called a formulary, is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our Essential Drug List. This group meets regularly to review new and existing drugs and they choose the top drugs for our list — based on their safety, how they work and their value.

Because the drugs on our list are reviewed from time to time, it's a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to [anthem.com](http://anthem.com).

### Q. What are Tiers?

A. Drugs on the Essential Drug List are grouped into tiers. There are several factors that are used to determine under which tier a drug will be put in. This can include (but it's not limited to):

- Clinical considerations.
- Cost of the drug in comparison to other drugs used for the same type of treatment.
- Availability of over-the-counter options.

### Q. What is a brand-name drug?

A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

### Q. What is a generic drug?

A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength.

### Q. Is this list a complete listing of all covered drugs under the Essential Drug List?

A. Yes, this is a complete listing of all covered drugs.

### Q. What do I do if I am prescribed or currently taking a prescription drug that is not on the Essential Drug List?

A. If you are prescribed or currently taking a non formulary drug, you should discuss formulary alternatives with your physician. If your physician feels that the medication is medically necessary, it will be necessary to obtain Prior Authorization of Benefits in order for the prescription to be a covered benefit. Information is available to you and your physician through the Certificate or Evidence of Coverage, health plan website and newsletters. You may also call Customer Service for more information. This document is for informational purposes. Please refer to your **Certificate or Evidence of Coverage** that governs how your prescription benefits are covered.

### Q. Can I request that a drug be added to the Essential Drug List?

A. You or your doctor can put in a request to add a drug to the Essential Drug List. You can do this either in writing or on our website. Requests are reviewed by the P&T Process team during the Essential Drug List review. **Please note that if a drug request is approved, it does not guarantee coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your insurance Certificate or Evidence of Coverage to know for sure.**

### Q. What if my medication is not covered?

A. You may want to first check with your doctor about prescribing a drug that is covered. If your doctor prescribes a drug that's not covered, you will need to pay the out-of-pocket cost that applies to drugs not on the formulary.

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

**Please note:** In selecting drugs for the prescription drug list, the therapeutic efficacy and cost effectiveness are addressed for each category. When a closed drug list is in effect, only drugs that are included on the drug list are a covered service. In certain clinical situations, a member may require use of a noncovered drug. Anthem Blue Cross and Blue Shield has criteria that permits a member to obtain a noncovered drug in a closed drug list plan. If specific criteria are met, a member can receive a noncovered drug for a drug list copay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. An appeals process is in place for any drugs that do not meet the criteria.

## For more information about your drug plan, you can do the following:

- Go to [anthem.com](https://www.anthem.com)
- Call Customer Service at the number on your ID card
- Speech and hearing impaired (TDD/TTY users) should call 1-800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m. ET

### Tier definitions

**Tier 1 drugs have the lowest cost share.** These drugs offer the greatest value compared to others that treat the same conditions.

**Tier 2 drugs have a medium cost share.** They may be preferred drugs, based on their effectiveness and value. Some are newer, more expensive generic drugs. Tier 2 drugs have a higher cost share than Tier 1.

**Tier 3 drugs have a higher cost share.** They may cost more than others used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA, or drugs used to treat complex, chronic conditions and may need special handling.

Member cost share amounts for certain abuse-deterrent opioid analgesics may be lower in the state of Maine due to state laws. For additional information, please call the Customer Service number on your ID card.

**Essential Drug List  
Three-Tier**

**Table of Contents**

<b>ANALGESICS</b> .....	3
<b>ANESTHETICS</b> .....	5
<b>ANTIALLERGY</b> .....	6
<b>ANTIARTHRITICS</b> .....	6
<b>ANTIASTHMATICS</b> .....	7
<b>ANTIBIOTICS</b> .....	8
<b>ANTICOAGULANTS</b> .....	13
<b>ANTIDOTES</b> .....	14
<b>ANTIFUNGALS</b> .....	14
<b>ANTIHISTAMINE AND DECONGESTANT COMBINATION</b> .....	15
<b>ANTIHISTAMINES</b> .....	15
<b>ANTIHYPERGLYCEMICS</b> .....	15
<b>ANTIINFECTIVES/MISCELLANEOUS</b> .....	17
<b>ANTINEOPLASTICS</b> .....	17
<b>ANTI-OBESITY DRUGS</b> .....	19
<b>ANTIPARKINSON DRUGS</b> .....	19
<b>ANTIPLATELET DRUGS</b> .....	19
<b>ANTIVIRALS</b> .....	19
<b>AUTONOMIC DRUGS</b> .....	21
<b>BIOLOGICALS</b> .....	22
<b>BLOOD</b> .....	25
<b>CARDIAC DRUGS</b> .....	25
<b>CARDIOVASCULAR</b> .....	28
<b>CNS DRUGS</b> .....	30
<b>COLONY STIMULATING FACTORS</b> .....	32
<b>CONTRACEPTIVES</b> .....	32
<b>COUGH/COLD PREPARATIONS</b> .....	35
<b>DIAGNOSTIC</b> .....	35
<b>DIURETICS</b> .....	36
<b>EENT PREPS</b> .....	36
<b>ELECT/CALORIC/H2O</b> .....	38
<b>GASTROINTESTINAL</b> .....	42
<b>HORMONES</b> .....	44
<b>IMMUNOSUPPRESSANT</b> .....	46
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b> .....	46
<b>MUSCLE RELAXANTS</b> .....	48
<b>PRE-NATAL VITAMINS</b> .....	48
<b>PSYCHOTHERAPEUTIC DRUGS</b> .....	49
<b>SEDATIVE/HYPNOTICS</b> .....	52
<b>SKIN PREPS</b> .....	52
<b>SMOKING DETERRENTS</b> .....	55
<b>THYROID PREPS</b> .....	55
<b>UNCLASSIFIED DRUG PRODUCTS</b> .....	56
<b>VITAMINS</b> .....	57



**Essential Drug List  
Three-Tier**

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	1	QL
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL; Tier 1a
acetaminophen-codeine oral tablet 300-15 mg	1	Tier 1a
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1	QL; Tier 1a
almotriptan malate oral tablet	1	QL
ascomp with codeine oral capsule	1	
aspirin-caffeine-dihydrocodoin oral capsule	1	
belladonna alkaloids-opium rectal suppository	2	
belladonna-opium rectal suppository	2	
buprenorphine hcl injection solution	2	
buprenorphine hcl injection syringe	2	
butalbital compound w/codeine oral capsule	1	
butalbital-acetaminop-caff-cod oral capsule	1	QL
butalbital-acetaminophen oral tablet	1	
butalbital-acetaminophen-caff oral capsule	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule	1	
butorphanol tartrate injection solution	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
butorphanol tartrate nasal spray,non-aerosol	1	QL
capacet oral capsule	1	
carisoprodol-asa-codeine oral tablet	1	
choline,magnesium salicylate oral liquid	1	
clonidine (pf) epidural solution	1	
codeine sulfate oral tablet	2	
codeine-butalbital-asa-caff oral capsule	1	
demerol (pf) injection solution 100 mg/ml	1	
diclofenac potassium oral tablet	1	
diflunisal oral tablet	1	
dihydroergotamine injection solution	1	PA
dihydroergotamine nasal spray,non-aerosol	2	QL
diskets oral tablet,soluble	1	QL
duramorph (pf) injection solution	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
fentanyl citrate (pf) injection solution	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle	2	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL
frovatriptan oral tablet	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)	1	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	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	1	
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL
hydromorphone (pf) injection solution	1	
hydromorphone injection solution	1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone oral liquid	1	
hydromorphone oral tablet	1	
hydromorphone oral tablet extended release 24 hr	2	PA; QL
hydromorphone rectal suppository	1	
ibuprofen-oxycodone oral tablet	1	QL; Tier 1a
isometh-dichloral-acetaminophen oral capsule	1	
isomethepten-caf-acetaminophen oral tablet 65-20-325 mg	1	
ketorolac injection cartridge	2	
ketorolac injection solution 15 mg/ml, 30 mg/ml	2	QL
ketorolac injection solution 30 mg/ml (1 ml)	2	
ketorolac injection syringe	2	
ketorolac intramuscular solution	2	QL
ketorolac intramuscular syringe	2	QL
ketorolac oral tablet	1	QL; Tier 1a
levorphanol tartrate oral tablet	2	PA
lorcet (hydrocodone) oral tablet	1	QL
lorcet hd oral tablet	1	QL
lorcet plus oral tablet 7.5-325 mg	1	QL
lortab 10-325 oral tablet	1	QL
lortab 5-325 oral tablet	1	QL
lortab 7.5-325 oral tablet	1	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
margesic oral capsule	1	
marten-tab oral tablet	1	
mefenamic acid oral capsule	1	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine injection cartridge	1	
meperidine oral solution	1	
meperidine oral tablet	1	
methadone injection solution	1	PA; QL
methadone intensol oral concentrate	1	PA; QL
methadone oral concentrate	1	PA; QL
methadone oral solution	1	PA; QL
methadone oral tablet	1	PA; QL
methadone oral tablet, soluble	1	PA; QL
methadose oral concentrate	1	QL
methadose oral tablet, soluble	1	QL
migergot rectal suppository	1	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml	1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine (pf) intravenous patient control analgesia soln	1	
morphine concentrate oral solution	1	
morphine injection solution 15 mg/ml, 8 mg/ml	1	
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	
morphine intravenous cartridge 10 mg/ml, 15 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine intravenous pt controlled analgesia syring	1	
morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 50 mg/ml	1	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
morphine oral capsule, er multiphase 24 hr	2	PA; QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
morphine oral capsule,extend.release pellets	2	PA; QL
morphine oral solution	1	
morphine oral tablet	1	
morphine oral tablet extended release	2	PA; QL
morphine rectal suppository	1	
nalbuphine injection solution	2	
naratriptan oral tablet	1	QL
nodolor oral capsule	1	
oxycodone oral capsule	2	
oxycodone oral concentrate	2	
oxycodone oral solution	2	
oxycodone oral tablet	2	
oxycodone-acetaminophen oral solution	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
oxycodone-aspirin oral tablet	1	QL
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR</b>	2	PA; QL
oxymorphone oral tablet	2	QL
oxymorphone oral tablet extended release 12 hr	2	PA; QL
pentazocine-naloxone oral tablet	1	
repexain oral tablet 10-200 mg, 2.5-200 mg	1	
repexain oral tablet 5-200 mg	1	QL
rizatriptan oral tablet	1	QL
rizatriptan oral tablet,disintegrating	1	QL
sumatriptan nasal spray,non-aerosol	1	QL
sumatriptan succinate oral tablet	1	QL
sumatriptan succinate subcutaneous cartridge	2	QL
sumatriptan succinate subcutaneous pen injector	2	QL
sumatriptan succinate subcutaneous solution	2	QL

Drug Name	Tier	Notes
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	2	QL
tencon oral tablet 50-325 mg	1	
tramadol oral tablet	1	QL
tramadol oral tablet extended release 24 hr	2	PA; QL
tramadol oral tablet, er multiphase 24 hr	2	PA; QL
tramadol-acetaminophen oral tablet	1	QL
verdrocet oral tablet	1	
vicodin es oral tablet	1	QL
vicodin hp oral tablet	1	QL
vicodin oral tablet	1	QL
xylon 10 oral tablet	1	
zamicet oral solution	1	QL
zebutal oral capsule 50-325-40 mg	2	
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet,disintegrating	1	QL
<b>ANESTHETICS</b>		
bupivacaine (pf) injection solution	1	
bupivacaine injection solution	1	
bupivacaine-dextrose-water(pf) injection solution	1	
bupivacaine-epinephrine (pf) injection solution	1	
bupivacaine-epinephrine injection solution	1	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1	
cocaine topical solution	1	
etomidate intravenous solution	1	
forane inhalation liquid	1	
glydo mucous membrane jelly in applicator	2	
isoflurane inhalation liquid	1	
ketamine injection solution	1	
lidocaine (pf) in d7.5w intrathecal solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal solution	1	Tier 1a
lidocaine hcl mucous membrane gel	2	
lidocaine hcl mucous membrane jelly in applicator	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	
lidocaine topical adhesive patch,medicated	2	
lidocaine topical ointment	2	
lidocaine viscous mucous membrane solution	1	Tier 1a
lidocaine-epinephrine (pf) injection solution	1	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine topical cream	2	
lidocaine-prilocaine topical kit	2	
lta pre-attached laryngotracheal solution	1	Tier 1a
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1	
midazolam (pf) injection cartridge	1	
midazolam (pf) injection solution	1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1	
midazolam injection solution	1	
phenazopyridine oral tablet 100 mg, 200 mg	1	Tier 1a
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf injection solution	1	
propofol intravenous emulsion	1	
relador pak plus topical kit	1	

Drug Name	Tier	Notes
ropivacaine (pf) injection solution	1	
sensorcaine injection solution 0.5 % (5 mg/ml)	1	
sensorcaine/epinephrine injection solution	1	
sevoflurane inhalation liquid	1	
terrell inhalation liquid	1	
tetracaine hcl (pf) injection solution	1	
xylocaine dental-epinephrine injection cartridge	1	
<b>ANTIALLERGY</b>		
cromolyn oral concentrate	1	
<b>ANTIARTHRITICS</b>		
allopurinol oral tablet	1	Tier 1a
aloprim intravenous recon soln	1	
celecoxib oral capsule	2	ST; QL
diclofenac sodium oral tablet extended release 24 hr	1	
diclofenac sodium oral tablet,delayed release (dr/ec)	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	2	ST
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	3	PA; QL
<b>ENBREL SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
etodolac oral capsule	1	
etodolac oral tablet	1	
etodolac oral tablet extended release 24 hr	1	
fenoprofen oral tablet	1	ST
flurbiprofen oral tablet	1	
<b>HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT</b>	3	PA; QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT</b>	3	PA; QL
<b>HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT</b>	3	PA; QL
<b>HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT</b>	3	PA; QL
<b>HUMIRA SUBCUTANEOUS SYRINGE KIT</b>	3	PA; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	Tier 1a
indomethacin oral capsule	1	
indomethacin oral capsule, extended release	1	
ketoprofen oral capsule	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
leflunomide oral tablet	2	
meclofenamate oral capsule	1	
meloxicam oral suspension	1	QL
meloxicam oral tablet	1	QL
<b>MONOVISC INTRA-ARTICULAR SYRINGE</b>	3	PA; QL
nabumetone oral tablet	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet,delayed release (dr/ec)	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr	1	
<b>ORTHOVISC INTRA-ARTICULAR SYRINGE</b>	3	PA; QL
oxaprozin oral tablet	1	
piroxicam oral capsule	1	
probenecid oral tablet	1	
probenecid-colchicine oral tablet	1	

Drug Name	Tier	Notes
<b>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR</b>	3	PA; QL
<b>RIDAURA ORAL CAPSULE</b>	2	
salsalate oral tablet	2	
<b>SIMPONI ARIA INTRAVENOUS SOLUTION</b>	3	PA
<b>SIMPONI SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>SIMPONI SUBCUTANEOUS SYRINGE</b>	3	PA; QL
sulindac oral tablet	1	
<b>SYNVISC INTRA-ARTICULAR SYRINGE</b>	3	PA; QL
<b>SYNVISC-ONE INTRA-ARTICULAR SYRINGE</b>	3	PA; QL
tolmetin oral capsule	2	
tolmetin oral tablet	2	
<b>ANTIASTHMATICS</b>		
acetylcysteine solution	2	
<b>ADVAIR DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>ADVAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
albuterol sulfate inhalation solution for nebulization	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
albuterol sulfate oral tablet extended release 12 hr	1	
aminophylline intravenous solution 250 mg/10 ml	1	
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	QL
budesonide inhalation suspension for nebulization	1	QL
<b>COMBIVENT RESPIMAT INHALATION MIST</b>	2	QL
<b>DULERA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML</b>	2	
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	QL
<b>FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE</b>	2	QL
ipratropium bromide inhalation solution	1	QL
ipratropium-albuterol inhalation solution for nebulization	1	
levalbuterol hcl inhalation solution for nebulization	2	
metaproterenol oral syrup	1	
metaproterenol oral tablet	1	
montelukast oral granules in packet	1	QL
montelukast oral tablet	1	QL
montelukast oral tablet,chewable	1	QL
<b>PERFORMIST INHALATION SOLUTION FOR NEBULIZATION</b>	2	QL
<b>PROAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	QL

Drug Name	Tier	Notes
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	2	QL
<b>QVAR INHALATION AEROSOL</b>	2	QL
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>SPIRIVA RESPIMAT INHALATION MIST</b>	2	QL
<b>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	2	QL
<b>STIOLTO RESPIMAT INHALATION MIST</b>	2	QL
terbutaline oral tablet	1	
terbutaline subcutaneous solution	1	
<b>THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	2	
theochron oral tablet extended release 12 hr	1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	1	
theophylline oral elixir	1	
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
zafirlukast oral tablet	1	
<b>ANTIBIOTICS</b>		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	
amoxicillin oral capsule	1	Tier 1a
amoxicillin oral suspension for reconstitution	1	Tier 1a
amoxicillin oral tablet	1	Tier 1a
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
amoxicillin-pot clavulanate oral suspension for reconstitution	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	
amoxicillin-pot clavulanate oral tablet, chewable	1	
ampicillin oral capsule	1	Tier 1a
ampicillin oral suspension for reconstitution	1	Tier 1a
ampicillin sodium injection recon soln	2	
ampicillin sodium intravenous recon soln	2	
ampicillin-sulbactam injection recon soln	2	
ampicillin-sulbactam intravenous recon soln	2	
<b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>	2	
avidoxy oral tablet	1	
<b>AZASITE OPHTHALMIC DROPS</b>	2	
azithromycin intravenous recon soln	2	
azithromycin oral packet	1	QL
azithromycin oral suspension for reconstitution	1	QL
azithromycin oral tablet	1	QL
aztreonam injection recon soln	2	
azuphen mb oral capsule	1	
baciim intramuscular recon soln	2	
bacitracin intramuscular recon soln	2	
bacitracin ophthalmic ointment	1	
bacitracin-polymyxin b ophthalmic ointment	1	Tier 1a
<b>BACTROBAN NASAL NASAL OINTMENT</b>	2	

Drug Name	Tier	Notes
bp 10-1 topical cleanser	1	
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	
cefazolin injection recon soln	2	
cefazolin intravenous recon soln	2	
cefdinir oral capsule	1	
cefdinir oral suspension for reconstitution	1	
cefditoren pivoxil oral tablet	1	
cefepime in dextrose, iso-osm intravenous piggyback	2	
cefepime injection recon soln	2	
cefixime oral suspension for reconstitution	2	
cefotaxime injection recon soln	2	
cefotetan injection recon soln	2	
cefotetan intravenous recon soln	2	
cefoxitin in dextrose, iso-osm intravenous piggyback	2	
cefoxitin intravenous recon soln	2	
cefpodoxime oral suspension for reconstitution	2	
cefpodoxime oral tablet	2	
cefprozil oral suspension for reconstitution	1	
cefprozil oral tablet	1	
ceftazidime injection recon soln	2	
ceftibuten oral capsule	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
ceftibuten oral suspension for reconstitution	2	
ceftriaxone in dextrose,iso-os intravenous piggyback	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
ceftriaxone intravenous recon soln	2	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection recon soln 1.5 gram, 750 mg	2	
cefuroxime sodium intravenous recon soln	2	
cephalexin oral capsule	1	Tier 1a
cephalexin oral suspension for reconstitution	1	Tier 1a
cephalexin oral tablet	1	Tier 1a
chloramphenicol sod succinate intravenous recon soln	2	
<b>CIPRODEX OTIC DROPS,SUSPENSION</b>	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1	
ciprofloxacin hcl ophthalmic drops	1	Tier 1a
ciprofloxacin hcl oral tablet	1	QL
ciprofloxacin hcl otic dropperette	1	
ciprofloxacin in 5 % dextrose intravenous piggyback	2	
ciprofloxacin lactate intravenous solution	2	
ciprofloxacin oral suspension,microcapsule recon	1	QL
clarithromycin oral suspension for reconstitution	1	
clarithromycin oral tablet	1	
clarithromycin oral tablet extended release 24 hr	1	
cleansing wash topical cleanser	1	
cleocin intravenous solution 300 mg/2 ml	1	

Drug Name	Tier	Notes
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	2	
clindamycin hcl oral capsule	1	
clindamycin in 5 % dextrose intravenous piggyback	1	
clindamycin palmitate hcl oral recon soln	1	
clindamycin pediatric oral recon soln	1	
clindamycin phosphate injection solution	1	
clindamycin phosphate intravenous solution	1	
clindamycin phosphate topical foam	1	
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin phosphate vaginal cream	1	
colistin (colistimethate na) injection recon soln	2	
dapsone oral tablet	2	
daptomycin intravenous recon soln	2	
demeclocycline oral tablet	2	
dicloxacillin oral capsule	1	
doxy-100 intravenous recon soln	2	
doxycycline hyclate intravenous recon soln	2	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg	1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet	1	
e.e.s. 400 oral tablet	1	
ery pads topical swab	1	
erygel topical gel	1	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution	2	
erythromycin ethylsuccinate oral tablet	1	
erythromycin ophthalmic ointment	1	Tier 1a
erythromycin oral capsule, delayed release (dr/ec)	1	
erythromycin oral tablet	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin with ethanol topical swab	1	
erythromycin-benzoyl peroxide topical gel	1	
ethambutol oral tablet	2	
floxin otic drops	1	
gatifloxacin ophthalmic drops	1	
gentak ophthalmic ointment	1	Tier 1a
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	2	
gentamicin injection solution	2	
gentamicin ophthalmic drops	1	Tier 1a

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
gentamicin ophthalmic ointment	1	Tier 1a
gentamicin sulfate (ped) (pf) injection solution	2	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	2	
gentamicin topical cream	1	
gentamicin topical ointment	1	
hyolev mb oral tablet	1	
hyophen oral tablet	1	
imipenem-cilastatin intravenous recon soln	2	
isoniazid injection solution	1	Tier 1a
isoniazid oral solution	1	Tier 1a
isoniazid oral tablet	1	Tier 1a
levofloxacin in d5w intravenous piggyback	2	
levofloxacin intravenous solution	2	
levofloxacin ophthalmic drops	1	
levofloxacin oral tablet	1	QL
linezolid intravenous parenteral solution	1	
linezolid oral suspension for reconstitution	1	PA; QL
linezolid oral tablet	1	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1	
meropenem intravenous recon soln	2	
methenamine hippurate oral tablet	2	
methenamine mandelate oral tablet	2	
methen-sod phos-meth blue-hyos oral tablet	1	
metro i.v. intravenous piggyback	1	
metronidazole in nacl (iso-os) intravenous piggyback	1	
metronidazole oral capsule	1	Tier 1a
metronidazole oral tablet	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
metronidazole vaginal gel	1	
minocycline oral capsule	1	ST
minocycline oral tablet	1	ST
minocycline oral tablet extended release 24 hr	1	ST
mondoxyne nl oral capsule	1	
morgidox oral capsule	1	
<b>MOXEZA OPHTHALMIC DROPS, VISCOUS</b>	2	
moxifloxacin oral tablet	2	QL
mupirocin calcium topical cream	1	
mupirocin topical ointment	1	
nafcillin in dextrose iso-osm intravenous piggyback	2	
nafcillin injection recon soln	2	
nafcillin intravenous recon soln	2	
neomycin oral tablet	1	Tier 1a
neomycin-bacitracin-poly-hc ophthalmic ointment	1	
neomycin-bacitracin-polymyxin ophthalmic ointment	1	
neomycin-polymyxin b-dexameth ophthalmic drops,suspension	1	Tier 1a
neomycin-polymyxin b-dexameth ophthalmic ointment	1	Tier 1a
neomycin-polymyxin-gramicidin ophthalmic drops	1	
neomycin-polymyxin-hc ophthalmic drops,suspension	1	
neomycin-polymyxin-hc otic drops,suspension	1	
neomycin-polymyxin-hc otic solution	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment	1	
nitrofurantoin macrocrystal oral capsule	1	
nitrofurantoin monohyd/m-cryst oral capsule	1	

Drug Name	Tier	Notes
nitrofurantoin oral suspension	1	
ofloxacin ophthalmic drops	1	Tier 1a
ofloxacin oral tablet 400 mg	1	QL
ofloxacin otic drops	1	
oxacillin in dextrose(iso-osm) intravenous piggyback	2	
oxacillin injection recon soln	2	
oxacillin intravenous recon soln	2	
penicillin g potassium injection recon soln	2	
penicillin g procaine intramuscular syringe	2	
penicillin g sodium injection recon soln	2	
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
pfizerpen-g injection recon soln	2	
phosphasal oral tablet	1	
piperacillin-tazobactam intravenous recon soln	2	
polycin ophthalmic ointment	1	Tier 1a
polymyxin b sulfate injection recon soln	2	
polymyxin b sulf-trimethoprim ophthalmic drops	1	Tier 1a
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	2	
rifabutin oral capsule	2	
rifampin intravenous recon soln	2	
rifampin oral capsule	2	
<b>RIFATER ORAL TABLET</b>	2	
silver sulfadiazine topical cream	1	Tier 1a
ssd topical cream	1	Tier 1a
sss 10-5 topical foam	1	
sulfacetamide sodium ophthalmic drops	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %, 9-4.5 %	1	PA
sulfacetamide sodium-sulfur topical cream 10-2 %	1	PA
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical foam	1	
sulfacetamide sodium-sulfur topical lotion	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	PA
sulfacetamide sodium-sulfur topical suspension 10-5 %	1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1	PA
sulfacetamide sod-sulfur-urea topical cleanser	1	
sulfacetamide-prednisolone ophthalmic drops	1	
sulfacetamide-sulfur-cleansr23 topical kit	1	PA
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream	1	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim intravenous solution	2	
sulfamethoxazole-trimethoprim oral suspension	1	Tier 1a
sulfamethoxazole-trimethoprim oral tablet	1	Tier 1a
sulfatrim oral suspension	1	Tier 1a
tetracycline oral capsule	1	
<b>THALOMID ORAL CAPSULE</b>	3	PA; QL
thermazene topical cream	1	Tier 1a

Drug Name	Tier	Notes
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	3	
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	2	
tobramycin ophthalmic drops	1	Tier 1a
tobramycin sulfate injection recon soln	2	
tobramycin sulfate injection solution	2	
tobramycin-dexamethasone ophthalmic drops,suspension	1	
trimethoprim oral tablet	1	Tier 1a
ur n-c oral tablet	1	
uramit mb oral capsule	1	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
urimar-t oral tablet	1	
urin ds oral tablet	1	
uro-458 oral tablet	1	
urogesic-blue oral tablet	1	
urolet mb oral tablet	1	
uro-mp oral capsule	1	
urophen mb oral tablet	1	
uryl oral tablet	1	
ustell oral capsule	1	
utira-c oral tablet	1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	2	PA
vancomycin oral capsule	2	PA
vandazole vaginal gel	1	
<b>VIGAMOX OPHTHALMIC DROPS</b>	2	
<b>ZYLET OPHTHALMIC DROPS,SUSPENSION</b>	2	
<b>ANTICOAGULANTS</b>		
<b>ELIQUIS ORAL TABLET</b>	2	QL
enoxaparin subcutaneous solution	3	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
enoxaparin subcutaneous syringe	3	
fondaparinux subcutaneous syringe	3	
<b>FRAGMIN SUBCUTANEOUS SOLUTION</b>	3	
<b>FRAGMIN SUBCUTANEOUS SYRINGE</b>	3	
hep flush-10 (pf) intravenous solution	2	
heparin (porcine) in 5 % dex intravenous parenteral solution	2	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	2	
heparin (porcine) injection cartridge	2	
heparin (porcine) injection solution	2	
heparin flush intravenous kit	2	
heparin flush(porcine)-0.9nacl intravenous kit	2	
heparin lock flush (porcine) intravenous solution	2	
heparin lock flush (porcine) intravenous syringe	2	
heparin lock flush intravenous solution	2	
heparin lock flush intravenous syringe	2	
heparin lock intravenous solution	2	
heparin lockflush(porcine)(pf) intravenous syringe	2	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	2	
heparin, porcine (pf) injection solution	2	
heparin, porcine (pf) injection syringe	2	

Drug Name	Tier	Notes
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	2	
heparin, porcine (pf) intravenous syringe	2	
jantoven oral tablet	1	Tier 1a
monoject prefill (pf) intravenous syringe	2	
<b>PRADAXA ORAL CAPSULE</b>	3	QL
<b>SAVAYSA ORAL TABLET</b>	3	QL
warfarin oral tablet	1	Tier 1a
<b>XARELTO ORAL TABLET</b>	2	QL
<b>XARELTO ORAL TABLETS,DOSE PACK</b>	2	
<b>ANTIDOTES</b>		
naloxone injection solution	2	QL
naloxone injection syringe	2	QL
naltrexone oral tablet	1	
<b>NARCAN NASAL SPRAY,NON-AEROSOL</b>	2	QL
<b>ANTIFUNGALS</b>		
amphotericin b injection recon soln	2	
ciclopirox topical cream	1	
ciclopirox topical gel	1	
ciclopirox topical shampoo	1	
ciclopirox topical solution	1	
ciclopirox topical suspension	1	
clotrimazole mucous membrane troche	1	QL
clotrimazole topical solution	1	
clotrimazole-betamethasone topical cream	1	
clotrimazole-betamethasone topical lotion	1	
econazole topical cream	1	
fluconazole in dextrose(iso-o) intravenous piggyback	1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
fluconazole oral suspension for reconstitution 10 mg/ml	1	QL
fluconazole oral suspension for reconstitution 40 mg/ml	1	
fluconazole oral tablet	1	QL
flucytosine oral capsule	2	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
itraconazole oral capsule	2	PA; QL
ketoconazole oral tablet	1	QL
ketoconazole topical cream	1	
ketoconazole topical foam	1	
ketoconazole topical shampoo	1	
miconazole-3 vaginal suppository	1	
naftifine topical cream 2 %	2	
nyamyc topical powder	1	
nystatin oral suspension	1	
nystatin oral tablet	1	
nystatin topical cream	1	
nystatin topical ointment	1	
nystatin topical powder	1	
nystatin-triamcinolone topical cream	1	
nystatin-triamcinolone topical ointment	1	
nystop topical powder	1	
oxiconazole topical cream	1	
terbinafine hcl oral tablet	1	QL
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
voriconazole intravenous solution	2	
voriconazole oral suspension for reconstitution	2	PA; QL
voriconazole oral tablet	2	PA; QL

Drug Name	Tier	Notes
<b>ANTIHISTAMINE AND DECONGESTANT COMBINATION</b>		
centergy oral drops	1	
promethazine vc oral syrup	1	
promethazine-phenylephrine oral syrup	1	
<b>ANTIHISTAMINES</b>		
arbinoxa oral liquid	1	
arbinoxa oral tablet	1	
azelastine ophthalmic drops	1	QL
carbinoxamine maleate oral liquid	1	
carbinoxamine maleate oral tablet	1	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral tablet	1	
diphenhydramine hcl injection solution 50 mg/ml	2	
diphenhydramine hcl injection syringe	2	
diphenhydramine hcl oral capsule 50 mg	1	
epinastine ophthalmic drops	1	QL
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	Tier 1a
olopatadine ophthalmic drops	1	ST; QL
promethazine injection solution	1	Tier 1a
promethazine oral syrup	1	Tier 1a
promethazine oral tablet	1	Tier 1a
<b>ANTIHYPERGLYCEMICS</b>		
acarbose oral tablet	1	
<b>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR</b>	2	ST; QL
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	2	ST

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>BYDUREON</b> SUBCUTANEOUS SUSPENSION,EXTENDE D REL RECON	2	ST; QL
<b>BYETTA</b> SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1	PA
glimepiride oral tablet	1	
glipizide oral tablet	1	Tier 1a
glipizide oral tablet extended release 24hr	1	Tier 1a
glipizide-metformin oral tablet	1	
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
glyburide-metformin oral tablet	1	
<b>HUMALOG KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMALOG MIX 50-50</b> <b>KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMALOG MIX 50-50</b> SUBCUTANEOUS SUSPENSION	2	
<b>HUMALOG MIX 75-25</b> <b>KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMALOG MIX 75-25</b> SUBCUTANEOUS SUSPENSION	2	
<b>HUMALOG</b> SUBCUTANEOUS CARTRIDGE	2	
<b>HUMALOG</b> SUBCUTANEOUS SOLUTION	2	
<b>HUMULIN 70/30</b> <b>KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMULIN 70/30</b> SUBCUTANEOUS SUSPENSION	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HUMULIN N KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMULIN N</b> SUBCUTANEOUS SUSPENSION	2	
<b>HUMULIN R INJECTION</b> SOLUTION	2	
<b>HUMULIN R U-500</b> <b>(CONC) KWIKPEN</b> SUBCUTANEOUS INSULIN PEN	2	
<b>HUMULIN R U-500</b> <b>(CONCENTRATED)</b> SUBCUTANEOUS SOLUTION	2	
<b>JANUMET ORAL</b> TABLET	2	ST; DO; QL
<b>JANUMET XR ORAL</b> TABLET, ER MULTIPHASE 24 HR	2	ST; DO; QL
<b>JANUVIA ORAL</b> TABLET	2	ST; DO; QL
<b>JARDIANCE ORAL</b> TABLET	2	ST; QL
<b>JENTADUETO ORAL</b> TABLET	2	ST; DO; QL
<b>JENTADUETO XR ORAL</b> TABLET, IR - ER, BIPHASIC 24HR	2	ST; DO; QL
<b>LANTUS SOLOSTAR</b> SUBCUTANEOUS INSULIN PEN	2	
<b>LANTUS</b> SUBCUTANEOUS SOLUTION	2	
<b>LEVEMIR FLEXTOUCH</b> SUBCUTANEOUS INSULIN PEN	2	
<b>LEVEMIR</b> SUBCUTANEOUS SOLUTION	2	
metformin oral tablet	1	
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr	1	
miglitol oral tablet	1	
nateglinide oral tablet	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
pioglitazone oral tablet	1	ST; QL
pioglitazone-glimepiride oral tablet	1	ST; QL
pioglitazone-metformin oral tablet	1	ST; QL
repaglinide oral tablet	2	
repaglinide-metformin oral tablet	2	
<b>SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR</b>	2	
<b>SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR</b>	2	
<b>SYNJARDY ORAL TABLET</b>	2	ST; QL
tolazamide oral tablet	1	
tolbutamide oral tablet	2	
<b>TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN</b>	2	
<b>TRADJENTA ORAL TABLET</b>	2	ST; DO
<b>TRULICITY SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>ANTIINFECTIVES/MISC ELLANEOUS</b>		
atovaquone oral suspension	2	
atovaquone-proguanil oral tablet	1	
chloroquine phosphate oral tablet	1	Tier 1a
fem ph vaginal gel	1	
formadon topical solution	1	
formadon topical solution with applicator	1	
glycine irrigation solution	1	
glycine urologic irrigation solution	1	

Drug Name	Tier	Notes
hydroxychloroquine oral tablet	1	
ivermectin oral tablet	1	
mefloquine oral tablet	1	
<b>NEBUPENT INHALATION RECON SOLN</b>	2	
paromomycin oral capsule	1	
<b>PENTAM INJECTION RECON SOLN</b>	2	
<b>PRIMAQUINE ORAL TABLET</b>	2	
quinine sulfate oral capsule	1	PA; QL
tinidazole oral tablet	1	
<b>ANTINEOPLASTICS</b>		
<b>ACTIMMUNE SUBCUTANEOUS SOLUTION</b>	3	PA
<b>AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION</b>	3	PA
<b>AFINITOR ORAL TABLET</b>	3	PA
<b>ALKERAN ORAL TABLET</b>	3	
anastrozole oral tablet	2	QL
bexarotene oral capsule	3	PA; QL
bicalutamide oral tablet	2	
<b>BOSULIF ORAL TABLET</b>	3	PA; QL
capecitabine oral tablet	3	PA; QL
<b>CAPRELSA ORAL TABLET</b>	3	PA; QL
<b>CARAC TOPICAL CREAM</b>	2	PA; QL
<b>COMETRIQ ORAL CAPSULE</b>	3	PA; QL
<b>CYCLOPHOSPHAMIDE ORAL CAPSULE</b>	3	
diclofenac sodium topical gel 3 %	2	QL
<b>EMCYT ORAL CAPSULE</b>	3	PA
<b>ERIVEDGE ORAL CAPSULE</b>	3	PA; QL
etoposide oral capsule	3	
exemestane oral tablet	2	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>FARESTON ORAL TABLET</b>	3	QL
<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN</b>	3	PA
fluorouracil topical cream 5 %	1	PA; QL
fluorouracil topical solution	1	PA; QL
flutamide oral capsule	2	
<b>GILOTRIF ORAL TABLET</b>	3	PA; QL
<b>HEXALEN ORAL CAPSULE</b>	3	PA
<b>HYCANTIN ORAL CAPSULE</b>	3	PA
hydroxyurea oral capsule	2	
<b>ICLUSIG ORAL TABLET</b>	3	PA; QL
imatinib oral tablet	3	PA; QL
<b>INLYTA ORAL TABLET</b>	3	PA; QL
<b>INTRON A INJECTION RECON SOLN</b>	3	PA
<b>INTRON A INJECTION SOLUTION</b>	3	PA
<b>IRESSA ORAL TABLET</b>	3	PA; QL
<b>JAKAFI ORAL TABLET</b>	3	PA; QL
letrozole oral tablet	2	QL
<b>LEUKERAN ORAL TABLET</b>	2	
leuprolide subcutaneous kit	3	PA
<b>LYSODREN ORAL TABLET</b>	3	QL
<b>MATULANE ORAL CAPSULE</b>	3	
megestrol oral tablet	1	
<b>MEKINIST ORAL TABLET</b>	3	PA; QL
mercaptopurine oral tablet	2	
methotrexate sodium oral tablet	2	
<b>MYLERAN ORAL TABLET</b>	3	
<b>NEXAVAR ORAL TABLET</b>	3	PA; QL
nilutamide oral tablet	3	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>POMALYST ORAL CAPSULE</b>	3	PA; QL
<b>REVLIMID ORAL CAPSULE</b>	3	PA; QL
<b>SOLTAMOX ORAL SOLUTION</b>	2	
<b>SPRYCEL ORAL TABLET</b>	3	PA; QL
<b>STIVARGA ORAL TABLET</b>	3	PA; QL
<b>SUTENT ORAL CAPSULE</b>	3	PA; QL
<b>TABLOID ORAL TABLET</b>	2	
<b>TAFINLAR ORAL CAPSULE</b>	3	PA; QL
tamoxifen oral tablet	2	
<b>TARCEVA ORAL TABLET</b>	3	PA; QL
<b>TARGRETIN TOPICAL GEL</b>	3	PA
<b>TASIGNA ORAL CAPSULE</b>	3	PA; QL
temozolomide oral capsule	3	PA; QL
<b>TRELSTAR DEPOT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	3	
<b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	3	
<b>TRELSTAR INTRAMUSCULAR SYRINGE</b>	3	PA; QL
<b>TRELSTAR LA INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	3	
tretinoin (chemotherapy) oral capsule	2	
<b>TREXALL ORAL TABLET</b>	2	
<b>TYKERB ORAL TABLET</b>	3	PA; QL
<b>VOTRIENT ORAL TABLET</b>	3	PA; QL
<b>XALKORI ORAL CAPSULE</b>	3	PA; QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>XTANDI ORAL CAPSULE</b>	3	PA; QL
<b>ZELBORAF ORAL TABLET</b>	3	PA; QL
<b>ZOLINZA ORAL CAPSULE</b>	3	PA; QL
<b>ZYTIGA ORAL TABLET</b>	3	PA; QL
<b>ANTI-OBESITY DRUGS</b>		
benzphetamine oral tablet 25 mg	1	
benzphetamine oral tablet 50 mg	1	PA
diethylpropion oral tablet	1	PA
diethylpropion oral tablet extended release	1	PA
phendimetrazine tartrate oral capsule, extended release	1	PA
phendimetrazine tartrate oral tablet	1	PA
phentermine oral capsule	1	PA
phentermine oral tablet	1	PA
<b>ANTIPARKINSON DRUGS</b>		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
<b>AZILECT ORAL TABLET</b>	2	
benztropine injection solution	1	Tier 1a
benztropine oral tablet	1	Tier 1a
bromocriptine oral capsule	1	
bromocriptine oral tablet	1	
carbidopa oral tablet	2	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	2	
carbidopa-levodopa oral tablet, disintegrating	2	
carbidopa-levodopa-entacapone oral tablet	2	
entacapone oral tablet	2	
pramipexole oral tablet	1	QL

Drug Name	Tier	Notes
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg	1	QL
pramipexole oral tablet extended release 24 hr 3.75 mg	1	ST; QL
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	1	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
tolcapone oral tablet	2	
trihexyphenidyl oral elixir	1	Tier 1a
trihexyphenidyl oral tablet	1	Tier 1a
<b>ANTIPLATELET DRUGS</b>		
anagrelide oral capsule	1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1	QL
<b>BRILINTA ORAL TABLET</b>	2	QL
cilostazol oral tablet	2	
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	QL
dipyridamole oral tablet	2	
<b>EFFIENT ORAL TABLET 10 MG</b>	2	QL
<b>EFFIENT ORAL TABLET 5 MG</b>	2	DO
eptifibatide intravenous solution	2	
ticlopidine oral tablet	1	
<b>ANTIVIRALS</b>		
abacavir oral tablet	3	
abacavir-lamivudine oral tablet	3	
abacavir-lamivudine-zidovudine oral tablet	3	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous recon soln	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
acyclovir sodium intravenous solution	1	
acyclovir topical ointment	1	
adefovir oral tablet	3	
<b>APTIVUS ORAL CAPSULE</b>	3	
<b>APTIVUS ORAL SOLUTION</b>	3	
<b>ATRIPLA ORAL TABLET</b>	3	
<b>BARACLUDE ORAL SOLUTION</b>	3	
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	3	
<b>DAKLINZA ORAL TABLET</b>	3	PA; QL
didanosine oral capsule, delayed release(dr/ec)	3	
<b>EDURANT ORAL TABLET</b>	3	
<b>EMTRIVA ORAL CAPSULE</b>	3	
<b>EMTRIVA ORAL SOLUTION</b>	3	
entecavir oral tablet	3	
<b>EPCLUSA ORAL TABLET</b>	3	PA; QL
<b>EPIVIR HBV ORAL SOLUTION</b>	3	
famciclovir oral tablet	1	
<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	3	
<b>GENVOYA ORAL TABLET</b>	3	
<b>HARVONI ORAL TABLET</b>	3	PA; QL
<b>INTELENCE ORAL TABLET</b>	3	
<b>INVIRASE ORAL CAPSULE</b>	3	
<b>INVIRASE ORAL TABLET</b>	3	
<b>ISENTRESS ORAL TABLET</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ISENTRESS ORAL TABLET,CHEWABLE</b>	3	
<b>KALETRA ORAL SOLUTION</b>	3	
<b>KALETRA ORAL TABLET</b>	3	
lamivudine oral tablet 150 mg, 300 mg	3	
lamivudine-zidovudine oral tablet	3	
<b>LEXIVA ORAL SUSPENSION</b>	3	
<b>LEXIVA ORAL TABLET</b>	3	
moderiba dose pack oral tablets,dose pack	3	
moderiba oral tablet	3	
nevirapine oral suspension	3	
nevirapine oral tablet	3	
nevirapine oral tablet extended release 24 hr	3	
<b>NORVIR ORAL CAPSULE</b>	3	
<b>NORVIR ORAL SOLUTION</b>	3	
<b>NORVIR ORAL TABLET</b>	3	
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	3	PA; QL
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT</b>	3	PA
<b>PEGINTRON SUBCUTANEOUS KIT</b>	3	PA
<b>PREZISTA ORAL SUSPENSION</b>	3	
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	3	
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE</b>	2	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>RESCRIPTOR ORAL TABLET</b>	3	
<b>RESCRIPTOR ORAL TABLET, DISPERSIBLE</b>	3	
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	3	
<b>REYATAZ ORAL POWDER IN PACKET</b>	3	
ribasphere oral capsule	3	
ribasphere oral tablet	3	
ribasphere ribapak oral tablets,dose pack	3	
ribavirin oral capsule	3	
ribavirin oral tablet 200 mg	3	
rimantadine oral tablet	1	
<b>SELZENTRY ORAL TABLET</b>	3	
<b>SOVALDI ORAL TABLET</b>	3	PA; QL
stavudine oral capsule	3	
stavudine oral recon soln	3	
<b>STRIBILD ORAL TABLET</b>	3	
<b>SUSTIVA ORAL CAPSULE</b>	3	
<b>SUSTIVA ORAL TABLET</b>	3	
<b>TAMIFLU ORAL CAPSULE</b>	2	QL
<b>TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION</b>	2	QL
trifluridine ophthalmic drops	1	
<b>TRIUMEQ ORAL TABLET</b>	3	
<b>TRUVADA ORAL TABLET</b>	3	
<b>TYZEKA ORAL TABLET</b>	3	QL
valacyclovir oral tablet	1	
valganciclovir oral recon soln	3	
valganciclovir oral tablet	3	
<b>VIRACEPT ORAL TABLET</b>	3	
<b>VIREAD ORAL TABLET</b>	3	
zidovudine oral capsule	3	

Drug Name	Tier	Notes
zidovudine oral syrup	3	
zidovudine oral tablet	3	
<b>AUTONOMIC DRUGS</b>		
adrenalin injection solution	1	
atracurium intravenous solution	1	
bethanechol chloride oral tablet	2	
cevimeline oral capsule	2	
cisatracurium intravenous solution	1	
dexedrine oral tablet	1	PA
dextroamphetamine oral capsule, extended release	1	PA
dextroamphetamine oral solution	1	PA
dextroamphetamine oral tablet	1	PA
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PA
dextroamphetamine-amphetamine oral tablet	1	PA
donepezil oral tablet	1	
donepezil oral tablet,disintegrating	1	
dopamine in 5 % dextrose intravenous solution	1	
dopamine intravenous solution	1	
enlon injection solution	1	
epinephrine injection auto-injector	2	
epinephrine injection solution	1	
epinephrine injection syringe 0.1 mg/ml	1	
<b>EPIPEN 2-PAK INJECTION AUTO-INJECTOR</b>	2	
<b>EPIPEN INJECTION AUTO-INJECTOR</b>	2	
<b>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR</b>	2	
galantamine oral capsule,ext rel. pellets 24 hr	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
galantamine oral solution	2	
galantamine oral tablet	2	
guanidine oral tablet	1	
<b>MESTINON ORAL SYRUP</b>	2	
methamphetamine oral tablet	1	
midodrine oral tablet	2	
neostigmine methylsulfate intravenous solution 0.5 mg/ml	1	
norepinephrine bitartrate intravenous solution	1	
norepinephrine bitartrate-nacl intravenous solution 4 mg/250 ml (16 mcg/ml)	1	
pancuronium intravenous solution	1	
phenoxybenzamine oral capsule	2	
phentolamine injection recon soln	1	
physostigmine salicylate injection solution	1	
pilocarpine hcl oral tablet	2	
procentra oral solution	1	
pyridostigmine bromide oral tablet	2	
pyridostigmine bromide oral tablet extended release	2	
regonol injection solution	1	
rivastigmine tartrate oral capsule	2	
rivastigmine transdermal patch 24 hour	2	
rocuronium intravenous solution	1	
vecuronium bromide intravenous recon soln	1	
zenzedi oral tablet 10 mg, 5 mg	1	ST
<b>BIOLOGICALS</b>		
<b>ACTHIB (PF) INTRAMUSCULAR RECON SOLN</b>	2	

Drug Name	Tier	Notes
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>AFLURIA 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>AFLURIA 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL
<b>AFLURIA QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>ANASCORP INTRAVENOUS RECON SOLN</b>	2	
<b>ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN</b>	2	
<b>ANTIVENIN MICRURUS FULVIUS INJECTION COMBO PACK</b>	2	
<b>BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>BEXSERO (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>BIOTHRAX INTRAMUSCULAR SUSPENSION</b>	2	
<b>BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION</b>	2	
<b>BOOSTRIX TDAP INTRAMUSCULAR SYRINGE</b>	2	
candin intradermal allergen	1	
<b>CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>CROFAB INJECTION RECON SOLN</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>EZ FLU 2016-17 (AFLURIA) (PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>EZ FLU 2016-17 (FLUVIRIN) (PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>EZ FLU16-17(FLUZON QD PED)(PF) INTRAMUSCULAR SYRINGE KIT</b>	2	QL
<b>FLUAD 2016-2017 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUARIX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUBLOK 2016-2017 (PF) INTRAMUSCULAR SOLUTION</b>	2	QL
<b>FLUCELVAX QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLULAVAL QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLULAVAL QUAD 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL

Drug Name	Tier	Notes
<b>FLUVIRIN 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	QL
<b>FLUVIRIN 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	QL
<b>FLUZONE HIGH-DOSE 2016-17 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>FLUZONE INTRADERM QUAD 2016-17 INTRADERMAL SYRINGE</b>	2	
<b>FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>FLUZONE QUAD 2016-2017 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>FLUZONE QUAD 2016-2017 INTRAMUSCULAR SUSPENSION</b>	2	
<b>FLUZONE QUAD PEDI 2016-17 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>GAMUNEX-C INJECTION SOLUTION</b>	3	PA
<b>GARDASIL (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>GARDASIL (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>HAVRIX (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>HAVRIX (PF) INTRAMUSCULAR SYRINGE</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HIBERIX (PF)</b> INTRAMUSCULAR RECON SOLN	2	
<b>IMOVAX RABIES</b> <b>VACCINE (PF)</b> INTRAMUSCULAR RECON SOLN	2	
<b>INFANRIX (DTAP) (PF)</b> INTRAMUSCULAR SUSPENSION	2	
<b>INFANRIX (DTAP) (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>IPOL INJECTION</b> SUSPENSION	2	
<b>IXIARO (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>KINRIX (PF)</b> INTRAMUSCULAR SUSPENSION	2	
<b>KINRIX (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>MENACTRA (PF)</b> INTRAMUSCULAR SOLUTION	2	
<b>MENHIBRIX (PF)</b> INTRAMUSCULAR RECON SOLN	2	
<b>MENOMUNE -</b> <b>A/C/Y/W-135 (PF)</b> SUBCUTANEOUS RECON SOLN	2	
<b>MENOMUNE -</b> <b>A/C/Y/W-135</b> SUBCUTANEOUS RECON SOLN	2	
<b>MENVEO</b> <b>A-C-Y-W-135-DIP (PF)</b> INTRAMUSCULAR KIT	2	
<b>M-M-R II (PF)</b> SUBCUTANEOUS RECON SOLN	2	
<b>OCTAGAM</b> INTRAVENOUS SOLUTION	3	PA
<b>PEDIARIX (PF)</b> INTRAMUSCULAR SYRINGE	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>PEDVAX HIB (PF)</b> INTRAMUSCULAR SOLUTION	2	
<b>PENTACEL (PF)</b> INTRAMUSCULAR KIT	2	
<b>PENTACEL ACTHIB</b> <b>COMPONENT (PF)</b> INTRAMUSCULAR RECON SOLN	2	
<b>PNEUMOVAX 23</b> INJECTION SOLUTION	2	
<b>PNEUMOVAX 23</b> INJECTION SYRINGE	2	
<b>PREVNAR 13 (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>PROQUAD (PF)</b> SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
<b>QUADRACEL (PF)</b> INTRAMUSCULAR SUSPENSION	2	
<b>RABAVERT (PF)</b> INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
<b>RECOMBIVAX HB (PF)</b> INTRAMUSCULAR SUSPENSION	2	
<b>RECOMBIVAX HB (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>ROTARIX ORAL</b> SUSPENSION FOR RECONSTITUTION	2	
<b>ROTATEQ VACCINE</b> ORAL SUSPENSION	2	
<b>TENIVAC (PF)</b> INTRAMUSCULAR SUSPENSION	2	
<b>TENIVAC (PF)</b> INTRAMUSCULAR SYRINGE	2	
<b>TETANUS,DIPHThERIA</b> <b>TOX PED(PF)</b> INTRAMUSCULAR SUSPENSION	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>TETANUS-DIPHTHERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION</b>	2	
<b>TRUMENBA INTRAMUSCULAR SYRINGE</b>	2	
<b>TWINRIX (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>TWINRIX (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION</b>	2	QL
<b>TYPHIM VI INTRAMUSCULAR SYRINGE</b>	2	
<b>VAQTA (PF) INTRAMUSCULAR SUSPENSION</b>	2	
<b>VAQTA (PF) INTRAMUSCULAR SYRINGE</b>	2	
<b>VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>VIVOTIF BERNA VACCINE ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
<b>YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION</b>	2	
<b>BLOOD</b>		
albumin, human 25 % intravenous parenteral solution	1	
albuminar 25 % intravenous parenteral solution	1	

Drug Name	Tier	Notes
albuminar 5 % intravenous parenteral solution	1	
alburx (human) 25 % intravenous parenteral solution	1	
alburx (human) 5 % intravenous parenteral solution	1	
albutein 25 % intravenous parenteral solution	1	
albutein 5 % intravenous parenteral solution	1	
aminocaproic acid intravenous solution	1	
buminate 25 % intravenous parenteral solution	1	
buminate 5 % intravenous parenteral solution	1	
<b>DROXIA ORAL CAPSULE</b>	2	
hetastarch 6 % in 0.9 % nacl intravenous solution	1	
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1	
pentoxifylline oral tablet extended release	1	
plasbumin 25 % intravenous parenteral solution	1	
plasbumin 5 % intravenous parenteral solution	1	
plasmanate intravenous parenteral solution	1	
protamine intravenous solution	1	
tranexamic acid intravenous solution	2	QL
tranexamic acid oral tablet	1	QL
<b>CARDIAC DRUGS</b>		
adenosine intravenous solution	1	
adenosine intravenous syringe	1	
afeditab cr oral tablet extended release 30 mg	2	DO

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
afeditab cr oral tablet extended release 60 mg	2	QL
amiodarone intravenous solution	1	
amiodarone intravenous syringe	1	
amiodarone oral tablet	1	
amlodipine oral tablet 10 mg	1	QL
amlodipine oral tablet 2.5 mg, 5 mg	1	DO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1	QL
<b>CORLANOR ORAL TABLET</b>	2	PA; QL
digitek oral tablet	1	
digox oral tablet	1	
digoxin injection solution	1	
digoxin injection syringe	1	
digoxin oral solution 50 mcg/ml	1	
digoxin oral tablet	1	
<b>DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
diltiazem hcl intravenous recon soln	1	
diltiazem hcl intravenous solution	1	
diltiazem hcl oral capsule, extended release 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule, extended release 240 mg, 300 mg, 360 mg, 420 mg	1	QL
diltiazem hcl oral capsule,ext release degradable 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule,ext release degradable 240 mg	1	QL
diltiazem hcl oral capsule,extended release 12 hr	1	QL

Drug Name	Tier	Notes
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1	DO
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1	QL
diltiazem hcl oral tablet	1	QL
diltiazem hcl oral tablet extended release 24 hr 180 mg	1	DO
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1	QL
dilt-xr oral capsule,ext release degradable 120 mg, 180 mg	1	DO
dilt-xr oral capsule,ext release degradable 240 mg	1	QL
disopyramide phosphate oral capsule	2	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml), 500 mg/500 ml (1,000 mcg/ml)	1	
dobutamine intravenous solution	1	
dofetilide oral capsule	3	
felodipine oral tablet extended release 24 hr 10 mg	1	QL
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1	DO
flecainide oral tablet	2	
ibutilide fumarate intravenous solution	1	
<b>ISORDIL ORAL TABLET</b>	2	
isosorbide dinitrate oral tablet	1	
isosorbide dinitrate oral tablet extended release	1	
isosorbide mononitrate oral tablet	1	
isosorbide mononitrate oral tablet extended release 24 hr	1	
isradipine oral capsule	1	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	2	
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
lidocaine (pf) intravenous solution	1	
lidocaine (pf) intravenous syringe	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
matzim la oral tablet extended release 24 hr 180 mg	1	DO
matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1	QL
mexiletine oral capsule	2	
milrinone in 5 % dextrose intravenous piggyback	1	
milrinone intravenous solution	1	
nicardipine intravenous solution	1	
nicardipine oral capsule	1	QL
nifedical xl oral tablet extended release 24hr 30 mg	2	DO
nifedical xl oral tablet extended release 24hr 60 mg	2	QL
nifedipine oral capsule	2	QL
nifedipine oral tablet extended release 24hr 30 mg	2	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	2	QL
nifedipine oral tablet extended release 30 mg	2	DO
nifedipine oral tablet extended release 60 mg, 90 mg	2	QL
nimodipine oral capsule	2	QL
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg	1	DO
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1	QL

Drug Name	Tier	Notes
nitro-bid transdermal ointment	1	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	
nitroglycerin in 5 % dextrose intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin oral capsule, extended release	1	
nitroglycerin sublingual tablet	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual aerosol,spray	2	
nitroglycerin translingual spray,non-aerosol	2	
<b>NITROSTAT SUBLINGUAL TABLET</b>	2	
nitro-time oral capsule, extended release	1	
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	
procainamide injection solution	2	
propafenone oral capsule,extended release 12 hr	2	
propafenone oral tablet	2	
quinidine gluconate injection solution	2	
quinidine gluconate oral tablet extended release	2	
quinidine sulfate oral tablet	1	Tier 1a
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR</b>	2	
taztia xt oral capsule, extended release 120 mg, 180 mg	1	DO
taztia xt oral capsule, extended release 240 mg, 300 mg, 360 mg	1	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
verapamil intravenous solution	1	
verapamil intravenous syringe	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg	1	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1	QL
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1	QL
verapamil oral tablet	1	QL
verapamil oral tablet extended release	1	QL
<b>CARDIOVASCULAR</b>		
acebutolol oral capsule	1	
<b>ADCIRCA ORAL TABLET</b>	3	QL
alprostadil injection solution	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1	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	DO
amlodipine-benazepril oral capsule	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL
amlodipine-valsartan oral tablet 5-160 mg	1	DO
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1	QL
amlodipine-valsartan-hcthiiazid oral tablet 5-160-12.5 mg	1	DO
atenolol oral tablet	1	Tier 1a
atenolol-chlorthalidone oral tablet	1	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg	1	ST; DO

Drug Name	Tier	Notes
atorvastatin oral tablet 80 mg	1	ST; QL
benazepril oral tablet	1	Tier 1a
benazepril-hydrochlorothiazide oral tablet	1	
betaxolol oral tablet	1	
<b>BIDIL ORAL TABLET</b>	2	
bisoprolol fumarate oral tablet	1	
bisoprolol-hydrochlorothiazide oral tablet	1	
<b>BYSTOLIC ORAL TABLET</b>	3	
candesartan oral tablet	1	QL
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg	1	QL
candesartan-hydrochlorothiazid oral tablet 32-25 mg	1	
captopril oral tablet	1	
captopril-hydrochlorothiazid e oral tablet	1	
carvedilol oral tablet	1	
cholestyramine (with sugar) oral powder	2	
cholestyramine (with sugar) oral powder in packet	2	
cholestyramine light oral powder	2	
cholestyramine light oral powder in packet	2	
clonidine hcl oral tablet	1	Tier 1a
clonidine transdermal patch weekly	2	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1	
colestipol oral granules	1	
colestipol oral packet	1	
colestipol oral tablet	1	
<b>COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR</b>	2	
doxazosin oral tablet	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
enalapril-hydrochlorothiazide oral tablet	1	
<b>ENTRESTO ORAL TABLET</b>	2	PA; QL
ephedrine sulfate injection solution	1	
eprosartan oral tablet	1	QL
ergoloid oral tablet	2	
esmolol intravenous solution	1	
fenofibrate micronized oral capsule	1	
fenofibrate nanocrystallized oral tablet	1	
fenofibrate oral tablet 120 mg, 40 mg	1	PA; DO
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec)	1	
fenofibric acid oral tablet	1	
fluvastatin oral capsule	1	ST; DO
fluvastatin oral tablet extended release 24 hr	1	ST
fosinopril oral tablet	1	
fosinopril-hydrochlorothiazide oral tablet	1	
gemfibrozil oral tablet	1	
guanfacine oral tablet	1	
<b>HEMANGEOL ORAL SOLUTION</b>	3	
hydralazine injection solution	2	
hydralazine oral tablet	1	
indomethacin sodium intravenous recon soln	2	
irbesartan oral tablet 150 mg, 75 mg	1	DO
irbesartan oral tablet 300 mg	1	QL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	
isoxsuprine oral tablet	1	
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	

Drug Name	Tier	Notes
labetalol oral tablet	1	
<b>LETAIRIS ORAL TABLET</b>	3	PA; QL
lisinopril oral tablet	1	Tier 1a
lisinopril-hydrochlorothiazide oral tablet	1	
losartan oral tablet	1	QL
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	DO
lovastatin oral tablet 10 mg, 20 mg	1	ST; DO
lovastatin oral tablet 40 mg	1	ST; QL
methyldopa oral tablet	1	
methyldopa-hydrochlorothiazide oral tablet	1	
methyldopate intravenous solution	2	
metoprolol succinate oral tablet extended release 24 hr	1	
metoprolol ta-hydrochlorothiaz oral tablet	1	
metoprolol tartrate intravenous solution	1	Tier 1a
metoprolol tartrate intravenous syringe	1	Tier 1a
metoprolol tartrate oral tablet	1	Tier 1a
minoxidil oral tablet	1	
moexipril oral tablet	1	
moexipril-hydrochlorothiazide oral tablet	1	
nadolol oral tablet	2	
nadolol-bendroflumethiazide oral tablet	1	
niacin oral tablet extended release 24 hr	1	QL
papaverine injection solution	1	QL
perindopril erbumine oral tablet	1	
phenylephrine hcl injection solution	1	
pindolol oral tablet	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
pravastatin oral tablet 10 mg, 20 mg	1	ST; DO
pravastatin oral tablet 40 mg	1	ST
pravastatin oral tablet 80 mg	1	ST; QL
prazosin oral capsule	1	
prevalite oral powder	2	
prevalite oral powder in packet	2	
propranolol intravenous solution	1	
propranolol oral capsule, extended release 24 hr	1	
propranolol oral solution	1	
propranolol oral tablet	1	
propranolol-hydrochlorothiazid oral tablet	1	
quinapril oral tablet	1	
quinapril-hydrochlorothiazid e oral tablet	1	
ramipril oral capsule	1	
<b>REMODULIN INJECTION SOLUTION</b>	3	PA
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR</b>	3	PA; QL
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>REPATHA SYRINGE SUBCUTANEOUS SYRINGE</b>	3	PA; QL
reserpine oral tablet	1	
rosuvastatin oral tablet 10 mg, 20 mg, 5 mg	2	ST; DO
rosuvastatin oral tablet 40 mg	2	ST; QL
sildenafil oral tablet	3	PA; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ST; DO
simvastatin oral tablet 80 mg	1	ST; QL
sorine oral tablet	2	
sotalol af oral tablet	2	
sotalol oral tablet	2	
telmisartan oral tablet 20 mg, 40 mg	1	DO

Drug Name	Tier	Notes
telmisartan oral tablet 80 mg	1	QL
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1	QL
telmisartan-amlodipine oral tablet 40-5 mg	1	DO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1	QL
terazosin oral capsule	1	
timolol maleate oral tablet	1	
<b>TRACLEER ORAL TABLET</b>	3	PA; QL
trandolapril oral tablet	1	QL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1	DO; QL
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1	QL
valsartan oral tablet	1	QL
valsartan-hydrochlorothiazid e oral tablet 160-12.5 mg, 80-12.5 mg	1	DO
valsartan-hydrochlorothiazid e oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL
<b>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION</b>	3	PA
<b>WELCHOL ORAL POWDER IN PACKET</b>	2	
<b>WELCHOL ORAL TABLET</b>	2	
<b>CNS DRUGS</b>		
<b>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT</b>	3	PA
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	3	PA
<b>AVONEX INTRAMUSCULAR SYRINGE</b>	3	PA

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	3	PA
<b>BETASERON SUBCUTANEOUS KIT</b>	3	PA
caffeine citrated intravenous solution	2	
caffeine citrated oral solution	2	
caffeine-sodium benzoate injection solution	1	
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet, chewable	1	
clonazepam oral tablet	1	
clonazepam oral tablet, disintegrating	1	
<b>COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML</b>	3	PA
<b>DIASTAT RECTAL KIT</b>	2	QL
diazepam rectal kit	1	QL
<b>DILANTIN ORAL CAPSULE</b>	2	
divalproex oral capsule, sprinkle	1	
divalproex oral tablet extended release 24 hr	1	
divalproex oral tablet, delayed release (dr/ec)	1	
doxapram intravenous solution	1	
epitol oral tablet	1	
ethanol (ethyl alcohol) injection solution	1	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
felbamate oral suspension	2	
felbamate oral tablet	2	
fosphenytoin injection solution	2	

Drug Name	Tier	Notes
gabapentin oral capsule	2	
gabapentin oral solution	2	
gabapentin oral tablet 600 mg, 800 mg	2	
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>	2	
glatopa subcutaneous syringe	3	PA
<b>LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK</b>	2	
<b>LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK</b>	2	
<b>LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK</b>	2	
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	1	
lamotrigine oral tablet extended release 24hr	1	
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet, disintegrating	1	
lamotrigine oral tablets, dose pack 25 mg (35)	1	
levetiracetam intravenous solution	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
levetiracetam oral tablet extended release 24 hr	2	
memantine oral solution	2	
memantine oral tablet	2	
<b>NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK</b>	2	
<b>NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK</b>	2	
<b>NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR</b>	2	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
phenytoin oral suspension	1	
phenytoin oral tablet, chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium intravenous solution	1	
phenytoin sodium intravenous syringe	1	
primidone oral tablet	1	
riluzole oral tablet	3	
roweepra oral tablet	2	
tetrabenazine oral tablet	3	PA
tiagabine oral tablet	2	
topiramate oral capsule, sprinkle	1	
topiramate oral tablet	1	
valproate sodium intravenous solution	1	
valproic acid (as sodium salt) oral solution	1	
valproic acid oral capsule	1	
zonisamide oral capsule	2	
<b>COLONY STIMULATING FACTORS</b>		
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION</b>	3	PA
<b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE</b>	3	PA
<b>NEULASTA SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR</b>	3	PA; QL
<b>NEUPOGEN INJECTION SOLUTION</b>	3	PA
<b>NEUPOGEN INJECTION SYRINGE</b>	3	PA
<b>PROCRIT INJECTION SOLUTION</b>	3	PA
<b>PROMACTA ORAL TABLET</b>	3	PA

Drug Name	Tier	Notes
<b>CONTRACEPTIVES</b>		
altavera (28) oral tablet	1	PA; Tier 1a
alyacen 1/35 (28) oral tablet	1	PA; Tier 1a
alyacen 7/7/7 (28) oral tablet	1	PA; Tier 1a
amethia lo oral tablets, dose pack, 3 month	1	PA
amethia oral tablets, dose pack, 3 month	1	PA
amethyst oral tablet	1	PA
apri oral tablet	1	PA; Tier 1a
aranelle (28) oral tablet	1	PA; Tier 1a
ashlyna oral tablets, dose pack, 3 month	1	
aubra oral tablet	1	PA; Tier 1a
aviane oral tablet	1	PA; Tier 1a
azurette (28) oral tablet	1	PA
balziva (28) oral tablet	1	PA; Tier 1a
bekyree (28) oral tablet	1	PA
<b>BEYAZ ORAL TABLET</b>	2	PA
blisovi 24 fe oral tablet	1	PA; Tier 1a
blisovi fe 1.5/30 (28) oral tablet	1	Tier 1a
blisovi fe 1/20 (28) oral tablet	1	PA; Tier 1a
briellyn oral tablet	1	PA; Tier 1a
camila oral tablet	1	PA
camrese lo oral tablets, dose pack, 3 month	1	PA
camrese oral tablets, dose pack, 3 month	1	PA
<b>CAYA CONTOURED VAGINAL DIAPHRAGM</b>		
caziant (28) oral tablet	1	Tier 1a
chateal oral tablet	1	PA; Tier 1a
cryselles (28) oral tablet	1	PA; Tier 1a
cyclafem 1/35 (28) oral tablet	1	Tier 1a
cyclafem 7/7/7 (28) oral tablet	1	Tier 1a
cyred oral tablet	1	PA; Tier 1a
dasetta 1/35 (28) oral tablet	1	PA; Tier 1a
dasetta 7/7/7 (28) oral tablet	1	PA; Tier 1a
daysee oral tablets, dose pack, 3 month	1	PA
deblitane oral tablet	1	PA

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
delyla (28) oral tablet	1	PA; Tier 1a
desog-e.estradiol/e.estradiol oral tablet	1	PA
desogestrel-ethinyl estradiol oral tablet	1	PA; Tier 1a
drosiprenone-ethinyl estradiol oral tablet	1	PA
elinest oral tablet	1	PA; Tier 1a
<b>ELLA ORAL TABLET</b>	2	
emoquette oral tablet	1	Tier 1a
enpresse oral tablet	1	PA; Tier 1a
enskyce oral tablet	1	PA; Tier 1a
errin oral tablet	1	PA
estarylla oral tablet	1	PA; Tier 1a
falmina (28) oral tablet	1	PA; Tier 1a
<b>FEMCAP VAGINAL DEVICE</b>	2	
gianvi (28) oral tablet	1	PA
gildagia oral tablet	1	Tier 1a
heather oral tablet	1	PA
introvale oral tablets,dose pack,3 month	1	PA
jencycla oral tablet	1	PA
jolessa oral tablets,dose pack,3 month	1	PA
jolivette oral tablet	1	PA
juleber oral tablet	1	Tier 1a
junel 1.5/30 (21) oral tablet	1	PA; Tier 1a
junel 1/20 (21) oral tablet	1	PA; Tier 1a
junel fe 1.5/30 (28) oral tablet	1	PA; Tier 1a
junel fe 1/20 (28) oral tablet	1	PA; Tier 1a
junel fe 24 oral tablet	1	PA; Tier 1a
kaitlib fe oral tablet,chewable	1	
kariva (28) oral tablet	1	PA
kelnor 1/35 (28) oral tablet	1	PA; Tier 1a
kimidess (28) oral tablet	1	
kurvelo oral tablet	1	PA; Tier 1a
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1	PA
larin 1.5/30 (21) oral tablet	1	PA; Tier 1a
larin 1/20 (21) oral tablet	1	PA; Tier 1a
larin 24 fe oral tablet	1	PA; Tier 1a

Drug Name	Tier	Notes
larin fe 1.5/30 (28) oral tablet	1	PA; Tier 1a
larin fe 1/20 (28) oral tablet	1	PA; Tier 1a
larissia oral tablet	1	Tier 1a
layolis fe oral tablet,chewable	1	PA
leena 28 oral tablet	1	PA; Tier 1a
lessina oral tablet	1	PA; Tier 1a
levonest (28) oral tablet	1	PA; Tier 1a
levonorgestrel oral tablet 1.5 mg	1	QL
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1	PA; Tier 1a
levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg	1	PA
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	1	PA
levonorg-eth estradiol triphasic oral tablet	1	Tier 1a
levora-28 oral tablet	1	PA; Tier 1a
<b>LO LOESTRIN FE ORAL TABLET</b>	2	PA
lomedina 24 fe oral tablet	1	Tier 1a
loryna (28) oral tablet	1	PA
low-ogestrel (28) oral tablet	1	PA; Tier 1a
luteru (28) oral tablet	1	PA; Tier 1a
lyza oral tablet	1	
marlissa oral tablet	1	PA; Tier 1a
medroxyprogesterone intramuscular suspension	1	PA
medroxyprogesterone intramuscular syringe	1	PA
microgestin 1.5/30 (21) oral tablet	1	PA; Tier 1a
microgestin 1/20 (21) oral tablet	1	PA; Tier 1a
microgestin fe 1.5/30 (28) oral tablet	1	PA; Tier 1a
microgestin fe 1/20 (28) oral tablet	1	PA; Tier 1a
<b>MINASTRIN 24 FE ORAL TABLET,CHEWABLE</b>	2	
mono-linyah oral tablet	1	PA; Tier 1a
mononessa (28) oral tablet	1	PA; Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
my way oral tablet	1	QL
myzilra oral tablet	1	Tier 1a
<b>NATAZIA ORAL TABLET</b>	2	PA
necon 0.5/35 (28) oral tablet	1	PA; Tier 1a
necon 1/35 (28) oral tablet	1	PA; Tier 1a
necon 1/50 (28) oral tablet	1	PA; Tier 1a
necon 10/11 (28) oral tablet	1	PA; Tier 1a
necon 7/7/7 (28) oral tablet	1	PA; Tier 1a
next choice one dose oral tablet	1	QL
nikki (28) oral tablet	1	
nora-be oral tablet	1	PA
noreth-ethinyl estradiol-iron oral tablet, chewable	1	PA
norethindrone (contraceptive) oral tablet	1	PA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	PA; Tier 1a
norethindrone-e.estradiol-iron oral tablet	1	PA; Tier 1a
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	PA
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1	PA; Tier 1a
norlyroc oral tablet	1	PA
nortrel 0.5/35 (28) oral tablet	1	PA; Tier 1a
nortrel 1/35 (21) oral tablet	1	PA; Tier 1a
nortrel 1/35 (28) oral tablet	1	PA; Tier 1a
nortrel 7/7/7 (28) oral tablet	1	PA; Tier 1a
<b>NUVARING VAGINAL RING</b>	2	PA
ocella oral tablet	1	PA
ogestrel (28) oral tablet	1	PA; Tier 1a
orsythia oral tablet	1	Tier 1a
philith oral tablet	1	PA; Tier 1a
pimtrex (28) oral tablet	1	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	1	Tier 1a
pirmella oral tablet 1-35 mg-mcg	1	PA; Tier 1a
portia oral tablet	1	PA; Tier 1a
previfem oral tablet	1	Tier 1a
<b>QUARTETTE ORAL TABLETS, DOSE PACK, 3 MONTH</b>	2	PA
quasense oral tablets, dose pack, 3 month	1	PA
reclipsen (28) oral tablet	1	PA; Tier 1a
<b>SAFYRAL ORAL TABLET</b>	2	
setlakin oral tablets, dose pack, 3 month	1	PA
sharobel oral tablet	1	PA
sprintec (28) oral tablet	1	PA; Tier 1a
sronyx oral tablet	1	PA; Tier 1a
syeda oral tablet	1	PA
tarina fe 1/20 (28) oral tablet	1	PA; Tier 1a
<b>TAYTULLA ORAL CAPSULE</b>	2	
tilia fe oral tablet	1	PA
tri-estarylla oral tablet	1	PA
tri-legest fe oral tablet	1	PA
tri-linyah oral tablet	1	PA
tri-lo-estarylla oral tablet	1	
tri-lo-marzia oral tablet	1	
tri-lo-sprintec oral tablet	1	
trinessa (28) oral tablet	1	PA
trinessa lo oral tablet	1	
tri-previfem (28) oral tablet	1	
tri-sprintec (28) oral tablet	1	PA
trivora (28) oral tablet	1	PA; Tier 1a
velivet triphasic regimen (28) oral tablet	1	PA; Tier 1a
vestura (28) oral tablet	1	PA
vienva oral tablet	1	Tier 1a
viorele (28) oral tablet	1	PA
vyfemla (28) oral tablet	1	Tier 1a
wera (28) oral tablet	1	PA; Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	2	
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	
wymzya fe oral tablet,chewable	1	
xulane transdermal patch weekly	1	QL
zarah oral tablet	1	
zenchent (28) oral tablet	1	PA; Tier 1a
zenchent fe oral tablet,chewable	1	PA
zovia 1/35e (28) oral tablet	1	PA; Tier 1a
zovia 1/50e (28) oral tablet	1	PA; Tier 1a
<b>COUGH/COLD PREPARATIONS</b>		
benzonatate oral capsule	1	
brompheniramine-pseudoeph -dm oral syrup	1	
centergy dm oral drops	1	
cheratussin ac oral liquid	1	Tier 1a
cheratussin dac oral syrup	1	
guaifenesin ac oral liquid	1	Tier 1a
guaifenesin dac oral syrup	1	
hydrocodone-chlorphenirami ne oral suspension,extended rel 12 hr	1	

Drug Name	Tier	Notes
hydrocodone-cpm-pseudoeph ed oral solution	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
hydromet oral syrup	1	
iophen c-nr oral liquid	1	Tier 1a
lortuss ex oral syrup	1	
m-clear wc oral liquid	1	Tier 1a
phenylhistine dh oral liquid	1	
<b>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</b>	2	
promethazine vc-codeine oral syrup	1	
promethazine-codeine oral syrup	1	Tier 1a
promethazine-dm oral syrup	1	Tier 1a
promethazine-phenyleph-cod eine oral syrup	1	
relcof c oral liquid	1	Tier 1a
rydex oral liquid	1	
tusnel c oral syrup	1	
<b>TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR</b>	2	
tussigon oral tablet	1	
virtussin ac oral liquid	1	Tier 1a
virtussin dac oral syrup	1	
<b>ZODRYL AC 40 ORAL SUSPENSION</b>	2	
<b>ZODRYL DEC 30 ORAL SUSPENSION</b>	2	
<b>Z-TUSS AC ORAL LIQUID</b>	2	
<b>DIAGNOSTIC</b>		
<b>ACCU-CHEK AVIVA PLUS TEST STRP STRIP</b>	2	QL
<b>ACCU-CHEK COMPACT PLUS TEST STRIP</b>	2	QL
<b>ACCU-CHEK COMPACT TEST STRIP</b>	2	QL
<b>ACCU-CHEK SMARTVIEW TEST STRIP STRIP</b>	2	QL

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
carteolol ophthalmic drops	1	Tier 1a
<b>COMBIGAN OPTHALMIC DROPS</b>	2	
cromolyn ophthalmic drops	1	QL; Tier 1a
cyclopentolate ophthalmic drops	1	
<b>CYSTARAN OPTHALMIC DROPS</b>	3	
dexamethasone sodium phosphate ophthalmic drops	1	
diclofenac sodium ophthalmic drops	1	
dorzolamide ophthalmic drops	1	
dorzolamide-timolol ophthalmic drops	1	
<b>DUREZOL OPTHALMIC DROPS</b>	2	QL
<b>DYMISTA NASAL SPRAY, NON-AEROSOL</b>	2	QL
flucaïne ophthalmic drops	1	
fluocinolone acetonide oil otic drops	1	
fluorescein-benoxinate ophthalmic drops	1	
fluorescein-proparacaine ophthalmic drops	1	
fluorometholone ophthalmic drops, suspension	1	
flurbiprofen sodium ophthalmic drops	1	
flurox ophthalmic drops	1	
homatropaire ophthalmic drops	1	
homatropine hbr ophthalmic drops	1	
hydrocortisone-acetic acid otic drops	1	
<b>ILEVRO OPTHALMIC DROPS, SUSPENSION</b>	2	
ipratropium bromide nasal spray, non-aerosol	1	QL
ketorolac ophthalmic drops	1	
latanoprost ophthalmic drops	1	
levobunolol ophthalmic drops 0.5 %	1	

Drug Name	Tier	Notes
<b>LOTEMAX OPTHALMIC DROPS, SUSPENSION</b>	2	
<b>LOTEMAX OPTHALMIC OINTMENT</b>	2	
<b>LUMIGAN OPTHALMIC DROPS 0.01 %</b>	2	
metipranolol ophthalmic drops	1	
miostat intraocular solution	1	
mometasone nasal spray, non-aerosol	3	ST; QL
ocucoat intraocular syringe	1	
olopatadine nasal spray, non-aerosol	1	QL
phenylephrine hcl ophthalmic drops	1	
pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %	1	
prednisolone acetate ophthalmic drops, suspension	1	
prednisolone sodium phosphate ophthalmic drops	1	
proparacaine ophthalmic drops	1	
<b>RESTASIS OPTHALMIC DROPPERETTE</b>	2	
<b>SIMBRINZA OPTHALMIC DROPS, SUSPENSION</b>	2	
tetcaïne ophthalmic drops	1	
tetracaine hcl (pf) ophthalmic drops	1	
tetracaine hcl ophthalmic drops	1	
timolol maleate ophthalmic drops	1	
timolol maleate ophthalmic gel forming solution	1	
<b>TRAVATAN Z OPTHALMIC DROPS</b>	2	
tropicamide ophthalmic drops	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
<b>ELECT/CALORIC/H2O</b>		
amino acids 15 % intravenous parenteral solution	1	
<b>AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION</b>	2	
<b>AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION</b>	2	
bd posiflush normal saline injection syringe	2	
bd posiflush saline blunt cann injection syringe	2	
bd pre-filled normal saline injection syringe	2	
bd pre-filled saline blunt can injection syringe	2	
calcium acetate oral capsule	2	
calcium acetate oral tablet 667 mg	2	
calcium chloride intravenous solution	1	
calcium chloride intravenous syringe	1	
calcium gluconate intravenous solution	1	
calcium-folic acid-vitamin d oral wafer	1	
centratex oral capsule	1	
chromium chloride intravenous solution	1	
copper chloride intravenous solution	1	

Drug Name	Tier	Notes
corvita 150 oral tablet	1	
cysteine (l-cysteine) intravenous solution	1	
cytra k crystals oral packet	1	
cytra-2 oral solution	1	
cytra-3 oral solution	1	
cytra-k oral solution	1	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	
delflex with 2.5 % dextrose intraperitoneal solution	1	
delflex-lc/1.5% dextrose intraperitoneal solution	1	
delflex-lc/2.5% dextrose intraperitoneal solution	1	
delflex-lc/4.25% dextrose intraperitoneal solution	1	
dentagel dental gel	1	Tier 1a
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution	1	
dextrose 20 % in water (d20w) intravenous parenteral solution	1	
dextrose 25 % in water (d25w) intravenous syringe	1	
dextrose 30 % in water (d30w) intravenous parenteral solution	1	
dextrose 40 % in water (d40w) intravenous parenteral solution	1	
dextrose 5 % in ringers intravenous parenteral solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	
dextrose 5 %-lactated ringers intravenous parenteral solution	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
effer-k oral tablet, effervescent 25 meq	1	
electrolyte-48 in d5w intravenous parenteral solution	1	
eliphos oral tablet	2	ST
fe c plus oral tablet	1	
ferocon oral capsule	1	
ferraplus 90 oral tablet	1	
ferrex 150 forte oral capsule	1	
ferrex 150 forte plus oral capsule	1	
ferrex 28 oral tablet	1	
ferrocite plus oral tablet	1	
ferrogels forte oral capsule	1	
fluor-a-day (with xylitol) oral tablet,chewable 0.25 mg f (0.55 mg)-236.79mg, 1 mg f (2.2 mg)-236.79 mg	1	
fluoridex daily defense dental gel	1	Tier 1a
fluoritab oral tablet,chewable	1	Tier 1a
focalgin dss oral tablet	1	
folivane-f oral capsule	1	
folivane-plus oral capsule	1	

Drug Name	Tier	Notes
freamine iii 10 % intravenous parenteral solution	1	
<b>GLUCAGEN HYPOKIT INJECTION RECON SOLN</b>	2	
<b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT</b>	2	
hematinic plus vit/minerals oral tablet	1	
hematinic/folic acid oral tablet	1	
hematogen fa oral capsule	1	
hematogen forte oral capsule	1	
hematogen oral capsule	1	
hemetab oral tablet	1	
iferex 150 forte oral capsule	1	
infed injection solution	1	
k-effervescent oral tablet, effervescent	1	
kionex (with sorbitol) oral suspension	2	
kionex oral powder	2	
klor-con 10 oral tablet extended release	1	
klor-con 8 oral tablet extended release	1	
klor-con m10 oral tablet,er particles/crystals	1	Tier 1a
klor-con m15 oral tablet,er particles/crystals	1	Tier 1a
klor-con m20 oral tablet,er particles/crystals	1	Tier 1a
klor-con oral packet	1	
klor-con sprinkle oral capsule, extended release	1	
klor-con/ef oral tablet, effervescent	1	
<b>K-PHOS ORIGINAL ORAL TABLET,SOLUBLE</b>	2	
k-phos-neutral oral tablet	1	
k-sol oral liquid	1	
k-tab oral tablet extended release 8 meq	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
lactated ringers intravenous parenteral solution	1	
ludent fluoride oral tablet, chewable	1	Tier 1a
lugols oral solution	1	
magnesium chloride injection solution	1	
magnesium sulfate in water intravenous parenteral solution	2	
magnesium sulfate in water intravenous piggyback	2	
magnesium sulfate injection solution	2	
magnesium sulfate injection syringe	2	
manganese chloride intravenous solution	1	
manganese sulfate intravenous solution	1	
monoject 0.9% sodium chloride injection syringe	2	
monoject prefill advanced ns injection syringe	2	
monoject prefill saline flush injection syringe	2	
multigen folic oral tablet	1	
multigen plus oral tablet	1	
multitrace-4 pediatric intravenous solution	1	
myferon 150 forte oral capsule	1	
normal saline flush injection syringe	2	
nutrilyte intravenous solution	1	
perio med dental solution	1	
phospha 250 neutral oral tablet	1	
poly-iron 150 forte oral capsule	1	
pot,sodium citrate-citric acid oral solution	1	
potassium acetate intravenous solution 2 meq/ml	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
potassium bicarb and chloride oral tablet, effervescent	1	
potassium bicarb-citric acid oral tablet, effervescent	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution	1	
potassium chloride intravenous piggyback	1	
potassium chloride intravenous solution	1	
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet	1	
potassium chloride oral tablet extended release	1	
potassium chloride oral tablet, er particles/crystals	1	Tier 1a
potassium chloride-0.45 % nacl intravenous parenteral solution	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
potassium citrate oral tablet extended release	1	
potassium citrate-citric acid oral packet	1	
potassium citrate-citric acid oral solution	1	
potassium phosphate m-/d-basic intravenous solution	1	
premasol 10 % intravenous parenteral solution	1	
purevit dualfe plus oral capsule	1	
<b>RENVELA ORAL POWDER IN PACKET</b>	2	
<b>RENVELA ORAL TABLET</b>	2	
ringers intravenous parenteral solution	1	
selenium intravenous solution	1	
se-tan plus oral capsule	1	
sf dental gel	1	Tier 1a
sodium acetate intravenous solution	1	
sodium bicarbonate intravenous solution	2	
sodium bicarbonate intravenous syringe	2	
sodium chloride 0.45 % intravenous parenteral solution	2	
sodium chloride 0.45 % intravenous piggyback	2	
sodium chloride 0.9 % injection solution	2	
sodium chloride 0.9 % injection syringe	2	
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 0.9 % intravenous piggyback	2	
sodium chloride 3 % intravenous parenteral solution	2	

Drug Name	Tier	Notes
sodium chloride 5 % intravenous parenteral solution	2	
sodium chloride intravenous parenteral solution	2	
sodium citrate-citric acid oral solution	1	
sodium ferric gluconat-sucrose intravenous solution	1	
sodium fluoride dental solution	1	Tier 1a
sodium fluoride oral drops	1	Tier 1a
sodium fluoride oral tablet, chewable	1	Tier 1a
sodium lactate intravenous solution	1	
sodium phosphate intravenous solution	1	
sodium polystyrene (sorb free) oral suspension	2	
sodium polystyrene sulfonate oral powder	2	
sodium polystyrene sulfonate oral suspension	2	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	
sps (with sorbitol) oral suspension	2	
sps (with sorbitol) rectal enema	2	
strong iodine oral solution	1	
syrex sodium chloride 0.9% injection syringe	2	
taron forte oral capsule	1	
tl g-fol os oral tablet	1	
tl icon oral capsule	1	
tl-hem 150 oral tablet extended release 24 hr	1	
travasol 10 % intravenous parenteral solution	1	
tricitrates oral solution	1	
tricon oral capsule	1	
trigels-f forte oral capsule	1	
virt-phos 250 neutral oral tablet	1	
virtrate-2 oral solution	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
virtrate-3 oral solution	1	
virtrate-k oral solution	1	
zinc chloride intravenous solution	1	
zinc sulfate intravenous solution	1	
zinc sulfate oral capsule	1	
<b>GASTROINTESTINAL</b>		
alosetron oral tablet	2	
<b>AMITIZA ORAL CAPSULE</b>	2	
anaspaz oral tablet,disintegrating	2	
<b>APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	2	
atropine injection solution	2	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	2	
balsalazide oral capsule	1	
<b>CANASA RECTAL SUPPOSITORY</b>	2	
carafate oral suspension	2	
chlordiazepoxide-clidinium oral capsule	1	
cimetidine hcl oral solution	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
compro rectal suppository	1	
constulose oral solution	1	
<b>CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
dicyclomine intramuscular solution	2	
dicyclomine oral capsule	1	Tier 1a
dicyclomine oral solution	1	Tier 1a
dicyclomine oral tablet	1	Tier 1a
dimenhydrinate injection solution	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
dronabinol oral capsule	2	

Drug Name	Tier	Notes
ed-spaz oral tablet,disintegrating	1	
enulose oral solution	1	
famotidine (pf) intravenous solution	1	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1	
famotidine intravenous solution	1	
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
gavilyte-c oral recon soln	1	Tier 1a
gavilyte-g oral recon soln	1	Tier 1a
gavilyte-h and bisacodyl oral kit	1	
gavilyte-n oral recon soln	1	Tier 1a
generlac oral solution	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet	1	
granisetron (pf) intravenous solution	2	
granisetron hcl intravenous solution	2	
granisetron hcl oral tablet	2	QL
hemmorex-hc rectal suppository	1	
hydrocortisone acetate rectal suppository	1	
hydrocortisone-pramoxine rectal cream	1	
hyoscyamine sulfate oral drops	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	
hyoscyamine sulfate sublingual tablet	1	
hyosyne oral drops	1	
hyosyne oral elixir	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
intralipid intravenous emulsion 20 %	1	
lactulose oral solution	1	
<b>LEVSIN INJECTION SOLUTION</b>	2	
<b>LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	2	
<b>LINZESS ORAL CAPSULE</b>	2	
loperamide oral capsule	1	
meclizine oral tablet 12.5 mg, 25 mg	1	Tier 1a
mesalamine rectal enema	2	
mesalamine with cleansing wipe rectal enema kit	2	
methscopolamine oral tablet	1	
metoclopramide hcl injection solution	1	Tier 1a
metoclopramide hcl injection syringe	1	Tier 1a
metoclopramide hcl oral solution	1	Tier 1a
metoclopramide hcl oral tablet	1	Tier 1a
metoclopramide hcl oral tablet,disintegrating	1	Tier 1a
misoprostol oral tablet	1	Tier 1a
nizatidine oral capsule	1	
nizatidine oral solution	1	
<b>NUTRIPOINT BALLOON KIT</b>	2	
ondansetron hcl (pf) injection solution	2	
ondansetron hcl (pf) injection syringe	2	
ondansetron hcl intravenous solution	2	
ondansetron hcl oral solution	2	QL
ondansetron hcl oral tablet	2	QL
ondansetron oral tablet,disintegrating	2	QL
opium tincture oral tincture	2	
oscimin oral tablet	1	
oscimin oral tablet,disintegrating	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
oscimin sl sublingual tablet	1	
oscimin sr oral tablet extended release 12 hr	1	
paregoric oral liquid	2	QL
peg 3350-electrolytes oral recon soln	1	Tier 1a
peg-3350 with flavor packs oral recon soln	1	Tier 1a
peg-electrolyte soln oral recon soln	1	Tier 1a
peg-prep oral kit	1	
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE</b>	2	
phenadoz rectal suppository	2	
phenergan rectal suppository	2	
phenobarb-hyoscy-atropine-s cop oral tablet	1	
phenohydro oral tablet	1	
polyethylene glycol 3350 oral powder	1	
polyethylene glycol 3350 oral powder in packet	1	
pramcort rectal cream	1	
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	Tier 1a
prochlorperazine rectal suppository	1	
promethazine rectal suppository	2	
promethegan rectal suppository	2	
propantheline oral tablet	1	
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sodium phenylbutyrate oral powder	3	
sucralfate oral tablet	1	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet,delayed release (dr/ec)	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
symax fastabs oral tablet,disintegrating	1	
symax-sl sublingual tablet	1	
symax-sr oral tablet extended release 12 hr	1	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY</b>	2	
trilyte with flavor packets oral recon soln	1	Tier 1a
trimethobenzamide oral capsule	1	
ursodiol oral capsule	2	
ursodiol oral tablet	2	
<b>ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT</b>	2	
<b>HORMONES</b>		
a-hydrocort injection recon soln	1	
amabelz oral tablet	1	
<b>ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)</b>	2	PA; QL
<b>ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)</b>	2	PA; QL
androxy oral tablet	2	
betamethasone acet,sod phos injection suspension	1	
budesonide oral capsule,delayed,extend.release	2	
cabergoline oral tablet	1	
calcitonin (salmon) nasal spray,non-aerosol	2	QL

Drug Name	Tier	Notes
chorionic gonadotropin, human intramuscular recon soln	3	PA
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	2	
clomiphene citrate oral tablet	1	PA
colocort rectal enema	2	
<b>COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY</b>	2	
cortisone oral tablet	1	
cosyntropin injection recon soln	2	
covaryx h.s. oral tablet	1	
covaryx oral tablet	1	
danazol oral capsule	2	
deltasone oral tablet 20 mg	1	Tier 1a
desmopressin injection solution	1	
desmopressin nasal aerosol,spray	1	
desmopressin nasal solution	1	
desmopressin nasal spray,non-aerosol	1	
desmopressin oral tablet	1	
dexamethasone intensol oral drops	1	Tier 1a
dexamethasone oral elixir	1	Tier 1a
dexamethasone oral solution	1	Tier 1a
dexamethasone oral tablet	1	Tier 1a
dexamethasone sodium phos (pf) injection solution	1	
dexamethasone sodium phosphate injection solution	1	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET</b>	2	
eemt hs oral tablet	1	
eemt oral tablet	1	
<b>ENDOMETRIN VAGINAL INSERT</b>	2	PA
<b>ESTRACE VAGINAL CREAM</b>	2	
estradiol oral tablet	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
estradiol transdermal patch semiweekly	1	
estradiol transdermal patch weekly	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet	1	
<b>ESTRING VAGINAL RING</b>	2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	1	
estropipate oral tablet	1	Tier 1a
<b>EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL</b>	2	
fludrocortisone oral tablet	1	
<b>FOLLISTIM AQ INJECTION SOLUTION 75 UNIT/0.5 ML</b>	3	PA
<b>FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE</b>	3	PA
fyavolv oral tablet	1	
<b>HUMATROPE INJECTION CARTRIDGE</b>	3	PA
<b>HUMATROPE INJECTION RECON SOLN</b>	3	PA
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	1	
jevantique lo oral tablet	1	
jinteli oral tablet	1	
lopreeza oral tablet	1	
<b>MEDROL ORAL TABLET 2 MG</b>	2	
medroxyprogesterone oral tablet	1	Tier 1a
<b>MENEST ORAL TABLET</b>	2	
methergine oral tablet	1	
methylergonovine oral tablet	1	
methylprednisolone acetate injection suspension	1	
methylprednisolone oral tablet	1	Tier 1a

Drug Name	Tier	Notes
methylprednisolone oral tablets, dose pack	1	Tier 1a
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	
methylprednisolone sodium succ intravenous recon soln	1	
methyltestosterone oral capsule	2	
millipred dp oral tablets, dose pack	1	Tier 1a
millipred oral tablet	1	Tier 1a
mimvey lo oral tablet	1	
mimvey oral tablet	1	
norethindrone acetate oral tablet	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
<b>NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR</b>	3	PA
<b>NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML)</b>	3	PA
oxandrolone oral tablet	2	PA
oxytocin injection solution	1	
prednisolone oral solution 15 mg/5 ml	1	Tier 1a
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	Tier 1a
prednisolone sodium phosphate oral tablet, disintegrating	1	Tier 1a
prednisone intensol oral concentrate	1	Tier 1a
prednisone oral solution	1	Tier 1a
prednisone oral tablet	1	Tier 1a
prednisone oral tablets, dose pack	1	Tier 1a
<b>PREMARIN INJECTION RECON SOLN</b>	2	
<b>PREMARIN ORAL TABLET</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



Drug Name	Tier	Notes
<b>PREMARIN VAGINAL CREAM</b>	2	
<b>PREMPHASE ORAL TABLET</b>	2	
<b>PREMPRO ORAL TABLET</b>	2	
progesterone in oil intramuscular oil	1	
progesterone intramuscular oil	1	
progesterone micronized oral capsule	1	
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT</b>	3	PA; QL
serophene oral tablet	1	PA
<b>SOMATULINE DEPOT SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>SYNAREL NASAL SPRAY, NON-AEROSOL</b>	3	PA
testosterone cypionate intramuscular oil	1	PA
testosterone enanthate intramuscular oil	1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	2	PA; QL
triamcinolone acetonide injection suspension	1	
<b>VAGIFEM VAGINAL TABLET</b>	2	
vasopressin injection solution	1	
veripred 20 oral solution	1	Tier 1a
<b>IMMUNOSUPPRESSANT</b>		
<b>AZASAN ORAL TABLET</b>	2	PA
azathioprine oral tablet	1	PA
azathioprine sodium injection recon soln	1	PA
cyclosporine modified oral capsule	3	PA
cyclosporine modified oral solution	3	PA
cyclosporine oral capsule	3	PA
<b>ELIDEL TOPICAL CREAM</b>	2	ST

Drug Name	Tier	Notes
gengraf oral capsule 100 mg, 25 mg	3	PA
gengraf oral capsule 50 mg	3	
gengraf oral solution	3	PA
mycophenolate mofetil oral capsule	3	PA
mycophenolate mofetil oral suspension for reconstitution	3	PA
mycophenolate mofetil oral tablet	3	PA
mycophenolate sodium oral tablet, delayed release (dr/ec)	3	PA
<b>RAPAMUNE ORAL SOLUTION</b>	3	PA
sirolimus oral tablet	3	PA
<b>STELARA SUBCUTANEOUS SYRINGE</b>	3	PA; QL
tacrolimus oral capsule	3	PA
tacrolimus topical ointment	1	ST
<b>ZORTRESS ORAL TABLET</b>	3	PA
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b>		
<b>1ST TIER UNIFINE PENTIPS NEEDLE</b>	2	
<b>1ST TIER UNIFINE PENTIPS PLUS NEEDLE</b>	2	
<b>ACCU-CHEK FASTCLIX</b>	2	
<b>ACCU-CHEK FASTCLIX KIT</b>	2	
<b>ACCU-CHEK MULTICLIX LANCET</b>	2	
<b>ACCU-CHEK MULTICLIX LANCET KIT</b>	2	
<b>ACCU-CHEK SAFE-T-PRO</b>	2	
<b>ACCU-CHEK SAFE-T-PRO PLUS</b>	2	
<b>ACCU-CHEK SOFT DEV LANCETS KIT</b>	2	
<b>ACCU-CHEK SOFTCLIX LANCETS</b>	2	
<b>ADVOCATE PEN NEEDLES NEEDLE</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>BD AUTOSHIELD DUO PEN NEEDLE NEEDLE</b>	2	
<b>BD AUTOSHIELD PEN NEEDLE NEEDLE</b>	2	
<b>BD INSULIN PEN NEEDLE UF MINI NEEDLE</b>	2	
<b>BD INSULIN PEN NEEDLE UF ORIG NEEDLE</b>	2	
<b>BD INSULIN PEN NEEDLE UF SHORT NEEDLE</b>	2	
<b>BD ULTRA-FINE NANO PEN NEEDLES NEEDLE</b>	2	
<b>CAREFINE PEN NEEDLE NEEDLE</b>	2	
<b>CLICKFINE NEEDLE</b>	2	
<b>COMFORT EZ PEN NEEDLES NEEDLE</b>	2	
<b>DROPLET PEN NEEDLE NEEDLE</b>	2	
<b>EASY COMFORT PEN NEEDLES NEEDLE</b>	2	
<b>EASY TOUCH NEEDLE</b>	2	
<b>HEALTHY ACCENTS UNIFINE PENTIP NEEDLE</b>	2	
<b>INCONTROL PEN NEEDLE NEEDLE</b>	2	
<b>INSUPEN NEEDLE</b>	2	
<b>LITE TOUCH INSULIN PEN NEEDLES NEEDLE</b>	2	
<b>MINI ULTRA-THIN II NEEDLE</b>	2	
<b>NOVOFINE 30 NEEDLE</b>	2	
<b>NOVOFINE 32 NEEDLE</b>	2	
<b>NOVOFINE AUTOCOVER NEEDLE</b>	2	
<b>NOVOFINE PLUS NEEDLE</b>	2	
<b>NOVOTWIST NEEDLE 32 GAUGE X 1/5"</b>	2	
<b>ONETOUCH DELICA LANC DEVICE KIT</b>	2	
<b>ONETOUCH DELICA LANCETS</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ONETOUCH SURESOFT LANCING DEV</b>	2	
<b>ONETOUCH ULTRASOFT LANCETS</b>	2	
<b>PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"</b>	2	
<b>PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"</b>	2	
<b>PENTIPS NEEDLE</b>	2	
<b>RELION NEEDLES NEEDLE</b>	2	
<b>RELION PEN NEEDLES NEEDLE</b>	2	
<b>SURE COMFORT PEN NEEDLE NEEDLE</b>	2	
<b>SURE-FINE PEN NEEDLES NEEDLE</b>	2	
<b>TECHLITE PEN NEEDLE NEEDLE</b>	2	
<b>TOPCARE CLICKFINE NEEDLE</b>	2	
<b>ULTICARE PEN NEEDLE NEEDLE</b>	2	
<b>ULTILET PEN NEEDLE NEEDLE</b>	2	
<b>ULTRA-THIN II (SHORT) PEN NDL NEEDLE</b>	2	
<b>ULTRA-THIN II INS PEN NEEDLES NEEDLE</b>	2	
<b>UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 29 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"</b>	2	
<b>UNIFINE PENTIPS PLUS NEEDLE</b>	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>MUSCLE RELAXANTS</b>		
baclofen oral tablet	1	
carisoprodol oral tablet	1	
carisoprodol-aspirin oral tablet	1	
chlorzoxazone oral tablet	1	
cyclobenzaprine oral tablet	1	
dantrolene oral capsule	2	
metaxall oral tablet	1	
metaxalone oral tablet	1	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
orphenadrine citrate injection solution	1	
orphenadrine citrate oral tablet extended release	1	
revonto intravenous recon soln	1	
tizanidine oral capsule	1	
tizanidine oral tablet	1	
<b>PRE-NATAL VITAMINS</b>		
<b>ATABEX EC ORAL TABLET, DELAYED RELEASE (DR/EC)</b>	2	
calcium pnv oral capsule	1	
c-nate dha oral capsule	1	
completenate oral tablet, chewable	1	Tier 1a
dothelle dha oral capsule	1	
elite-ob 400 oral capsule	1	
elite-ob oral capsule	1	
<b>EXTRA-VIRT PLUS DHA ORAL CAPSULE</b>	2	
folbecal oral tablet, er multiphase 24 hr	1	
folivane-ob oral capsule	1	
hemenatal ob oral tablet	1	
inatal advance oral tablet	1	
inatal ultra oral tablet	1	
macnatal cn dha oral capsule	1	
mynatal advance oral tablet	1	
mynatal oral capsule	1	
mynatal oral tablet	1	

Drug Name	Tier	Notes
mynatal plus oral tablet	1	Tier 1a
mynatal-z oral tablet	1	Tier 1a
mynate 90 plus oral tablet extended release	1	Tier 1a
newgen oral tablet	1	
pnv 29-1 oral tablet	1	Tier 1a
pnv-dha + docusate oral capsule	1	
pnv-dha oral capsule	1	
pnv-ferrous fumarate-docu-fa oral tablet	1	Tier 1a
pnv-omega oral capsule	1	
pnv-select oral tablet	1	
pnv-vp-u oral capsule	1	Tier 1a
pr natal 400 ec oral combo pack, tablet and cap, dr	1	Tier 1a
pr natal 400 oral combo pack	1	Tier 1a
pr natal 430 ec oral combo pack, tablet and cap, dr	1	Tier 1a
pr natal 430 oral combo pack	1	Tier 1a
prena1 chew oral tablet, chew, ir - dr, biphasic	1	
prena1 pearl oral capsule, ir - delay rel, biphasic	1	
prena1 true oral combo pack	1	
prenaissance next oral tablet	1	Tier 1a
prenaissance oral capsule	1	
prenaissance plus oral capsule	1	
prenatabs fa oral tablet	1	Tier 1a
prenatabs rx oral tablet	1	Tier 1a
prenatal low iron oral tablet	1	Tier 1a
prenatal plus (calcium carb) oral tablet	1	Tier 1a
prenatal plus oral tablet	1	Tier 1a
prenatal vitamin plus low iron oral tablet	1	Tier 1a
prenatal-u oral capsule	1	Tier 1a
preplus oral tablet	1	Tier 1a
pretab oral tablet	1	Tier 1a
relnate dha oral capsule	1	
rulavite dha oral capsule	1	
se-natal 19 (with docusate) oral tablet	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
se-natal 19 oral tablet,chewable	1	Tier 1a
se-tan dha oral capsule	1	
taron-c dha oral capsule	1	
taron-prex prenatal-dha oral capsule	1	
thrivite-19 oral tablet	1	Tier 1a
tl-select oral capsule	1	
triadvance oral tablet	1	QL
trinatal gt oral tablet	1	
trinatal rx 1 oral tablet	1	Tier 1a
trinate oral tablet	1	Tier 1a
triveen-one oral capsule	1	
triveen-prx rnf oral capsule	1	
ultimatecare one nf oral capsule	1	
ultimatecare one oral capsule	1	
vemavite-prx-2 oral capsule	1	
vinacal oral tablet	1	
vinate care oral tablet,chewable	1	Tier 1a
vinate dha oral capsule	1	
vinate gt oral tablet	1	
vinate ii oral tablet	1	Tier 1a
vinate m oral tablet	1	Tier 1a
vinate one oral tablet	1	Tier 1a
vinate pn care oral tablet	1	
vinate ultra oral tablet	1	
virt-advance oral tablet	1	
virt-c dha oral capsule	1	
virt-nate dha oral capsule	1	
virt-nate oral tablet	1	Tier 1a
virt-pn dha oral capsule	1	
virt-pn oral tablet	1	
virt-pn plus oral capsule	1	
virt-select oral capsule	1	
virt-vite gt oral tablet	1	
vitafol-ob oral tablet	1	Tier 1a
vol-nate oral tablet	1	Tier 1a
vol-plus oral tablet	1	Tier 1a
vol-tab rx oral tablet	1	Tier 1a
vp-ch plus oral capsule	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
vp-ch-pnv oral capsule	1	
vp-ggr-b6 oral tablet	1	Tier 1a
vp-heme ob oral tablet	1	
vp-heme one oral capsule	1	
zatean-ch oral capsule	1	
zatean-pn dha oral capsule	1	
zatean-pn plus oral capsule	1	
zingiber oral tablet	1	Tier 1a
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet,disintegrating	1	
amitriptyline oral tablet	1	Tier 1a
amitriptyline-chlordiazepoxide oral tablet	1	
amoxapine oral tablet	1	
aripiprazole oral solution	2	PA
aripiprazole oral tablet	2	PA
aripiprazole oral tablet,disintegrating	2	PA
armodafinil oral tablet 150 mg, 250 mg, 50 mg	2	PA; QL
armodafinil oral tablet 200 mg	2	PA
bupropion hcl oral tablet 100 mg	1	QL
bupropion hcl oral tablet 75 mg	1	DO
bupropion hcl oral tablet extended release 100 mg	1	DO
bupropion hcl oral tablet extended release 150 mg	1	QL
bupropion hcl oral tablet extended release 200 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg	1	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL
bupirone oral tablet	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
chlordiazepoxide hcl oral capsule	1	
chlorpromazine injection solution	1	
chlorpromazine oral tablet	1	PA
citalopram oral solution	1	QL
citalopram oral tablet 10 mg, 20 mg	1	DO
citalopram oral tablet 40 mg	1	QL
clomipramine oral capsule	1	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium oral tablet	1	
clozapine oral tablet	2	PA
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	PA
desipramine oral tablet	2	
dexmethylphenidate oral capsule,er biphasic 50-50	1	PA
dexmethylphenidate oral tablet	1	PA
diazepam injection solution	1	Tier 1a
diazepam injection syringe	1	Tier 1a
diazepam intensol oral concentrate	1	Tier 1a
diazepam oral concentrate	1	Tier 1a
diazepam oral solution	1	Tier 1a
diazepam oral tablet	1	Tier 1a
doxepin oral capsule	1	
doxepin oral concentrate	1	
droperidol injection solution	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg	2	PA; QL
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	PA; DO
escitalopram oxalate oral solution	1	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1	DO
escitalopram oxalate oral tablet 20 mg	1	QL

Drug Name	Tier	Notes
<b>FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG</b>	2	PA
fluoxetine oral capsule 10 mg, 20 mg	1	DO
fluoxetine oral capsule 40 mg	1	QL
fluoxetine oral capsule,delayed release(dr/ec)	1	QL
fluoxetine oral solution	1	QL
fluoxetine oral tablet 10 mg	1	DO
fluoxetine oral tablet 20 mg	1	
fluphenazine decanoate injection solution	1	PA
fluphenazine hcl injection solution	1	PA
fluphenazine hcl oral concentrate	1	PA
fluphenazine hcl oral elixir	1	PA
fluphenazine hcl oral tablet	1	PA
fluvoxamine oral capsule,extended release 24hr	1	QL
fluvoxamine oral tablet 100 mg	1	QL
fluvoxamine oral tablet 25 mg, 50 mg	1	DO
<b>GEODON INTRAMUSCULAR RECON SOLN</b>	2	PA
guanfacine oral tablet extended release 24 hr	1	
haloperidol decanoate intramuscular solution	1	PA
haloperidol lactate injection solution	1	PA
haloperidol lactate oral concentrate	1	PA
haloperidol oral tablet	1	PA
imipramine hcl oral tablet	1	
imipramine pamoate oral capsule	1	
lithium carbonate oral capsule	1	Tier 1a
lithium carbonate oral tablet	1	Tier 1a
lithium carbonate oral tablet extended release	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
loxapine succinate oral capsule	1	PA
maprotiline oral tablet	1	
meprobamate oral tablet	1	
metadate er oral tablet extended release	1	
methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 50 mg, 60 mg	1	PA
methylphenidate oral capsule,er biphasic 50-50	1	PA
methylphenidate oral solution	1	PA
methylphenidate oral tablet	1	PA
methylphenidate oral tablet extended release	1	PA
methylphenidate oral tablet extended release 24hr	1	PA
methylphenidate oral tablet,chewable	1	PA
mirtazapine oral tablet	1	
mirtazapine oral tablet,disintegrating	1	
modafinil oral tablet 100 mg	2	PA; DO
modafinil oral tablet 200 mg	2	PA; QL
molindone oral tablet	2	PA
nefazodone oral tablet	1	
nortriptyline oral capsule	1	
nortriptyline oral solution	1	
olanzapine intramuscular recon soln	2	PA
olanzapine oral tablet	2	PA
olanzapine oral tablet,disintegrating	2	PA
olanzapine-fluoxetine oral capsule	1	PA
oxazepam oral capsule	2	
paliperidone oral tablet extended release 24hr	2	PA

Drug Name	Tier	Notes
paroxetine hcl oral tablet 10 mg, 20 mg	1	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1	QL
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1	QL
perphenazine oral tablet	1	
perphenazine-amitriptyline oral tablet	1	
phenelzine oral tablet	1	
pimozide oral tablet	1	PA
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>	2	QL
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	2	DO
protriptyline oral tablet	2	
quetiapine oral tablet	2	PA
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE</b>	2	PA
risperidone oral solution	1	PA
risperidone oral tablet	1	PA
risperidone oral tablet,disintegrating	2	PA
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	PA
sertraline oral concentrate	1	QL
sertraline oral tablet 100 mg	1	QL
sertraline oral tablet 25 mg, 50 mg	1	DO
<b>STRATTERA ORAL CAPSULE</b>	2	
thioridazine oral tablet	1	
thiothixene oral capsule	1	
tranylcypromine oral tablet	1	
trazodone oral tablet	1	Tier 1a
trifluoperazine oral tablet	1	
trimipramine oral capsule	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
venlafaxine oral capsule,extended release 24hr 150 mg	1	QL
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1	DO
venlafaxine oral tablet	1	QL
<b>VYVANSE ORAL CAPSULE</b>	2	PA
ziprasidone hcl oral capsule	2	PA
<b>SEDATIVE/HYPNOTICS</b>		
dexmedetomidine intravenous solution	1	
estazolam oral tablet	1	
eszopiclone oral tablet 1 mg, 2 mg	1	QL
eszopiclone oral tablet 3 mg	1	PA; QL
flurazepam oral capsule	1	
lorazepam injection solution	1	
lorazepam injection syringe	1	
midazolam oral syrup 2 mg/ml	1	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
phenobarbital sodium injection solution	1	
quazepam oral tablet	1	
seconal sodium oral capsule	1	
temazepam oral capsule	1	
triazolam oral tablet	1	
zaleplon oral capsule	1	ST; QL
zolpidem oral tablet	1	QL
zolpidem sublingual tablet	2	
<b>SKIN PREPS</b>		
<b>ACANYA TOPICAL GEL WITH PUMP</b>	2	
acetic acid irrigation solution	1	
acitretin oral capsule	2	
adapalene topical cream	1	PA
adapalene topical gel	1	PA
adapalene topical gel with pump	1	
ala-cort topical cream	1	Tier 1a
alclometasone topical cream	1	

Drug Name	Tier	Notes
alclometasone topical ointment	1	
alphaquin hp topical cream	1	
<b>ALTABAX TOPICAL OINTMENT</b>	2	
amcinonide topical cream	1	
amcinonide topical lotion	1	
amcinonide topical ointment	1	
ammonium lactate topical cream	1	
ammonium lactate topical lotion	1	
apexicon e topical cream	1	
avita topical cream	1	PA
avo cream topical emulsion	1	
benzepro topical towelette	1	PA
benzoyl peroxide topical cleanser 7 %	1	PA
benzoyl peroxide topical foam 5.3 %	1	PA
betamethasone dipropionate topical cream	1	
betamethasone dipropionate topical lotion	1	
betamethasone dipropionate topical ointment	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical foam	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	1	
betamethasone, augmented topical lotion	1	
betamethasone, augmented topical ointment	1	
blanche topical cream	1	
bp-50% urea topical emulsion	1	
bpo topical gel	1	PA

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
bpo topical towelette 6 %	1	PA
calcipotriene scalp solution	1	
calcipotriene topical cream	1	
calcipotriene topical ointment	1	
calcipotriene-betamethasone topical ointment	1	
calcitrene topical ointment	1	
calcitriol topical ointment	1	
cem-urea topical gel	1	
claravis oral capsule	2	PA; QL
clindamycin-benzoyl peroxide topical gel	1	
clindamycin-benzoyl peroxide topical gel with pump	1	
clindamycin-tretinoin topical gel	1	
clobetasol scalp solution	1	
clobetasol topical cream	1	
clobetasol topical foam	1	
clobetasol topical gel	1	
clobetasol topical lotion	1	
clobetasol topical ointment	1	
clobetasol topical shampoo	1	
clobetasol topical spray,non-aerosol	1	
clobetasol-emollient topical cream	1	
clobetasol-emollient topical foam	1	
clodan topical shampoo	1	
cormax scalp solution	1	
dermazene topical cream	1	
desonide topical cream	1	
desonide topical lotion	1	
desonide topical ointment	1	
desoximetasone topical cream	1	
desoximetasone topical gel	1	
desoximetasone topical ointment	1	
diclofenac sodium topical gel 1 %	2	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
diflorasone topical cream	1	
diflorasone topical ointment	1	
doxepin topical cream	2	
drithocrema hp topical cream	1	
eletone topical cream	1	
emulsion sb topical emulsion	1	
<b>FINACEA TOPICAL FOAM</b>	2	
<b>FINACEA TOPICAL GEL</b>	2	
fluocinolone and shower cap scalp oil	1	
fluocinolone topical cream	1	
fluocinolone topical oil	1	
fluocinolone topical ointment	1	
fluocinolone topical solution	1	
fluocinonide topical cream	1	
fluocinonide topical gel	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluocinonide-e topical cream	1	
flurandrenolide topical cream	1	
flurandrenolide topical lotion	1	
fluticasone topical cream	1	
fluticasone topical lotion	1	
fluticasone topical ointment	1	
halobetasol propionate topical cream	1	
halobetasol propionate topical ointment	1	
hpr plus hydrogel topical kit,cream and gel	1	
hpr plus topical cream	1	
hpr plus topical foam	1	
hpr topical foam	1	
hydrocortisone butyrate topical cream	1	
hydrocortisone butyrate topical ointment	1	
hydrocortisone butyrate topical solution	1	
hydrocortisone butyr-emollient topical cream	1	
hydrocortisone topical cream 2.5 %	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16



<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
hydrocortisone topical lotion 2.5 %	1	Tier 1a
hydrocortisone topical ointment 2.5 %	1	Tier 1a
hydrocortisone valerate topical cream	1	
hydrocortisone valerate topical ointment	1	
hydrocortisone-iodoquinol-aloe topical cream in packet	1	
hydrocortisone-min oil-wht pet topical ointment	1	Tier 1a
hydrocortisone-pramoxine topical cream	1	
hydroquinone microspheres topical cream,extended release	1	
hydroquinone topical cream	1	
imiquimod topical cream in packet	1	PA; QL
iodoquinol-hc topical cream	1	
lactated ringers irrigation solution	1	
lactic acid e topical cream	1	
lactic acid topical lotion	1	
latrix topical suspension	1	
lindane topical shampoo	1	
luxamend topical cream	1	
malathion topical lotion	1	
melpaque hp topical cream	1	
melquin 3 topical solution	1	
methoxsalen rapid oral capsule	3	
metronidazole topical cream	1	
metronidazole topical gel	1	
metronidazole topical gel with pump	1	
metronidazole topical lotion	1	
mometasone topical cream	1	
mometasone topical ointment	1	
mometasone topical solution	1	
myorisan oral capsule	2	PA; QL
neomycin-polymyxin b gu irrigation solution	2	
neuac topical gel	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
nivatopic plus topical cream	1	
<b>ONEXTON TOPICAL GEL WITH PUMP</b>	2	
permethrin topical cream	1	
podofilox topical solution	1	
pr cream topical cream	1	
<b>PRAMOSONE TOPICAL CREAM 1-1 %</b>	2	
<b>PRAMOSONE TOPICAL LOTION</b>	2	
<b>PRAMOSONE TOPICAL OINTMENT</b>	2	
prednicarbate topical cream	1	
prednicarbate topical ointment	1	
procto-med hc topical cream with perineal applicator	1	
procto-pak topical cream with perineal applicator	1	
proctozone-hc topical cream with perineal applicator	1	
pruclair topical cream	1	
prudoxin topical cream	2	
prumyx topical cream	1	
protect topical emulsion	1	
rea lo 39 topical cream	1	
rea lo 40 topical cream	1	
rea lo 40 topical lotion	1	
recedo topical gel	1	
refissa topical cream	1	PA
remeven topical cream	1	
ringers irrigation solution	1	
rosadan topical cream	1	
rosadan topical gel	1	
salacyn topical cream	1	
salacyn topical lotion	1	
salvax topical foam	1	
scalacort topical lotion	1	Tier 1a
seb-prev topical cleanser	1	
selenium sulfide topical lotion	1	Tier 1a
selenium sulfide topical shampoo 2.25 %	1	Tier 1a

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
silver nitrate applicators topical stick	1	
silver nitrate topical ointment	1	
silver nitrate topical solution	1	
sodium chloride irrigation solution	2	
sonafine topical emulsion	1	
sp antipruritic topical gel	1	
sp scar management topical gel with pump	1	
spinosad topical suspension	1	
sulfacetamide sodium (acne) topical suspension	1	
<b>TAZORAC TOPICAL CREAM</b>	2	PA
<b>TAZORAC TOPICAL GEL</b>	2	PA
tis-u-sol pentalyte irrigation solution	1	
tretinoin (emollient) topical cream	1	PA
tretinoin microspheres topical gel	1	PA
tretinoin microspheres topical gel with pump	1	PA
tretinoin topical cream	1	PA
tretinoin topical gel	1	PA
triamcinolone acetonide topical aerosol	1	QL; Tier 1a
triamcinolone acetonide topical cream	1	QL; Tier 1a
triamcinolone acetonide topical lotion 0.025 %	1	QL; Tier 1a
triamcinolone acetonide topical lotion 0.1 %	1	Tier 1a
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	QL; Tier 1a
trianex topical ointment	1	Tier 1a
tri-chlor topical solution	1	
triderm topical cream	1	Tier 1a
umecta topical foam	1	
urea nail stick topical solution	1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1	

Drug Name	Tier	Notes
urea topical foam	1	
urea topical gel	1	
urea topical lotion 45 %	1	
urea-hyaluronate sodium topical kit	1	
ure-k topical cream	1	
water for irrigation, sterile irrigation solution	1	
zenatane oral capsule	2	PA; QL
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter) oral tablet extended release	1	
<b>CHANTIX CONTINUING MONTH BOX ORAL TABLET</b>	2	QL
<b>CHANTIX ORAL TABLET</b>	2	QL
<b>CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK</b>	2	QL
<b>THYROID PREPS</b>		
<b>ARMOUR THYROID ORAL TABLET</b>	2	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	1	Tier 1a
levothyroxine oral tablet	1	Tier 1a
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	Tier 1a
liothyronine intravenous solution	1	
liothyronine oral tablet	1	
methimazole oral tablet 10 mg, 5 mg	1	Tier 1a
nature-throid oral tablet	1	
np thyroid oral tablet	1	
propylthiouracil oral tablet	1	
unithroid oral tablet	1	Tier 1a
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
<b>UNCLASSIFIED DRUG PRODUCTS</b>		
acamprosate oral tablet, delayed release (dr/ec)	2	
acetylcysteine intravenous solution	2	
alendronate oral solution	1	
alendronate oral tablet	1	QL
alfuzosin oral tablet extended release 24 hr	1	
bacteriostatic water(parabens) injection solution	1	
buprenorphine hcl sublingual tablet	1	PA; QL
buprenorphine-naloxone sublingual tablet	1	QL
chlorhexidine gluconate mucous membrane mouthwash	1	Tier 1a
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	3	PA; QL
<b>CYSTADANE ORAL POWDER</b>	3	
darifenacin oral tablet extended release 24 hr	2	ST
disulfiram oral tablet	1	
doxercalciferol intravenous solution	2	
doxercalciferol oral capsule	2	
doxycycline hyclate oral tablet 20 mg	1	
dutasteride oral capsule	1	PA
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1	PA
etidronate disodium oral tablet	2	
<b>EXJADE ORAL TABLET, DISPERSIBLE</b>	3	PA; DO
finasteride oral tablet 1 mg	1	
finasteride oral tablet 5 mg	1	PA
flavoxate oral tablet	1	
flumazenil intravenous solution	1	
fomepizole intravenous solution	1	

Drug Name	Tier	Notes
<b>FORTEO SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT</b>	2	QL
<b>FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT</b>	2	
ibandronate oral tablet	1	ST; QL
<b>KUVAN ORAL TABLET, SOLUBLE</b>	3	PA
leucovorin calcium injection recon soln	1	
leucovorin calcium oral tablet	2	
levocarnitine (with sugar) oral solution	2	
levocarnitine intravenous solution	1	
levocarnitine oral tablet	2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
mesna intravenous solution	1	
methylene blue (antidote) intravenous solution	1	
<b>MURI-LUBE OIL</b>	2	
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	
<b>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION</b>	2	
niacin-aze ac-turmer-fa-b6-zn oral tablet	1	
oralone dental paste	1	
<b>ORFADIN ORAL CAPSULE</b>	3	
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet	1	
oxybutynin chloride oral tablet extended release 24hr	1	
paricalcitol oral capsule	2	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

Drug Name	Tier	Notes
paroex oral rinse mucous membrane mouthwash	1	Tier 1a
periogard mucous membrane mouthwash	1	Tier 1a
<b>PROLIA SUBCUTANEOUS SYRINGE</b>	3	PA; QL
pulmosal inhalation solution for nebulization	1	
<b>PULMOZYME INHALATION SOLUTION</b>	3	
raloxifene oral tablet	1	
risedronate oral tablet	1	QL
risedronate oral tablet,delayed release (dr/ec)	1	QL
<b>SAVELLA ORAL TABLET</b>	2	QL
<b>SAVELLA ORAL TABLETS,DOSE PACK</b>	2	QL
<b>SENSIPAR ORAL TABLET</b>	3	
sodium chlor 0.9% bacteriostat injection solution	2	
sodium chloride inhalation solution for nebulization	2	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1	
<b>SOMAVERT SUBCUTANEOUS RECON SOLN</b>	3	PA; QL
sterile water for injection injection solution	1	
<b>SUBOXONE SUBLINGUAL FILM</b>	2	QL
<b>SYPRINE ORAL CAPSULE</b>	3	PA; DO
tamsulosin oral capsule,extended release 24hr	1	
tolterodine oral capsule,extended release 24hr	1	
tolterodine oral tablet	1	
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR</b>	2	

Drug Name	Tier	Notes
triamcinolone acetonide dental paste	1	QL
tropium oral capsule,extended release 24hr	2	
tropium oral tablet	2	
<b>VESICARE ORAL TABLET</b>	2	
<b>VIAGRA ORAL TABLET</b>	3	
vp-zel oral tablet	1	
water for inject, bacteriostat injection solution	1	
water for injection, sterile injection solution	1	
water for injection, sterile intravenous parenteral solution	1	
<b>ZAVESCA ORAL CAPSULE</b>	3	PA; DO
<b>VITAMINS</b>		
ascorbic acid (vitamin c) injection solution	1	
b complex 100 injection solution	1	
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	
calcitriol oral solution	2	
chewable multivit-a,b,d,e,k,zn oral tablet,chewable	1	
corvita oral tablet	1	
cyanocobalamin (vitamin b-12) injection solution	1	Tier 1a
dialyvite oral tablet	1	
ergocalciferol (vitamin d2) oral capsule	1	Tier 1a
fabb oral tablet	1	
folbee ar oral tablet	1	
folbee oral tablet	1	
folbee plus oral tablet	1	
folbic oral tablet	1	
folic acid injection solution	1	Tier 1a
folic acid oral tablet 1 mg	1	Tier 1a
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
folplex 2.2 oral tablet	1	
hydroxocobalamin intramuscular solution	1	
m.v.i. adult intravenous solution	1	
<b>MEPHYTON ORAL TABLET</b>	2	
multi-vit with fluoride-iron oral drops	1	
multi-vitamin with fluoride oral drops	1	
multivitamin with fluoride oral tablet,chewable	1	
multi-vitamin with fluoride oral tablet,chewable	1	
multivitamins with fluoride oral tablet,chewable	1	
mvc-fluoride oral tablet,chewable	1	
mynephrocaps oral capsule	1	
nephplex rx oral tablet	1	
nephro-vite rx oral tablet	1	
<b>POLY-VI-FLOR FS ORAL FILM 1 MG FLUORIDE</b>	2	
pyridoxine (vitamin b6) injection solution	1	
renal caps oral capsule	1	
rena-vite rx oral tablet	1	
reno caps oral capsule	1	
thiamine hcl (vitamin b1) injection solution	1	
tl gard rx oral tablet	1	
triphrocaps oral capsule	1	
triple vitamin with fluoride oral drops	1	
tri-vit with fluoride and iron oral drops	1	
tri-vitamin with fluoride oral drops	1	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
virt-gard oral tablet	1	
virt-vite forte oral tablet	1	
virt-vite oral tablet	1	
vit 3 oral capsule	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
vitamin d2 oral capsule	1	Tier 1a
vitamin k injection solution	1	
vitamin k1 injection solution	1	
vitamins a,c,d and fluoride oral drops	1	
vol-care rx oral tablet	1	
vp-vite rx oral tablet	1	

Brand name drug = Uppercase in bold type

Generic drug = Lowercase in plain type

Tier 1a = This drug may have a lower member cost share based on your plan design, effective 1/1/17

Effective 11/15/16

## KEY

† = A generic equivalent of this drug recently became available or will be available soon. After the generic drug becomes available and notification requirements are met, this brand-name drug may no longer be covered by your prescription drug plan. Check [anthem.com](http://anthem.com) to find out about changes in tier status.

**PA = PRIOR AUTHORIZATION REQUIRED.** Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

**QL = QUANTITY LIMITS.** Certain prescription drugs have specific quantity limits per prescription or per month.

**ST = STEP THERAPY REQUIRED.** You may need to use one medication before benefits for the use of another medication can be authorized.

**DO = DOSE OPTIMIZATION REQUIRED.** Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.

**Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Customer Service at the telephone number listed on your identification card.**

**For more information, please visit [anthem.com](http://anthem.com):**

- **If you have additional questions about your prescription benefits, please call the Customer Service number on your ID card.**
- **Speech and hearing impaired (TDD/TTY users) should call 1-800-221-6915, Monday – Friday, 8:30 a.m. – 5 p.m. ET.**
- **For the most current version of this Drug List, please visit [anthem.com](http://anthem.com).**



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.