

National Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

National Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

You can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

Online Pharmacy Resources

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

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

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

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

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

CTT1 = Tier 1 copay for members in a Connecticut plan, by state mandate.

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

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

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

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

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

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

National Drug List

Four-Tier

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National Drug List

Four-Tier

CURRENT AS OF 7/1/2019

Drug Name	Tier	Notes
ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1 or 1b*	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 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SYRINGE	3	PA; QL
ALFENTANIL INJECTION SOLUTION	3	
ALLZITAL ORAL TABLET	3	
almotriptan malate oral tablet	1 or 1b*	QL
AMERGE ORAL TABLET	3	ST; QL
APADAZ ORAL TABLET	3	QL
ascomp with codeine oral capsule	1 or 1b*	QL
ASTRAMORPH-PF INJECTION SOLUTION	3	QL
BELBUCA BUCCAL FILM	3	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL
BUPAP ORAL TABLET 50-300 MG	3	
BUPRENEX INJECTION SOLUTION	3	QL
buprenorphine hcl injection solution	1 or 1b*	QL
buprenorphine hcl injection syringe	1 or 1b*	QL

Drug Name	Tier	Notes
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	1 or 1b*	PA; QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	3	PA; QL
butalbital compound w/codeine oral capsule	1 or 1b*	QL
butalbital-acetaminop-caf-cod oral capsule	1 or 1b*	QL
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	3	
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-acetaminophen-caff oral capsule	1 or 1b*	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET	3	
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	QL
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
CAFERGOT ORAL TABLET	3	
CAMBIA ORAL POWDER IN PACKET	3	
carisoprodol-asa-codeine oral tablet	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	
CODEINE SULFATE ORAL TABLET	3	QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
D.H.E.45 INJECTION SOLUTION	3	PA; QL

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

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Drug Name	Tier	Notes
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 100 MG/ML, 50 MG/ML	3	QL
DEMEROL (PF) INJECTION SOLUTION 25 MG/0.5 ML, 75 MG/1.5 ML	3	
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION 100 MG/ML	3	QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	
DEMEROL ORAL TABLET 100 MG	3	QL
diclofenac potassium oral tablet	1 or 1b*	
diflunisal oral tablet	1 or 1b*	
dihydroergotamine injection solution	1 or 1b*	PA; QL
dihydroergotamine nasal spray, non-aerosol	1 or 1b*	
DILAUDID (PF) INJECTION SYRINGE	3	QL
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
diskets oral tablet, soluble	1 or 1b*	PA; QL
DOLOPHINE ORAL TABLET	3	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL
duramorph (pf) injection solution	1 or 1b*	QL
dvorah oral tablet	1 or 1b*	QL
eletriptan oral tablet	1 or 1b*	QL
ELMIRON ORAL CAPSULE	3	

Drug Name	Tier	Notes
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
ERGOMAR SUBLINGUAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
ESGIC ORAL CAPSULE	3	
ESGIC ORAL TABLET	3	
FENTANYL (PF)- BUPIVACAINE-NACL EPIDURAL PREFILLED PUMP RESERVOIR 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	
FENTANYL (PF)- BUPIVACAINE-NACL EPIDURAL SOLUTION 2 MCG/ML- 0.08 %	3	
FENTANYL (PF)- BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION	3	
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	
FENTANYL CITRATE (PF) INTRAVENOUS SOLUTION	3	
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	

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

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Drug Name	Tier	Notes
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 5 MCG/ML	3	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 10 MCG/ML	3	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
FENTANYL-ROPIVACAINE-NACL (PF) EPIDURAL PREFILLED PUMP RESERVOIR 2-0.2 MCG/ML-%	3	
FENTANYL-ROPIVACAINE-NACL (PF) EPIDURAL SOLUTION 2-0.1 MCG/ML-%	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3	
FENTORA BUCCAL TABLET, EFFERVESCENT	3	PA; QL
FIORICET ORAL CAPSULE	3	
FIORINAL ORAL CAPSULE	3	
FIORINAL-CODEINE #3 ORAL CAPSULE	3	QL
FROVA ORAL TABLET	3	ST; QL
frovatriptan oral tablet	1 or 1b*	ST; QL
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-325 MG/15 ML(15 ML), 7.5-325 MG/15 ML	3	QL

Drug Name	Tier	Notes
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
HYDROMORPH(PF)-ROPIV-0.9% NACL EPIDURAL SOLUTION	3	
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	
HYDROMORPHONE (PF) INJECTION SOLUTION	3	QL
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR	3	

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

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Drug Name	Tier	Notes
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML), 100 MG/50 ML (2 MG/ML), 250 MG/250 ML (1 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 15 MG/30 ML (0.5 MG/ML), 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	
hydromorphone injection solution	1 or 1b*	QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	QL
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL
HYDROMORPHONE INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 110 MG/55 ML (2 MG/ML)	3	
hydromorphone oral liquid	1 or 1b*	QL

Drug Name	Tier	Notes
hydromorphone oral tablet	1 or 1b*	QL
hydromorphone oral tablet extended release 24 hr	1 or 1b*	PA; QL
HYDROMORPHONE RECTAL SUPPOSITORY	3	QL
IBUDONE ORAL TABLET	3	QL
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
IMITREX NASAL SPRAY, NON-AEROSOL	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	ST; QL
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
INFUMORPH P/F INJECTION SOLUTION	3	
ketorolac injection cartridge	1 or 1b*	QL
ketorolac injection solution	1 or 1b*	QL
ketorolac injection syringe	1 or 1b*	QL
ketorolac intramuscular cartridge	1 or 1b*	
ketorolac intramuscular solution	1 or 1b*	QL
ketorolac intramuscular syringe	1 or 1b*	QL
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet 2 mg	1 or 1b*	PA; QL
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	PA; QL
lorcet (hydrocodone) oral tablet	1 or 1b*	QL
lorcet hd oral tablet	1 or 1b*	QL
lorcet plus oral tablet 7.5-325 mg	1 or 1b*	QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL

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

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Drug Name	Tier	Notes
MAXALT ORAL TABLET 10 MG	3	QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING	3	QL
mefenamic acid oral capsule	1 or 1b*	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine injection cartridge	1 or 1b*	QL
meperidine oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL
METHADONE INJECTION SOLUTION	3	PA; QL
methadone intensol oral concentrate	1 or 1b*	PA; QL
methadone oral concentrate	1 or 1b*	PA; QL
methadone oral solution	1 or 1b*	PA; QL
methadone oral tablet	1 or 1b*	PA; QL
methadone oral tablet,soluble	1 or 1b*	PA; QL
METHADOSE ORAL CONCENTRATE	3	PA; QL
methadose oral tablet,soluble	1 or 1b*	PA; QL
migergot rectal suppository	1 or 1b*	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	QL
MITIGO (PF) INJECTION SOLUTION	3	QL
MORPHINE (PF) IN 0.9 % NACL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	3	
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 30 MG/30 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML	3	
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 2 MG/2 ML (1 MG/ML), 2 MG/ML, 4 MG/ML, 5 MG/5 ML (1 MG/ML)	3	

Drug Name	Tier	Notes
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
MORPHINE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 150 MG/30 ML	3	QL
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	1 or 1b*	
MORPHINE (PF) INTRAVENOUS SYRINGE	3	QL
morphine concentrate oral solution	1 or 1b*	QL
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	3	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)	3	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 5 MG/ML	3	
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	QL
morphine injection syringe 10 mg/ml, 8 mg/ml	1 or 1b*	QL
MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 5 MG/ML	3	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
morphine intravenous pt controlled analgesia syring	1 or 1b*	

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

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Drug Name	Tier	Notes
morphine intravenous solution 10 mg/ml, 25 mg/ml	1 or 1b*	QL
morphine intravenous solution 100 mg/4 ml, 250 mg/10 ml, 50 mg/ml	1 or 1b*	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	QL
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	3	QL
morphine oral capsule, er multiphase 24 hr	1 or 1b*	PA; QL
morphine oral capsule, extend. release pellets	1 or 1b*	PA; QL
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	1 or 1b*	PA; QL
morphine rectal suppository	1 or 1b*	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
nalbuphine injection solution	1 or 1b*	
NALOCET ORAL TABLET	3	QL
naratriptan oral tablet	1 or 1b*	QL
NORCO ORAL TABLET	3	QL
NUCYNTA ORAL TABLET	3	QL
OFIRMEV INTRAVENOUS SOLUTION	3	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	ST; QL
OPANA ORAL TABLET	3	QL
OXAYDO ORAL TABLET, ORAL ONLY	3	QL
oxycodone oral capsule	1 or 1b*	QL
oxycodone oral concentrate	1 or 1b*	QL
oxycodone oral solution	1 or 1b*	QL
OXYCODONE ORAL SYRINGE	3	QL
oxycodone oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-aspirin oral tablet	1 or 1b*	QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	PA; QL
oxymorphone oral tablet	1 or 1b*	QL
oxymorphone oral tablet extended release 12 hr	1 or 1b*	PA; QL
pentazocine-naloxone oral tablet	1 or 1b*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
phrenilin forte (with caffeine) oral capsule	1 or 1b*	
PRIALT INTRATHECAL SOLUTION	4	PA; QL; LD
PRIMLEV ORAL TABLET	3	QL
RELPAK ORAL TABLET	3	ST; QL
remifentanyl intravenous recon soln	1 or 1b*	
RIMSO-50 INTRAVESICAL SOLUTION	3	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet, disintegrating	1 or 1b*	QL
ROXICODONE ORAL TABLET	3	QL
ROXYBOND ORAL TABLET, ORAL ONLY	3	QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
sumatriptan nasal spray, non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous pen injector	1 or 1b*	QL
sumatriptan succinate subcutaneous solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1 or 1b*	QL
sumatriptan-naproxen oral tablet	1 or 1b*	ST; QL
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	3	ST; QL
TALWIN INJECTION SOLUTION	3	QL
tencon oral tablet 50-325 mg	1 or 1b*	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	1 or 1b*	PA; QL
tramadol oral tablet, er multiphase 24 hr	1 or 1b*	PA; QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL
TYLENOL-CODEINE #3 ORAL TABLET	3	QL
TYLENOL-CODEINE #4 ORAL TABLET	3	QL
ULTIVA INTRAVENOUS RECON SOLN	3	
ULTRACET ORAL TABLET	3	QL
ULTRAM ORAL TABLET	3	QL
VANATOL LQ ORAL SOLUTION	3	
VANATOL S ORAL SOLUTION	3	
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
xylon 10 oral tablet	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	1 or 1b*	

Drug Name	Tier	Notes
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ZOMIG NASAL SPRAY,NON-AEROSOL	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET,DISINTEGRATING	3	ST; QL
ANESTHETICS		
AMIDATE INTRAVENOUS SOLUTION	3	
AMIDATE INTRAVENOUS SYRINGE	3	
ANESTHESIA S/I-40 (PROPOFOL) INTRAVENOUS KIT	3	
ANESTHESIA S/I-40A (PROPOFOL) INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H (PROPOFOL) INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S (PROPOFOL) INTRAVENOUS KIT	3	
APRIZIO PAK TOPICAL KIT	3	
ARTICADENT DENTAL INJECTION CARTRIDGE	3	
ASTERO TOPICAL GEL WITH PUMP	3	
BREVITAL INJECTION RECON SOLN 2.5 GRAM, 500 MG	3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (10 ML), 0.9 % (3 ML), 0.9 % (5 ML), 1.8 % (3 ML), 1.8 % (5 ML)	3	
bupivacaine (pf) injection solution	1 or 1b*	

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

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Drug Name	Tier	Notes
BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMER PUMP,LO VAR RATE,PCA	3	
BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE 0.25 % 2 ML/HR 120 ML, 0.5 % 2 ML/HOUR 270 ML, 0.5 % 2 ML/HR 100 ML, 0.5 % 2 ML/HR 125 ML, 0.5 % 4 ML/HOUR 450 ML, 0.5 % 4 ML/HR 270 ML, 0.5 % 4 ML/HR 300 ML, 0.5 % 4 ML/HR 400 ML, 0.5 % 4 ML/HR 500 ML, 0.5 % 4 ML/HR 540 ML, 0.5 % 5 ML/HOUR 300 ML, 0.5 % 5 ML/HR 270 ML	3	
BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE	3	
BUPIVACAINE IN NACL(PF) EPIDURAL REFILLED PUMP RESERVOIR	3	
BUPIVACAINE IN NACL(PF) EPIDURAL SOLUTION 0.0625 % (625 MCG/ML), 0.1 % (1,000 MCG/ML), 0.125 % (1,250 MCG/ML), 0.2 % (2,000 MCG/ML), 0.25 %	3	
BUPIVACAINE IN NACL(PF) EPIDURAL SYRINGE	3	
BUPIVACAINE IN NACL(PF) INJECTION REFILLED PUMP RESERVOIR	3	
BUPIVACAINE IN NACL(PF) INJECTION SOLUTION	3	
BUPIVACAINE IN NACL(PF) INJECTION SYRINGE	3	

Drug Name	Tier	Notes
BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE 0.25 % 2 ML/HR 100 ML, 0.25 % 4 ML/HR 270 ML, 0.25 % 4 ML/HR 300 ML, 0.25 % 4 ML/HR 400 ML, 0.25 % 4 ML/HR 500 ML, 0.25 % 5 ML/HR 270 ML, 0.25 % 5 ML/HR 300 ML	3	
BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE 0.125 % 400 ML, 0.125 % 550 ML, 0.125 % 600 ML, 0.125 % 750 ML, 0.25 % 500 ML	3	
bupivacaine injection solution	1 or 1b*	
bupivacaine-dextrose- water(pf) injection solution	1 or 1b*	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
BUPIVACAINE- EPINEPHRINE BITART INJECTION CARTRIDGE	3	
bupivacaine-epinephrine injection solution	1 or 1b*	
CARBOCAINE (PF) INJECTION SOLUTION	3	
CARBOCAINE INJECTION SOLUTION	3	
chloroprocaine (pf) injection solution	1 or 1b*	
CITANEST FORTE DENTAL INJECTION CARTRIDGE	3	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3	
CLOROTEKAL INTRATHECAL SOLUTION	3	
desflurane inhalation liquid	1 or 1b*	
DIPRIVAN INTRAVENOUS EMULSION	3	

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

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Drug Name	Tier	Notes
DOLOTRANZ TOPICAL KIT, CREAM AND GEL	3	
ETHYL CHLORIDE TOPICAL AEROSOL, SPRAY	3	
etomidate intravenous solution	1 or 1b*	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
FORANE INHALATION LIQUID	3	
glydo mucous membrane jelly in applicator	1 or 1b*	
isoflurane inhalation liquid	1 or 1b*	
KAMDOY TOPICAL SPRAY, NON-AEROSOL	3	
KETALAR INJECTION SOLUTION	3	
KETAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 10 MG/ML, 100 MG/10 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 50 MG/5 ML (10 MG/ML)	3	
KETAMINE IN NACL, ISO-OSMOTIC INJECTION SYRINGE	3	
KETAMINE IN STERILE WATER INJECTION SYRINGE	3	
ketamine injection solution	1 or 1b*	
KETAMINE INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 50 MG/ML (1 ML)	3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL	3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION	3	
LDO PLUS TOPICAL GEL WITH PUMP	3	
LIDOCAINE (PF) IN D7.5W INTRATHECAL SOLUTION	3	
LIDOCAINE (PF) EPIDURAL SYRINGE	3	

Drug Name	Tier	Notes
lidocaine (pf) injection solution	1 or 1b*	
LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 200 MG/20 ML (1 %), 40 MG/2 ML (2 %), 400 MG/20 ML (2 %), 50 MG/5 ML (1 %)	3	
LIDOCAINE HCL IN 0.9 % NACL INJECTION SYRINGE	3	
lidocaine hcl injection solution	1 or 1b*	
LIDOCAINE HCL INJECTION SYRINGE 10 MG/ML (1 %), 100 MG/10 ML (1 %), 100 MG/5 ML (2 %), 30 MG/3 ML (1 %), 50 MG/5 ML (1 %)	3	
LIDOCAINE HCL INTRADERMAL PEN INJECTOR	3	
lidocaine hcl laryngotracheal solution	1 or 1a*	
lidocaine hcl mucous membrane jelly	1 or 1b*	
lidocaine hcl mucous membrane jelly in applicator	1 or 1b*	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1 or 1b*	
LIDOCAINE HCL (PF) IN 0.9% NACL INJECTION SYRINGE	3	
lidocaine topical adhesive patch, medicated	1 or 1b*	
lidocaine topical ointment	1 or 1b*	
lidocaine viscous mucous membrane solution	1 or 1a*	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE	3	
lidocaine-epinephrine injection solution	1 or 1b*	
lidocaine-prilocaine topical cream	1 or 1b*	
lidocaine-prilocaine topical kit	1 or 1b*	

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

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Drug Name	Tier	Notes
LIDOCAINE-RACEPINEP-TETRACAINE TOPICAL SOLUTION	3	
LIDOCAINE-TETRACAINE TOPICAL CREAM	3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL	3	
LIDOTREX TOPICAL GEL	3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
MARCAINE (PF) INJECTION SOLUTION	3	
MARCAINE INJECTION SOLUTION	3	
MARCAINE SPINAL (PF) INJECTION SOLUTION	3	
MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION	3	
MARCAINE-EPINEPHRINE INJECTION SOLUTION	3	
MEPIVACAINE (PF) INJECTION CARTRIDGE	3	
METHOHEXITAL IN WATER (PF) INTRAVENOUS SYRINGE	3	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION	3	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
midazolam (pf) injection cartridge	1 or 1b*	
midazolam (pf) injection solution	1 or 1b*	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1 or 1b*	

Drug Name	Tier	Notes
MIDAZOLAM (PF) INJECTION SYRINGE 5 MG/ML	3	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
MIDAZOLAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
midazolam injection solution	1 or 1b*	
NAROPIN (PF) INJECTION SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	3	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*	
PLIAGLIS TOPICAL CREAM	3	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*	
POLOCAINE INJECTION SOLUTION 2 %	3	
polocaine-mpf injection solution	1 or 1b*	
PONTOCAINE TOPICAL SOLUTION	3	
PRILOVIX PLUS TOPICAL KIT	3	
propofol intravenous emulsion	1 or 1b*	

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

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Drug Name	Tier	Notes
PROPOFOL INTRAVENOUS SYRINGE 100 MG/10 ML (10 MG/ML), 200 MG/20 ML (10 MG/ML)	3	
REGENECARE TOPICAL GEL	3	
REGENECARE WITH ALOE TOPICAL GEL	3	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL PREFILLED PUMP RESERVOIR	3	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SOLUTION 0.1 %, 0.15 %, 0.2 %, 0.25 %, 0.5 %	3	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SYRINGE 20 MG/10 ML (2 MG/ML) 0.2 %, 50 MG/10 ML (5 MG/ML) 0.5 %	3	
ROPIVACAINE (PF) IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.1 % (1 MG/ML), 0.2 % (2 MG/ML)	3	
ROPIVACAINE (PF) IN 0.9 % NACL INJECTION SYRINGE	3	
ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMER PUMP,LO VAR RATE,PCA	3	
ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE	3	
ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE 0.1 % 400 ML, 0.2 % 400 ML, 0.2 % 545 ML, 0.2 % 550 ML, 0.2 % 600 ML, 0.2 % 700 ML	3	

Drug Name	Tier	Notes
ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,LO VAR RATE 0.1 % 600 ML, 0.2 % 600 ML, 0.2 750 ML	3	
ropivacaine (pf) injection solution	1 or 1b*	
ROPIVACAINE (PF) INJECTION SYRINGE	3	
ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMER PUMP,HI VAR RATE,PCA 0.2 % 550 ML	3	
ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE	3	
ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE	3	
ROPIVACAINE (PF)-NACL,ISO-OSM INJECTION SOLUTION	3	
ROPIVACAINE-EPI-CLONID-KETOROL PERIARTICULAR SYRINGE	3	
SENSORCAINE INJECTION SOLUTION 0.25 % (2.5 MG/ML)	3	
sensorcaine injection solution 0.5 % (5 mg/ml)	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
SENSORCAINE-MPF INJECTION SOLUTION	3	
SENSORCAINE-MPF SPINAL INJECTION SOLUTION	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
sevoflurane inhalation liquid	1 or 1b*	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	3	
SUPRANE INHALATION LIQUID	3	

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

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Drug Name	Tier	Notes
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
terrell inhalation liquid	1 or 1b*	
ULTANE INHALATION LIQUID	3	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA; QL
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous recon soln	1 or 1b*	
ALOPRIM INTRAVENOUS RECON SOLN	3	
ANAPROX DS ORAL TABLET	3	
ARAVA ORAL TABLET	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL

Drug Name	Tier	Notes
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
COLCHICINE ORAL CAPSULE	3	ST; QL
COLCHICINE ORAL TABLET	2	
COLCRYS ORAL TABLET	2	QL
CUPRIMINE ORAL CAPSULE	3	PA; QL
DAYPRO ORAL TABLET	3	
DEPEN TITRATABS ORAL TABLET	3	PA; QL
diclofenac sodium oral tablet extended release 24 hr	1 or 1b*	
diclofenac sodium oral tablet, delayed release (dr/ec)	1 or 1b*	
diclofenac-misoprostol oral tablet,ir, delayed rel, biphasic	1 or 1b*	ST; QL
DISALCID ORAL TABLET	3	
D-PENAMINE ORAL TABLET	3	PA; QL
DUROLANE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
ELITEK INTRAVENOUS RECON SOLN	3	QL; SP
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
etodolac oral tablet extended release 24 hr	1 or 1b*	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
FELDENE ORAL CAPSULE	3	
fenoprofen oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
GEL-ONE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
GELSYN-3 INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
GENVISC 850 INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
HYALGAN INTRA-ARTICULAR SOLUTION	4	PA; QL; SP
HYALGAN INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
HYMOVIS INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
ibu oral tablet	1 or 1a*	
ibuprofen oral suspension	1 or 1a*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	
indomethacin oral capsule	1 or 1b*	
indomethacin oral capsule, extended release	1 or 1b*	
ketoprofen oral capsule	1 or 1b*	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1 or 1b*	
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL; LD
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; QL; SP
leflunomide oral tablet	1 or 1b*	
LODINE ORAL TABLET	3	
meclofenamate oral capsule	1 or 1b*	
meloxicam oral suspension	1 or 1b*	
meloxicam oral tablet	1 or 1b*	
MITIGARE ORAL CAPSULE	3	ST; QL
MOBIC ORAL TABLET	3	
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
nabumetone oral tablet	1 or 1b*	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	3	
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET 500 MG	3	
naproxen oral suspension	1 or 1b*	

Drug Name	Tier	Notes
naproxen oral tablet	1 or 1b*	
naproxen oral tablet, delayed release (dr/ec)	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	
naproxen sodium oral tablet, er multiphase 24 hr	1 or 1b*	
OLUMIANT ORAL TABLET	4	PA; QL; SP
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
OTEZLA ORAL TABLET	4	PA; QL; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK	4	PA; QL; SP
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	PA; QL; SP
oxaprozin oral tablet	1 or 1b*	
penicillamine oral capsule	1 or 1b*	PA; QL
piroxicam oral capsule	1 or 1b*	
probenecid oral tablet	1 or 1b*	
probenecid-colchicine oral tablet	1 or 1b*	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	PA; QL; SP
RIDAURA ORAL CAPSULE	2	
sulindac oral tablet	1 or 1b*	
SUPARTZ FX INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
SYNVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
tolmetin oral capsule	1 or 1b*	
tolmetin oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
TRIVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
ULORIC ORAL TABLET	3	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELJANZ ORAL TABLET	4	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; QL; SP
ZYLOPRIM ORAL TABLET	3	
ANTIASTHMATICS		
ACCOLATE ORAL TABLET	3	
acetylcysteine solution	1 or 1b*	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER	2	
albuterol sulfate inhalation solution for nebulization	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
albuterol sulfate oral tablet extended release 12 hr	1 or 1b*	
aminophylline intravenous solution 250 mg/10 ml	1 or 1b*	
AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	

Drug Name	Tier	Notes
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	ST; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	
budesonide inhalation suspension for nebulization	1 or 1b*	
CINQAIR INTRAVENOUS SOLUTION	4	PA; QL; LD
COMBIVENT RESPIMAT INHALATION MIST	2	
cromolyn inhalation solution for nebulization	1 or 1b*	
DALIRESP ORAL TABLET	3	PA; QL
DULERA INHALATION HFA AEROSOL INHALER	2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
FASENRA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	

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

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Drug Name	Tier	Notes
fluticasone propion-salmeterol inhalation blister with device	1 or 1b*	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	
ipratropium bromide inhalation solution	1 or 1b*	
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*	
levalbuterol hcl inhalation solution for nebulization	1 or 1b*	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	
metaproterenol oral syrup	1 or 1a*	
metaproterenol oral tablet	1 or 1a*	
montelukast oral granules in packet	1 or 1b*	
montelukast oral tablet	1 or 1b*	
montelukast oral tablet,chewable	1 or 1b*	
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	

Drug Name	Tier	Notes
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SPIRIVA RESPIMAT INHALATION MIST	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	
STIOLTO RESPIMAT INHALATION MIST	2	
STRIVERDI RESPIMAT INHALATION MIST	3	
SYMBICORT INHALATION HFA AEROSOL INHALER	2	
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
theochron oral tablet extended release 12 hr	1 or 1b*	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml	1 or 1b*	

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

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Drug Name	Tier	Notes
THEOPHYLLINE IN DEXTROSE 5 % INTRAVENOUS PARENTERAL SOLUTION 400 MG/500 ML	3	
theophylline oral elixir	1 or 1b*	
theophylline oral solution	1 or 1b*	
theophylline oral tablet extended release 12 hr	1 or 1b*	
theophylline oral tablet extended release 24 hr	1 or 1b*	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	PA; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	ST; QL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2	
wixela inhub inhalation blister with device	1 or 1b*	
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
XOLAIR SUBCUTANEOUS SYRINGE	4	PA; QL; SP
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	1 or 1b*	

Drug Name	Tier	Notes
ZYFLO ORAL TABLET	3	
ANTIBIOTICS		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
ak-poly-bac ophthalmic (eye) ointment	1 or 1a*	
AKTIPAK TOPICAL GEL	3	ST; QL
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1 or 1b*	
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension for reconstitution	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1 or 1a*	
amoxicillin-pot clavulanate oral suspension for reconstitution	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1 or 1b*	
amoxicillin-pot clavulanate oral tablet, chewable	1 or 1b*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection recon soln	1 or 1b*	
ampicillin sodium intravenous recon soln	1 or 1b*	
ampicillin-sulbactam injection recon soln	1 or 1b*	
ampicillin-sulbactam intravenous recon soln	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; QL
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	

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

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Drug Name	Tier	Notes
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
AVELOX ORAL TABLET	3	
avidoxy oral tablet	1 or 1b*	
AVYCAZ INTRAVENOUS RECON SOLN	3	
AZACTAM INJECTION RECON SOLN	3	
AZASITE OPHTHALMIC (EYE) DROPS	3	
azithromycin intravenous recon soln	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension for reconstitution	1 or 1b*	QL
azithromycin oral tablet	1 or 1b*	QL
aztreonam injection recon soln	1 or 1b*	
baciim intramuscular recon soln	1 or 1b*	
bacitracin intramuscular recon soln	1 or 1b*	
bacitracin ophthalmic (eye) ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic (eye) ointment	1 or 1a*	
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
BAXDELA INTRAVENOUS RECON SOLN	3	
BAXDELA ORAL TABLET	3	
BENZAMYCIN TOPICAL GEL	3	ST; QL

Drug Name	Tier	Notes
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	SP
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
BLEPH-10 OPHTHALMIC (EYE) DROPS	3	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
bp 10-1 topical cleanser	1 or 1b*	
CAPASTAT INJECTION RECON SOLN	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	LD; SP
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1 or 1b*	
CEFACLOR ORAL TABLET EXTENDED RELEASE 12 HR	3	
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK	3	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE	3	

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

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Drug Name	Tier	Notes
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE	3	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	1 or 1b*	
CEFAZOLIN INJECTION RECON SOLN 100 GRAM, 300 G	3	
cefazolin intravenous recon soln	1 or 1b*	
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
CEFEPIME IN DEXTROSE,ISO-OSM INTRAVENOUS PIGGYBACK	3	
cefepime injection recon soln	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension for reconstitution	1 or 1b*	
CEFOTAN INJECTION RECON SOLN	3	
cefotaxime injection recon soln 1 gram	1 or 1b*	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
cefotetan injection recon soln	1 or 1b*	

Drug Name	Tier	Notes
cefotetan intravenous recon soln	1 or 1b*	
CEFOXITIN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
cefodoxitin intravenous recon soln	1 or 1b*	
cefpodoxime oral suspension for reconstitution	1 or 1b*	
cefpodoxime oral tablet	1 or 1b*	
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	3	
ceftazidime injection recon soln	1 or 1b*	
CEFTRIAOXONE IN DEXTROSE,ISO-OS INTRAVENOUS PIGGYBACK	3	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1 or 1b*	
CEFTRIAOXONE INJECTION RECON SOLN 100 GRAM	3	
ceftriaxone intravenous recon soln	1 or 1b*	
CEFUROXIME (PF) IN 0.9% NACL INTRAVITREAL SOLUTION	3	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln 750 mg	1 or 1b*	
cefuroxime sodium intravenous recon soln	1 or 1b*	
CENTANY AT TOPICAL OINTMENT KIT	3	
CENTANY TOPICAL OINTMENT	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CETRAXAL OTIC (EAR) DROPPERETTE	3	

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

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Drug Name	Tier	Notes
chloramphenicol sod succinate intravenous recon soln	1 or 1b*	
CILOXAN OPTHALMIC (EYE) DROPS	3	
CILOXAN OPTHALMIC (EYE) OINTMENT	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1 or 1b*	
ciprofloxacin hcl ophthalmic (eye) drops	1 or 1a*	
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin hcl otic (ear) dropperette	1 or 1b*	
ciprofloxacin in 5 % dextrose intravenous piggyback	1 or 1b*	
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	

Drug Name	Tier	Notes
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN INJECTION SOLUTION	3	
CLEOCIN INTRAVENOUS SOLUTION	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLEOCIN T TOPICAL SOLUTION	3	ST; QL
CLEOCIN T TOPICAL SWAB	3	ST; QL
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral capsule	1 or 1b*	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	
clindamycin phosphate topical solution	1 or 1b*	
clindamycin phosphate topical swab	1 or 1b*	
clindamycin phosphate vaginal cream	1 or 1b*	

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

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Drug Name	Tier	Notes
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
colistin (colistimethate na) injection recon soln	1 or 1b*	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION	3	
coremino oral tablet extended release 24 hr	1 or 1b*	
CORTISPORIN TOPICAL CREAM	3	
CORTISPORIN TOPICAL OINTMENT	3	
CUBICIN INTRAVENOUS RECON SOLN	3	
CUBICIN RF INTRAVENOUS RECON SOLN	3	
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	3	
dapsone oral tablet	1 or 1b*	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
daptomycin intravenous recon soln 500 mg	1 or 1b*	
demeclocycline oral tablet	1 or 1b*	
dicloxacillin oral capsule	1 or 1b*	
DIFICID ORAL TABLET	3	
DORIPENEM INTRAVENOUS RECON SOLN	3	
doxy-100 intravenous recon soln	1 or 1b*	
doxycycline hyclate intravenous recon soln	1 or 1b*	ST; QL
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 50 mg	1 or 1b*	

Drug Name	Tier	Notes
doxycycline hyclate oral tablet 150 mg, 75 mg	1 or 1b*	ST; QL
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	
ertapenem injection recon soln	1 or 1b*	
ery pads topical swab	1 or 1b*	
ERYGEL TOPICAL GEL	3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1 or 1b*	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1 or 1b*	
ERYTHROCIN INTRAVENOUS RECON SOLN	3	
erythromycin ethylsuccinate oral suspension for reconstitution	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin ophthalmic (eye) ointment	1 or 1a*	
erythromycin oral capsule,delayed release(dr/ec)	1 or 1b*	
erythromycin oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
erythromycin with ethanol topical gel	1 or 1b*	
erythromycin with ethanol topical solution	1 or 1b*	
erythromycin with ethanol topical swab	1 or 1b*	
erythromycin-benzoyl peroxide topical gel	1 or 1b*	
ethambutol oral tablet	1 or 1b*	
EVOCLIN TOPICAL FOAM	3	ST; QL
FACTIVE ORAL TABLET	3	
FIRVANQ ORAL RECON SOLN	3	PA; QL
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
FORTAZ INJECTION RECON SOLN 1 GRAM, 500 MG	3	
FORTAZ INTRAVENOUS RECON SOLN	3	
FURADANTIN ORAL SUSPENSION	3	
gatifloxacin ophthalmic (eye) drops	1 or 1b*	
gentak ophthalmic (eye) ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1 or 1b*	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML, 70 MG/50 ML, 90 MG/100 ML	3	
gentamicin injection solution	1 or 1b*	
gentamicin ophthalmic (eye) drops	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	1 or 1b*	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1 or 1b*	

Drug Name	Tier	Notes
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION	3	
HIPREX ORAL TABLET	3	
imipenem-cilastatin intravenous recon soln	1 or 1b*	
INVANZ INJECTION RECON SOLN	3	
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
KEFLEX ORAL CAPSULE	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	SP
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	QL
levofloxacin in d5w intravenous piggyback	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin ophthalmic (eye) drops	1 or 1b*	
levofloxacin oral solution	1 or 1b*	QL
levofloxacin oral tablet	1 or 1b*	QL
LINCOCIN INJECTION SOLUTION	3	
lincomycin injection solution	1 or 1b*	
linezolid in dextrose 5% intravenous piggyback	1 or 1b*	
linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	

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

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Drug Name	Tier	Notes
mafenide acetate topical packet	1 or 1b*	
MAXIPIME INJECTION RECON SOLN	3	
MAXIPIME INTRAVENOUS RECON SOLN	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	
meropenem intravenous recon soln	1 or 1b*	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
MERREM INTRAVENOUS RECON SOLN	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate oral tablet	1 or 1b*	
METRO I.V. INTRAVENOUS PIGGYBACK	3	
METROGEL VAGINAL VAGINAL GEL	3	
METRONIDAZOLE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK	3	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
MINOCIN INTRAVENOUS RECON SOLN	3	
minocycline oral capsule	1 or 1b*	
minocycline oral tablet	1 or 1b*	
minocycline oral tablet extended release 24 hr	1 or 1b*	ST; QL
mondoxyne nl oral capsule	1 or 1b*	
MONUROL ORAL PACKET	3	
morgidox oral capsule 100 mg	1 or 1b*	

Drug Name	Tier	Notes
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS	3	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
MOXIFLOXACIN IN NACL,ISO-O(PF) INTRAOCULAR SOLUTION	3	
MOXIFLOXACIN IN NACL,ISO-O(PF) INTRAOCULAR SYRINGE	3	
moxifloxacin ophthalmic (eye) drops	1 or 1b*	
moxifloxacin oral tablet	1 or 1b*	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	
moxifloxacin-sod.chloride(iso) intravenous piggyback	1 or 1b*	
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
NAFCILLIN IN DEXTROSE ISO-OSM INTRAVENOUS PIGGYBACK	3	
nafcillin injection recon soln 1 gram, 2 gram	1 or 1b*	
NAFCILLIN INJECTION RECON SOLN 10 GRAM	3	
nafcillin intravenous recon soln	1 or 1b*	
neomycin oral tablet	1 or 1a*	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1 or 1b*	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1 or 1b*	

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

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Drug Name	Tier	Notes
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1 or 1a*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1 or 1a*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1 or 1b*	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) solution	1 or 1b*	
neo-polycin hc ophthalmic (eye) ointment	1 or 1b*	
neo-polycin ophthalmic (eye) ointment	1 or 1b*	
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
NUVESSA VAGINAL GEL	3	
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET	3	PA; QL
NUZYRA (7 DAY) ORAL TABLET	3	PA; QL
NUZYRA INTRAVENOUS RECON SOLN	3	
NUZYRA ORAL TABLET	3	PA; QL
OCUFLOX OPHTHALMIC (EYE) DROPS	3	
ofloxacin ophthalmic (eye) drops	1 or 1a*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
ofloxacin otic (ear) drops	1 or 1b*	

Drug Name	Tier	Notes
okebo oral capsule 75 mg	1 or 1b*	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
ORBACTIV INTRAVENOUS RECON SOLN	3	
OTIPRIO INTRATYMPANIC SUSPENSION	3	
OTOVEL OTIC (EAR) SOLUTION	2	
OXACILLIN IN DEXTROSE(ISO-OSM) INTRAVENOUS PIGGYBACK	3	
oxacillin injection recon soln	1 or 1b*	
oxacillin intravenous recon soln	1 or 1b*	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
penicillin g potassium injection recon soln	1 or 1b*	
PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE	3	
penicillin g sodium injection recon soln	1 or 1b*	
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	1 or 1b*	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1 or 1b*	
polycin ophthalmic (eye) ointment	1 or 1a*	

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

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Drug Name	Tier	Notes
polymyxin b sulfate injection recon soln	1 or 1b*	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
POLYTRIM OPHTHALMIC (EYE) DROPS	3	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
PRIFTIN ORAL TABLET	2	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
PRIMSOL ORAL SOLUTION	3	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS RECON SOLN	3	
RIFADIN ORAL CAPSULE	3	
RIFAMATE ORAL CAPSULE	3	
rifampin intravenous recon soln	1 or 1b*	
rifampin oral capsule	1 or 1b*	
RIFATER ORAL TABLET	2	
SILVADENE TOPICAL CREAM	3	
silver sulfadiazine topical cream	1 or 1a*	
SIRTURO ORAL TABLET	3	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	PA; QL
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	ST; QL
soloxide oral tablet, delayed release (dr/ec)	1 or 1b*	ST; QL

Drug Name	Tier	Notes
SPECTRACEF ORAL TABLET 400 MG	3	
ssd topical cream	1 or 1a*	
sss 10-5 topical cream	1 or 1b*	
sss 10-5 topical foam	1 or 1b*	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
sulfacetamide sodium ophthalmic (eye) drops	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) ointment	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1 or 1b*	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1 or 1b*	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1 or 1b*	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 10-5 %	3	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	
SULFACETAMIDE SOD-SULFUR-UREA TOPICAL CLEANSER	3	
sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	
sulfact na-sul-avobnz-otn-ocsa topical combo pack, cleanser and cream	1 or 1b*	
SULFADIAZINE ORAL TABLET	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	

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

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Drug Name	Tier	Notes
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	3	
sulfatrim oral suspension	1 or 1a*	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
SYNERCID INTRAVENOUS RECON SOLN	3	
TARGADOX ORAL TABLET	3	ST; QL
TAZICEF INJECTION RECON SOLN	3	
TAZICEF INTRAVENOUS RECON SOLN	3	
TEFLARO INTRAVENOUS RECON SOLN	3	
tetracycline oral capsule	1 or 1b*	
THALOMID ORAL CAPSULE	2	PA; QL; SP
TIGECYCLINE INTRAVENOUS RECON SOLN	3	
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	SP
TOBI PODHALER INHALATION CAPSULE	4	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	SP
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	

Drug Name	Tier	Notes
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1 or 1b*	
tobramycin ophthalmic (eye) drops	1 or 1a*	
tobramycin sulfate injection recon soln	1 or 1b*	
tobramycin sulfate injection solution	1 or 1b*	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	4	SP
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1 or 1b*	
TOBREX OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
TRECTOR ORAL TABLET	3	
trimethoprim oral tablet	1 or 1a*	
TRIMPEX ORAL SOLUTION	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
UNASYN INJECTION RECON SOLN	3	
ur n-c oral tablet	1 or 1b*	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1 or 1b*	
uryl oral tablet	1 or 1b*	
VABOMERE INTRAVENOUS RECON SOLN	3	
VANCOCIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN WATER INTRAVENOUS SOLUTION	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	

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

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Drug Name	Tier	Notes
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML, 750 MG/250 ML	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML	3	
VANCOMYCIN INJECTION RECON SOLN	3	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1 or 1b*	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG, 750 MG	3	
vancomycin oral capsule	1 or 1b*	PA; QL
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK	3	
vandazole vaginal gel	1 or 1b*	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	

Drug Name	Tier	Notes
XEPI TOPICAL CREAM	3	
XERAVA INTRAVENOUS RECON SOLN	3	
XIFAXAN ORAL TABLET	3	PA; QL
ZEMDRI INTRAVENOUS SOLUTION	3	
ZERBAXA INTRAVENOUS RECON SOLN	3	
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
ZOSYN INTRAVENOUS RECON SOLN	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ZYVOX INTRAVENOUS PIGGYBACK	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
ANTICOAGULANTS		
ACD SOLUTION A SOLUTION	3	
ACD-A SOLUTION	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	

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

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Drug Name	Tier	Notes
ANTICOAG CITRATE PHOS DEXTROSE SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	4	
BEVYXXA ORAL CAPSULE	3	
BIVALIRUDIN INTRAVENOUS RECON SOLN	3	
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK	3	
COUMADIN ORAL TABLET	2	
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLETS,DOSE PACK	2	
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
hep flush-10 (pf) intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 1,000 UNIT/1000 ML (1 UNIT/ML), 10,000 UNIT/1,000 ML, 100 UNIT/100 ML (1 UNIT/ML), 2,000 UNIT/500 ML (4 UNIT/ML), 2,500 UNIT/500 ML (5 UNIT/ML), 25,000 UNIT/250 ML, 25,000 UNIT/500 ML(50 UNIT/ML), 250 UNIT/250 ML (1 UNIT/ML), 3,000 UNIT/500 ML (6 UNIT/ML), 30,000 UNIT/1,000 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML), 500 UNIT/500 ML (1 UNIT/ML), 6,000 UNIT/1000 ML (6 UNIT/ML)	3	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1 or 1b*	
HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML(100 UNIT/ML), 25,000 UNIT/500 ML (50 UNIT/ML)	3	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION	3	
heparin (porcine) injection cartridge	1 or 1b*	
heparin (porcine) injection solution	1 or 1b*	
heparin (porcine) injection syringe 5,000 unit/ml	1 or 1b*	
heparin flush(porcine)-0.9nacl intravenous kit	1 or 1b*	

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

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Drug Name	Tier	Notes
heparin lock flush (porcine) intravenous solution	1 or 1b*	
heparin lock flush intravenous solution	1 or 1b*	
heparin lock flush intravenous syringe	1 or 1b*	
heparin lockflush(porcine)(pf) intravenous syringe	1 or 1b*	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION	3	
heparin, porcine (pf) injection solution	1 or 1b*	
heparin, porcine (pf) injection syringe	1 or 1b*	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1 or 1b*	
heparin, porcine (pf) intravenous syringe	1 or 1b*	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
jantoven oral tablet	1 or 1a*	
LOVENOX SUBCUTANEOUS SOLUTION	4	
LOVENOX SUBCUTANEOUS SYRINGE	4	
PRADAXA ORAL CAPSULE	3	
SAVAYSA ORAL TABLET	3	
SODIUM CITRATE IN 0.9 % NACL SOLUTION	3	
SODIUM CITRATE INTRA-CATHETER SYRINGE	3	
SODIUM CITRATE SOLUTION	3	
TRICITRASOL INJECTION CONCENTRATE	3	
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	

Drug Name	Tier	Notes
XARELTO ORAL TABLETS,DOSE PACK	2	
ANTIDOTES		
MOVANTIK ORAL TABLET	2	
naloxone injection solution	1 or 1b*	
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION	3	ST; QL
RELISTOR SUBCUTANEOUS SYRINGE	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
amphotericin b injection recon soln	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA; QL
CANCIDAS INTRAVENOUS RECON SOLN	3	
CASPOFUNGIN INTRAVENOUS RECON SOLN	3	
ciclopirox topical cream	1 or 1b*	
ciclopirox topical gel	1 or 1b*	
ciclopirox topical shampoo	1 or 1b*	
ciclopirox topical solution	1 or 1b*	
ciclopirox topical suspension	1 or 1b*	
clotrimazole mucous membrane troche	1 or 1b*	
clotrimazole topical cream	1 or 1b*	
clotrimazole topical solution	1 or 1b*	

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

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Drug Name	Tier	Notes
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
CRESEMBA INTRAVENOUS RECON SOLN	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET	3	
econazole topical cream	1 or 1b*	
ECOZA TOPICAL FOAM	3	ST; QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3	
ERTACZO TOPICAL CREAM	3	ST; QL
EXELDERM TOPICAL CREAM	3	ST; QL
EXELDERM TOPICAL SOLUTION	3	ST; QL
EXODERM TOPICAL LOTION	3	
EXTINA TOPICAL FOAM	3	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1 or 1b*	
fluconazole oral suspension for reconstitution	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
flucytosine oral capsule	1 or 1b*	PA; QL
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	

Drug Name	Tier	Notes
GYNAZOLE-1 VAGINAL CREAM	3	
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	3	ST; QL
ketoconazole oral tablet	1 or 1b*	
ketoconazole topical cream	1 or 1b*	
ketoconazole topical foam	1 or 1b*	
ketoconazole topical shampoo	1 or 1b*	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	ST; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	ST; QL
LOPROX TOPICAL SHAMPOO	3	
LOTTRISONE TOPICAL CREAM	3	
LULICONAZOLE TOPICAL CREAM	3	ST; QL
LUZU TOPICAL CREAM	3	ST; QL
MENTAX TOPICAL CREAM	3	ST; QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	
miconazole-3 vaginal suppository	1 or 1b*	
MYCAMINE INTRAVENOUS RECON SOLN	3	
naftifine topical cream	1 or 1b*	ST; QL
NAFTIN TOPICAL CREAM 2 %	3	ST; QL
NAFTIN TOPICAL GEL	3	ST; QL
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
NIZORAL TOPICAL SHAMPOO	3	ST; QL
NOXAFIL INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
NOXAFIL ORAL SUSPENSION	3	PA; QL
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC)	3	PA; QL
nyamyc topical powder	1 or 1b*	
nystatin oral suspension	1 or 1b*	
nystatin oral tablet	1 or 1b*	
nystatin topical cream	1 or 1b*	
nystatin topical ointment	1 or 1b*	
nystatin topical powder	1 or 1b*	
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
ONMEL ORAL TABLET	3	PA; QL
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
oxiconazole topical cream	1 or 1b*	ST; QL
OXISTAT TOPICAL CREAM	3	ST; QL
OXISTAT TOPICAL LOTION	3	ST; QL
PENLAC TOPICAL SOLUTION	3	ST; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
terbinafine hcl oral tablet	1 or 1b*	
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	
TRIACETIN LIQUID	3	
TRIPLE DYE TOPICAL SWAB	3	
VFEND IV INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution	1 or 1b*	
voriconazole oral suspension for reconstitution	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
VUSION TOPICAL OINTMENT	3	
XOLEGEL TOPICAL GEL	3	
ANTIHISTAMINE AND DECONGESTANT COMBINATION		
centergy oral drops	1 or 1b*	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	
SEMPREX-D ORAL CAPSULE	3	ST; QL
ANTIHISTAMINES		
azelastine ophthalmic (eye) drops	1 or 1b*	
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
cetirizine oral solution 1 mg/ml	1 or 1b*	
CLARINEX ORAL TABLET	3	ST; QL
clemastine oral tablet 2.68 mg	1 or 1b*	
CYPROHEPTADINE ORAL SYRUP	3	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	1 or 1b*	
desloratadine oral tablet, disintegrating	1 or 1b*	
dexchlorpheniramine maleate oral syrup	1 or 1b*	
diphenhydramine hcl injection solution 50 mg/ml	1 or 1b*	
diphenhydramine hcl injection syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
diphenhydramine hcl oral capsule 50 mg	1 or 1a*	
diphenhydramine hcl oral elixir	1 or 1a*	
epinastine ophthalmic (eye) drops	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML	3	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	3	
LASTACFT OPHTHALMIC (EYE) DROPS	3	ST; QL
levocetirizine oral solution	1 or 1b*	
levocetirizine oral tablet	1 or 1b*	
olopatadine ophthalmic (eye) drops	1 or 1b*	ST; QL
PHENERGAN INJECTION SOLUTION	3	
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
RYCLORA ORAL SYRUP	3	
RYVENT ORAL TABLET	3	
VISTARIL ORAL CAPSULE	3	
ANTIHYPERGLYCEMICS		
acarbose oral tablet	1 or 1b*	
ACTOPLUS MET ORAL TABLET	3	ST; QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
ACTOS ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (60)/ 8 UNIT (30), 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	3	ST; QL
AMARYL ORAL TABLET	3	ST; QL
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	ST; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	ST; QL
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide oral tablet extended release 24hr	1 or 1a*	ST; QL
glipizide-metformin oral tablet	1 or 1b*	ST; QL
GLUCOPHAGE ORAL TABLET	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GLUCOTROL ORAL TABLET	3	ST; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL

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

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Drug Name	Tier	Notes
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
GLYNASE ORAL TABLET	3	ST; QL
GLYSET ORAL TABLET	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Tier	Notes
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	ST; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
KORLYM ORAL TABLET	4	PA; QL; LD
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	

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

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Drug Name	Tier	Notes
METFORMIN ORAL SOLUTION	3	PA; QL
metformin oral tablet	1 or 1b*	
metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR
metformin oral tablet extended release 24hr	3	ST; QL; generic Fortamet; CTT1
miglitol oral tablet	1 or 1b*	
nateglinide oral tablet	1 or 1b*	
OSENI ORAL TABLET	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	ST; QL
pioglitazone oral tablet	1 or 1b*	ST; QL
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE ORAL TABLET	3	
repaglinide oral tablet	1 or 1b*	
repaglinide-metformin oral tablet	1 or 1b*	
RIOMET ORAL SOLUTION	3	PA; QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	ST; QL
STARLIX ORAL TABLET	3	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
tolazamide oral tablet	1 or 1b*	ST; QL
tolbutamide oral tablet	1 or 1b*	ST; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	

Drug Name	Tier	Notes
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRADJENTA ORAL TABLET	2	ST; DO; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	ST; QL
ANTIINFECTIVES/MISCELLANEOUS		
albendazole oral tablet	1 or 1b*	PA; QL
ALBENZA ORAL TABLET	3	PA; QL
ARAKODA ORAL TABLET	3	
atovaquone oral suspension	1 or 1b*	
atovaquone-proguanil oral tablet	1 or 1b*	
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
chloroquine phosphate oral tablet	1 or 1a*	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA; QL; LD
EMVERM ORAL TABLET,CHEWABLE	3	
GLUTARALDEHYDE SOLUTION	2	
glycine urologic irrigation solution	1 or 1b*	
glycine urologic solution irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
IMPAVIDO ORAL CAPSULE	3	PA; QL

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

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Drug Name	Tier	Notes
ivermectin oral tablet	1 or 1b*	
KRINTAFEL ORAL TABLET	3	
MALARONE ORAL TABLET	3	
MALARONE PEDIATRIC ORAL TABLET	3	
mefloquine oral tablet	1 or 1b*	
MEPRON ORAL SUSPENSION	3	
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
PENTAM INJECTION RECON SOLN	2	
pentamidine injection recon soln	1 or 1b*	
PLAQUENIL ORAL TABLET	3	
praziquantel oral tablet	1 or 1b*	
PRIMAQUINE ORAL TABLET	2	
QUALAQUIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
STROMEKTOL ORAL TABLET	3	
tinidazole oral tablet	1 or 1b*	
ANTIINFECTIVES		
AVC VAGINAL VAGINAL CREAM	3	
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; QL; SP
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP

Drug Name	Tier	Notes
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
REMICADE INTRAVENOUS RECON SOLN	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; QL; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ANTINEOPLASTICS		
abiraterone oral tablet	1 or 1b*	PA; QL; SP

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

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Drug Name	Tier	Notes
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
ADCETRIS INTRAVENOUS RECON SOLN	3	PA; QL; SP
adriamycin intravenous recon soln 10 mg	1 or 1b*	SP
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	SP
adriamycin intravenous solution	1 or 1b*	SP
adrucil intravenous solution	1 or 1b*	SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; QL; SP
AFINITOR ORAL TABLET	2	PA; QL; SP
ALECENSA ORAL CAPSULE	3	PA; QL; LD; SP
ALFERON N INJECTION SOLUTION	4	SP
ALIMTA INTRAVENOUS RECON SOLN	3	PA; QL; SP
ALIQOPA INTRAVENOUS RECON SOLN	3	PA; QL
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	SP
ALKERAN ORAL TABLET	3	SP
ALUNBRIG ORAL TABLET	3	PA; QL; LD; SP
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL; LD; SP
AMELUZ TOPICAL GEL	3	
anastrozole oral tablet	1 or 1b*	
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ARRANON INTRAVENOUS SOLUTION	3	SP

Drug Name	Tier	Notes
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION	3	SP
ARZERRA INTRAVENOUS SOLUTION	3	PA; QL
AVASTIN INTRAVENOUS SOLUTION	3	PA; QL; SP
azacitidine injection recon soln	1 or 1b*	PA; QL; SP
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	4	
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	4	
BALVERSA ORAL TABLET	3	
BAVENCIO INTRAVENOUS SOLUTION	3	PA; QL
BELEODAQ INTRAVENOUS RECON SOLN	3	PA; QL
BELRAPZO INTRAVENOUS SOLUTION	3	SP
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; QL; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; SP
BESPONSA INTRAVENOUS RECON SOLN	3	PA; QL; LD
bexarotene oral capsule	1 or 1b*	PA; QL; SP
bicalutamide oral tablet	1 or 1b*	
BICNU INTRAVENOUS RECON SOLN	3	SP
bleomycin injection recon soln	1 or 1b*	SP
BLINCYTO INTRAVENOUS KIT	3	PA; QL
BORTEZOMIB INTRAVENOUS RECON SOLN	3	PA; QL; SP
BOSULIF ORAL TABLET	2	PA; QL; SP
BRAFTOVI ORAL CAPSULE	3	PA; QL

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

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Drug Name	Tier	Notes
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
CABOMETYX ORAL TABLET	3	PA; QL; LD; SP
CALQUENCE ORAL CAPSULE	3	PA; QL; LD
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
capecitabine oral tablet	1 or 1b*	PA; QL; SP
CAPRELSA ORAL TABLET	2	PA; QL
CARAC TOPICAL CREAM	2	
carboplatin intravenous recon soln	1 or 1b*	SP
carboplatin intravenous solution	1 or 1b*	SP
carmustine intravenous recon soln	1 or 1b*	SP
CASODEX ORAL TABLET	3	
cisplatin intravenous solution	1 or 1b*	SP
cladribine intravenous solution	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION	3	SP
COMETRIQ ORAL CAPSULE	3	PA; QL; LD
COPIKTRA ORAL CAPSULE	3	PA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	SP
COTELLIC ORAL TABLET	3	PA; QL; SP
cyclophosphamide intravenous recon soln	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL CAPSULE	3	SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
dacarbazine intravenous recon soln	1 or 1b*	SP
DACOGEN INTRAVENOUS RECON SOLN	3	SP
dactinomycin intravenous recon soln	1 or 1b*	SP
DARZALEX INTRAVENOUS SOLUTION	3	PA; QL; SP
daunorubicin intravenous recon soln	1 or 1b*	SP
DAUNORUBICIN INTRAVENOUS SOLUTION	3	SP
DAURISMO ORAL TABLET	3	PA; QL; SP
decitabine intravenous recon soln	1 or 1b*	SP
diclofenac sodium topical gel 3 %	1 or 1b*	PA; QL
DOCEFREZ INTRAVENOUS RECON SOLN	3	PA; QL; SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 160 MG/8 ML (20 MG/ML), 20 MG/2 ML (10 MG/ML), 20 MG/ML, 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML), 80 MG/8 ML (10 MG/ML)	3	PA; QL; SP
DOXIL INTRAVENOUS SUSPENSION	3	PA; QL; SP
doxorubicin intravenous recon soln	1 or 1b*	SP
doxorubicin intravenous solution	1 or 1b*	SP
doxorubicin, peg-liposomal intravenous suspension	1 or 1b*	PA; QL; SP
EFUDEX TOPICAL CREAM	3	ST; QL
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP

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

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Drug Name	Tier	Notes
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELLENC E INTRAVENOUS SOLUTION	3	PA; QL; SP
ELZONRIS INTRAVENOUS SOLUTION	3	PA; QL
EMCYT ORAL CAPSULE	2	PA; QL
EMPLICITI INTRAVENOUS RECON SOLN	3	PA; QL; SP
epirubicin intravenous recon soln	1 or 1b*	PA; QL; SP
epirubicin intravenous solution	1 or 1b*	PA; QL; SP
ERBITUX INTRAVENOUS SOLUTION	3	PA; QL; SP
ERIVEDGE ORAL CAPSULE	2	PA; QL; SP
ERLEADA ORAL TABLET	2	PA; QL; SP
erlotinib oral tablet	1 or 1b*	PA; QL; SP
ERWINAZE INJECTION RECON SOLN	3	PA; QL; SP
ETOPOPHOS INTRAVENOUS RECON SOLN	3	SP
etoposide intravenous solution	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
EVOMELA INTRAVENOUS RECON SOLN	3	SP
exemestane oral tablet	1 or 1b*	
FARESTON ORAL TABLET	3	
FARYDAK ORAL CAPSULE	3	PA; QL; SP
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; QL; SP

Drug Name	Tier	Notes
FEMARA ORAL TABLET	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
floxuridine injection recon soln	1 or 1b*	SP
fludarabine intravenous recon soln	1 or 1b*	SP
fludarabine intravenous solution	1 or 1b*	SP
FLUOROPLEX TOPICAL CREAM	3	ST; QL
fluorouracil intravenous solution	1 or 1b*	SP
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; QL
fluorouracil topical cream 5 %	1 or 1b*	
fluorouracil topical solution	1 or 1b*	
flutamide oral capsule	1 or 1b*	
FOLOTYN INTRAVENOUS SOLUTION	3	SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; QL; SP
gemcitabine intravenous recon soln	1 or 1b*	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1 or 1b*	SP
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	SP
GILOTRIF ORAL TABLET	3	PA; QL; LD; SP
GLEEVEC ORAL TABLET	3	PA; QL; SP
GLEOSTINE ORAL CAPSULE	3	PA; QL
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	3	PA; QL; SP

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

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Drug Name	Tier	Notes
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	SP
HERCEPTIN INTRAVENOUS RECON SOLN	3	SP
HYCAMTIN INTRAVENOUS RECON SOLN	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; QL; SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
IBRANCE ORAL CAPSULE	3	PA; QL; SP
ICLUSIG ORAL TABLET	2	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin intravenous solution	1 or 1b*	SP
IDHIFA ORAL TABLET	3	PA; QL; LD; SP
IFEX INTRAVENOUS RECON SOLN	3	SP
ifosfamide intravenous recon soln 1 gram	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide-mesna intravenous kit	1 or 1b*	SP
imatinib oral tablet	1 or 1b*	PA; QL; SP
IMBRUVICA ORAL CAPSULE	3	PA; QL; LD
IMBRUVICA ORAL TABLET	3	PA; QL; LD
IMFINZI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
IMLYGIC INJECTION SUSPENSION	3	
INFUGEM INTRAVENOUS PIGGYBACK	3	SP
INLYTA ORAL TABLET	2	PA; QL; SP
INTRON A INJECTION RECON SOLN	4	SP

Drug Name	Tier	Notes
INTRON A INJECTION SOLUTION	4	SP
IRESSA ORAL TABLET	2	PA; QL; LD; SP
irinotecan intravenous solution	1 or 1b*	SP
ISTODAX INTRAVENOUS RECON SOLN	3	PA; QL; SP
IXEMPRA INTRAVENOUS RECON SOLN	3	PA; QL; SP
JAKAFI ORAL TABLET	2	PA; QL; LD; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; QL; SP
KADCYLA INTRAVENOUS RECON SOLN	3	PA; QL; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; QL
KISQALI FEMARA CO-PACK ORAL TABLET	3	PA; QL; SP
KISQALI ORAL TABLET	3	PA; QL; SP
KYPROLIS INTRAVENOUS RECON SOLN	3	PA; QL
LARTRUVO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	3	PA; QL; LD; SP
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG	3	PA; QL; SP
letrozole oral tablet	1 or 1b*	
LEUKERAN ORAL TABLET	2	
leuprolide subcutaneous kit	1 or 1b*	PA; QL; SP
LEVULAN TOPICAL SOLUTION	3	

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

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Drug Name	Tier	Notes
LIBTAYO INTRAVENOUS SOLUTION	3	PA; QL
lipodox 50 intravenous suspension	1 or 1b*	PA; QL; SP
lipodox intravenous suspension	1 or 1b*	PA; QL; SP
LONSURF ORAL TABLET	3	PA; QL; LD; SP
LORBRENA ORAL TABLET	3	PA; QL; SP
LUMOXITI INTRAVENOUS RECON SOLN	3	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; QL; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; QL; SP
LYNPARZA ORAL TABLET	3	PA; QL; LD; SP
LYSODREN ORAL TABLET	2	
MARQIBO INTRAVENOUS KIT	3	
MATULANE ORAL CAPSULE	2	LD
megestrol oral tablet	1 or 1b*	
MEKINIST ORAL TABLET	3	PA; QL; SP
MEKTOVI ORAL TABLET	3	PA; QL
melphalan hcl intravenous recon soln	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate sodium (pf) injection recon soln	1 or 1b*	
methotrexate sodium (pf) injection solution	1 or 1b*	

Drug Name	Tier	Notes
methotrexate sodium injection solution	1 or 1b*	
METHOTREXATE SODIUM ORAL TABLET	2	
mitomycin intravenous recon soln	1 or 1b*	SP
MITOMYCIN INTRAVESICAL SYRINGE	3	SP
mitoxantrone intravenous concentrate	1 or 1b*	SP
MUTAMYCIN INTRAVENOUS RECON SOLN	3	SP
MYLERAN ORAL TABLET	2	
MYLOTARG INTRAVENOUS RECON SOLN	3	PA; QL; LD
NAVELBINE INTRAVENOUS SOLUTION	3	SP
NERLYNX ORAL TABLET	3	PA; QL; LD; SP
NEXAVAR ORAL TABLET	2	PA; QL; SP
NILANDRON ORAL TABLET	3	QL
nilutamide oral tablet	1 or 1b*	QL
NINLARO ORAL CAPSULE	3	PA; QL; LD; SP
NIPENT INTRAVENOUS RECON SOLN	3	SP
ODOMZO ORAL CAPSULE	3	PA; QL; SP
ONCASPAR INJECTION SOLUTION	3	PA; QL; SP
ONIVYDE INTRAVENOUS DISPERSION	3	
OPDIVO INTRAVENOUS SOLUTION	3	PA; QL
oxaliplatin intravenous recon soln	1 or 1b*	SP
oxaliplatin intravenous solution	1 or 1b*	SP
paclitaxel intravenous concentrate	1 or 1b*	SP
PANRETIN TOPICAL GEL	3	SP

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

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Drug Name	Tier	Notes
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; SP
PHOTOFRIN INTRAVENOUS RECON SOLN	3	
PICATO TOPICAL GEL	3	ST; QL
POMALYST ORAL CAPSULE	3	PA; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION	3	
PROLEUKIN INTRAVENOUS RECON SOLN	3	QL; SP
PROVENGE INTRAVENOUS SUSPENSION	4	PA; QL
PURIXAN ORAL SUSPENSION	3	PA; QL
REVLIMID ORAL CAPSULE	2	PA; QL; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	SP
RITUXAN INTRAVENOUS CONCENTRATE	3	PA; QL; SP
ROMIDEPSIN INTRAVENOUS RECON SOLN	3	PA; QL; SP
RUBRACA ORAL TABLET	3	PA; QL; LD
RYDAPT ORAL CAPSULE	3	PA; QL; SP
SOLARAZE TOPICAL GEL	3	PA; QL
SOLTAMOX ORAL SOLUTION	2	\$0
SPRYCEL ORAL TABLET	2	PA; QL; SP
STIVARGA ORAL TABLET	2	PA; QL; SP
SUTENT ORAL CAPSULE	2	PA; QL; SP
SYLATRON SUBCUTANEOUS KIT	3	PA; QL; SP

Drug Name	Tier	Notes
SYLVANT INTRAVENOUS RECON SOLN	4	PA; QL; SP
SYNRIBO SUBCUTANEOUS RECON SOLN	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	3	PA; QL; SP
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
TALZENNA ORAL CAPSULE	3	PA; QL; SP
tamoxifen oral tablet	1 or 1b*	\$0
TARCEVA ORAL TABLET	2	PA; QL; SP
TARGRETIN ORAL CAPSULE	3	PA; QL; SP
TARGRETIN TOPICAL GEL	2	PA; QL; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; QL; SP
TEMODAR INTRAVENOUS RECON SOLN	2	PA; QL; SP
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP
temsirolimus intravenous recon soln	1 or 1b*	PA; QL; SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
TEPADINA INJECTION RECON SOLN	3	SP
thiotepa injection recon soln	1 or 1b*	SP
TIBSOVO ORAL TABLET	3	PA; QL

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

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Drug Name	Tier	Notes
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	4	SP
TOLAK TOPICAL CREAM	3	ST; QL
toposar intravenous solution	1 or 1b*	SP
topotecan intravenous recon soln	1 or 1b*	SP
TOPOTECAN INTRAVENOUS SOLUTION	3	SP
toremifene oral tablet	1 or 1b*	
TORISEL INTRAVENOUS RECON SOLN	3	PA; QL; SP
TREANDA INTRAVENOUS RECON SOLN	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
tretinoin (chemotherapy) oral capsule	1 or 1b*	
TREXALL ORAL TABLET	2	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	SP
TYKERB ORAL TABLET	2	PA; QL; SP
UNITUXIN INTRAVENOUS SOLUTION	3	
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	3	PA; QL; LD; SP
valrubicin intravesical solution	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION	2	SP
VANTAS IMPLANT KIT	3	PA; QL; SP
VECTIBIX INTRAVENOUS SOLUTION	3	PA; QL; SP
VELCADE INJECTION RECON SOLN	3	PA; QL; SP

Drug Name	Tier	Notes
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; QL; LD
VERZENIO ORAL TABLET	3	PA; QL; SP
VIDAZA INJECTION RECON SOLN	3	PA; QL; SP
vinblastine intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution 1 mg/ml	1 or 1b*	SP
vincristine intravenous solution	1 or 1b*	SP
vinorelbine intravenous solution	1 or 1b*	SP
VITRAKVI ORAL CAPSULE	3	PA; QL; SP
VITRAKVI ORAL SOLUTION	3	PA; QL; SP
VIZIMPRO ORAL TABLET	3	PA; QL; SP
VOTRIENT ORAL TABLET	2	PA; QL; SP
VYXEOS INTRAVENOUS RECON SOLN	3	LD
XALKORI ORAL CAPSULE	2	PA; QL; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; SP
XOSPATA ORAL TABLET	3	PA; QL
XTANDI ORAL CAPSULE	2	PA; QL; SP
YERVOY INTRAVENOUS SOLUTION	3	PA; QL; SP
YONDELIS INTRAVENOUS RECON SOLN	3	
YONSA ORAL TABLET	3	PA; QL; SP
ZALTRAP INTRAVENOUS SOLUTION	3	PA; QL; SP
ZANOSAR INTRAVENOUS RECON SOLN	3	SP

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

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Drug Name	Tier	Notes
ZEJULA ORAL CAPSULE	3	PA; QL; LD
ZELBORAF ORAL TABLET	2	PA; QL; SP
ZEVALIN (Y-90) INTRAVENOUS KIT	3	
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; QL; LD; SP
ZYKADIA ORAL CAPSULE	3	PA; QL; SP
ZYKADIA ORAL TABLET	3	PA; QL; SP
ZYTIGA ORAL TABLET 250 MG	3	PA; QL; SP
ZYTIGA ORAL TABLET 500 MG	2	PA; QL; SP
ANTI-OBESITY DRUGS		
ADIPEX-P ORAL CAPSULE	3	PA; QL
ADIPEX-P ORAL TABLET	3	PA; QL
BELVIQ ORAL TABLET	3	PA; QL
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
benzphetamine oral tablet 25 mg	1 or 1b*	
benzphetamine oral tablet 50 mg	1 or 1b*	PA; QL
CONTRACE ORAL TABLET EXTENDED RELEASE	3	PA; QL
diethylpropion oral tablet	1 or 1b*	PA; QL
diethylpropion oral tablet extended release	1 or 1b*	PA; QL
LOMAIRA ORAL TABLET	3	PA; QL
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine oral capsule	1 or 1b*	PA; QL
phentermine oral tablet	1 or 1b*	PA; QL

Drug Name	Tier	Notes
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	3	PA; QL
SAXENDA SUBCUTANEOUS PEN INJECTOR	3	PA; QL
XENICAL ORAL CAPSULE	3	
ANTIPARASITICS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	
ALINIA ORAL TABLET	3	
croton topical lotion	1 or 1b*	
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
lindane topical shampoo	1 or 1b*	
malathion topical lotion	1 or 1b*	
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
permethrin topical cream	1 or 1b*	
SKLICE TOPICAL LOTION	3	
spinosad topical suspension	1 or 1b*	
ULESFIA TOPICAL LOTION	3	
ANTIPARKINSON DRUGS		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; QL; LD; SP
AZILECT ORAL TABLET	3	
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet, disintegrating	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
COGENTIN INJECTION SOLUTION	3	
COMTAN ORAL TABLET	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	PA; QL; LD; SP
entacapone oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	3	PA; QL; LD
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	3	PA; DO; QL; LD
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	SP
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
MIRAPEX ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
pramipexole oral tablet	1 or 1b*	
pramipexole oral tablet extended release 24 hr	1 or 1b*	
rasagiline oral tablet	1 or 1b*	
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	3	

Drug Name	Tier	Notes
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
SINEMET CR ORAL TABLET EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET, DISINTEGRATING	3	PA; QL
ANTIPLATELET DRUGS		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE	3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	

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

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Drug Name	Tier	Notes
AGRYLIN ORAL CAPSULE	3	
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
BRILINTA ORAL TABLET	2	
cilostazol oral tablet	1 or 1b*	
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	1 or 1b*	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; QL
EFFIENT ORAL TABLET 10 MG	3	
EFFIENT ORAL TABLET 5 MG	3	DO
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	1 or 1b*	
EPTIFIBATIDE INTRAVENOUS SOLUTION 75 MG/100 ML (0.75 MG/ML)	3	
INTEGRILIN INTRAVENOUS SOLUTION	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
PLAVIX ORAL TABLET 75 MG	3	
prasugrel oral tablet 10 mg	1 or 1b*	
prasugrel oral tablet 5 mg	1 or 1b*	DO
REOPRO INTRAVENOUS SOLUTION	3	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
ZONTIVITY ORAL TABLET	3	PA; QL
ANTIVIRALS		
abacavir oral solution	1 or 1b*	
abacavir oral tablet	1 or 1b*	
abacavir-lamivudine oral tablet	1 or 1b*	
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension 200 mg/5 ml	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous recon soln	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir topical cream	1 or 1b*	PA; QL
acyclovir topical ointment	1 or 1b*	
adefovir oral tablet	4	SP
APTIVUS ORAL CAPSULE	2	
APTIVUS ORAL SOLUTION	2	
atazanavir oral capsule	1 or 1b*	
ATRIPLA ORAL TABLET	2	ST; QL
BARACLUDE ORAL SOLUTION	4	SP
BARACLUDE ORAL TABLET	4	SP
BIKTARVY ORAL TABLET	2	
cidofovir intravenous solution	1 or 1b*	
CIMDUO ORAL TABLET	3	
COMBIVIR ORAL TABLET	3	
COMPLERA ORAL TABLET	2	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	
CYTOVENE INTRAVENOUS RECON SOLN	4	SP
DAKLINZA ORAL TABLET 30 MG, 60 MG	4	PA; QL; SP
DELSTRIGO ORAL TABLET	3	
DENAVIR TOPICAL CREAM	3	PA; QL
DESCOVY ORAL TABLET	3	
didanosine oral capsule, delayed release(dr/ec)	1 or 1b*	

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

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Drug Name	Tier	Notes
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	2	
efavirenz oral capsule	1 or 1b*	
efavirenz oral tablet	1 or 1b*	
EMTRIVA ORAL CAPSULE	2	
EMTRIVA ORAL SOLUTION	2	
entecavir oral tablet	4	SP
EPCLUSA ORAL TABLET	4	PA; QL; SP
EPIVIR HBV ORAL SOLUTION	4	SP
EPIVIR HBV ORAL TABLET	4	SP
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
EVOTAZ ORAL TABLET	3	
famciclovir oral tablet	1 or 1b*	
FLUMADINE ORAL TABLET	3	
fosamprenavir oral tablet	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GANCICLOVIR INTRAVENOUS SOLUTION	4	SP
ganciclovir sodium intravenous recon soln	4	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	4	SP
GENVOYA ORAL TABLET	2	
HARVONI ORAL TABLET	4	PA; QL; SP
HEPSERA ORAL TABLET	4	SP
INTELENCE ORAL TABLET	2	

Drug Name	Tier	Notes
INVIRASE ORAL TABLET	2	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	3	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
lamivudine oral solution	1 or 1b*	
lamivudine oral tablet 100 mg	1 or 1b*	SP
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	
lamivudine-zidovudine oral tablet	1 or 1b*	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; QL; SP
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
lopinavir-ritonavir oral solution	1 or 1b*	
MAVYRET ORAL TABLET	4	PA; QL; SP
moderiba oral tablet	4	SP
nevirapine oral suspension	1 or 1b*	
nevirapine oral tablet	1 or 1b*	
nevirapine oral tablet extended release 24 hr	1 or 1b*	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY ORAL TABLET	3	
oseltamivir oral capsule	1 or 1b*	QL

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

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Drug Name	Tier	Notes
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	SP
PEGASYS SUBCUTANEOUS SOLUTION	4	SP
PEGASYS SUBCUTANEOUS SYRINGE	4	SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	SP
PIFELTRO ORAL TABLET	3	
PREVYMIS INTRAVENOUS SOLUTION	4	PA; QL; SP
PREVYMIS ORAL TABLET	4	PA; QL; SP
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RAPIVAB (PF) INTRAVENOUS SOLUTION	3	
REBETOL ORAL SOLUTION	4	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RESCRIPTOR ORAL TABLET	2	
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	

Drug Name	Tier	Notes
ribasphere oral capsule	4	SP
ribasphere oral tablet 600 mg	4	SP
ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	4	SP
ribavirin inhalation recon soln	1 or 1b*	
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rimantadine oral tablet	1 or 1b*	
ritonavir oral tablet	1 or 1b*	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; QL; SP
SOVALDI ORAL TABLET	4	PA; QL; SP
stavudine oral capsule	1 or 1b*	
STRIBILD ORAL TABLET	2	
SUSTIVA ORAL CAPSULE	3	
SUSTIVA ORAL TABLET	3	
SYMFI LO ORAL TABLET	2	
SYMFI ORAL TABLET	2	
SYMTUZA ORAL TABLET	3	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; QL; SP
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
tenofovir disoproxil fumarate oral tablet	1 or 1b*	
TIVICAY ORAL TABLET	3	
trifluridine ophthalmic (eye) drops	1 or 1b*	
TRIUMEQ ORAL TABLET	2	

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

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Drug Name	Tier	Notes
TRIZIVIR ORAL TABLET	3	
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL; LD
TRUVADA ORAL TABLET	2	
valacyclovir oral tablet	1 or 1b*	
VALCYTE ORAL RECON SOLN	3	SP
VALCYTE ORAL TABLET	3	SP
valganciclovir oral recon soln	1 or 1b*	SP
valganciclovir oral tablet	1 or 1b*	SP
VALTREX ORAL TABLET	3	
VEMLIDY ORAL TABLET	4	SP
VEREGEN TOPICAL OINTMENT	3	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	2	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	4	PA; QL; SP
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE ORAL TABLET	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
VIRAZOLE INHALATION RECON SOLN	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET	4	PA; QL; SP
XERESE TOPICAL CREAM	3	PA; QL

Drug Name	Tier	Notes
XOFLUZA ORAL TABLET	3	
ZEPATIER ORAL TABLET	4	PA; QL; SP
ZIAGEN ORAL SOLUTION	3	
ZIAGEN ORAL TABLET	3	
zidovudine oral capsule	1 or 1b*	
zidovudine oral syrup	1 or 1b*	
zidovudine oral tablet	1 or 1b*	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET	3	
ZOVIRAX TOPICAL OINTMENT	3	
AUTONOMIC DRUGS		
ADDERALL ORAL TABLET	3	PA; QL
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA; QL
ADRENALIN INJECTION SOLUTION	3	
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
amphetamine sulfate oral tablet	1 or 1b*	
ANECTINE INJECTION SOLUTION	3	
ARICEPT ORAL TABLET	3	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	1 or 1b*	
BLOXIVERZ INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	4	PA; QL; SP
BOTOX INJECTION RECON SOLN	4	PA; QL; SP
cevimeline oral capsule	1 or 1b*	
cisatracurium intravenous solution	1 or 1b*	
CISATRACURIUM INTRAVENOUS SYRINGE	3	
DESOXYN ORAL TABLET	3	PA; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	3	PA; QL
dextroamphetamine oral capsule, extended release	1 or 1b*	PA; QL
dextroamphetamine oral solution	1 or 1b*	PA; QL
dextroamphetamine oral tablet	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral capsule, extended release 24hr	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
donepezil oral tablet	1 or 1b*	
donepezil oral tablet, disintegrating	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL
DYSPORT INTRAMUSCULAR RECON SOLN	4	PA; QL; LD; SP
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	

Drug Name	Tier	Notes
EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SOLUTION 1 MG/250 ML (4 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
EPINEPHRINE HCL IN 5% DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE IN SOD CHLOR, ISO INTRAVENOUS SYRINGE	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML	1 or 1b*	
epinephrine injection auto-injector 0.3 mg/0.3 ml	1 or 1b*	
epinephrine injection solution 1 mg/ml	1 or 1b*	
epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
EVEKEO ORAL TABLET	3	PA; ST; QL
EVOXAC ORAL CAPSULE	3	
EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
galantamine oral capsule, ext rel. pellets 24 hr	1 or 1b*	
galantamine oral solution	1 or 1b*	
galantamine oral tablet	1 or 1b*	
GUANIDINE ORAL TABLET	3	
isoproterenol hcl injection solution	1 or 1b*	
ISUPREL INJECTION SOLUTION	3	
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
MESTINON ORAL SYRUP	3	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	
methamphetamine oral tablet	1 or 1b*	PA; QL
midodrine oral tablet	1 or 1b*	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	PA; QL
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; QL; SP
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE	3	
NIMBEX INTRAVENOUS SOLUTION	3	
norepinephrine bitartrate intravenous solution	1 or 1b*	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 16 MG/250 ML (64 MCG/ML), 4 MG/250 ML (16 MCG/ML), 4 MG/500 ML (8 MCG/ML), 8 MG/250 ML (32 MCG/ML), 8 MG/500 ML (16 MCG/ML)	3	
NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION	3	
NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SYRINGE	3	
NOREPINEPHRINE-0.9 % NACL (PF) INTRAVENOUS SYRINGE	3	
NORTHERA ORAL CAPSULE	3	LD; SP

Drug Name	Tier	Notes
pancuronium intravenous solution	1 or 1b*	
phenoxybenzamine oral capsule	1 or 1b*	PA; QL
phentolamine injection recon soln	1 or 1b*	
pilocarpine hcl oral tablet	1 or 1b*	
PROCENTRA ORAL SOLUTION	3	PA; QL
pyridostigmine bromide oral syrup	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
pyridostigmine bromide oral tablet extended release	1 or 1b*	
QUELICIN INJECTION SOLUTION 20 MG/ML	3	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
RAZADYNE ORAL TABLET	3	
REGONOL INJECTION SOLUTION	3	
rivastigmine tartrate oral capsule	1 or 1b*	
rivastigmine transdermal patch 24 hour	1 or 1b*	
rocuronium intravenous solution	1 or 1b*	
ROCURONIUM INTRAVENOUS SYRINGE	3	
SALAGEN (PILOCARPINE) ORAL TABLET	3	
succinylcholine chloride injection solution	1 or 1b*	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SYRINGE 100 MG/5 ML (20 MG/ML), 140 MG/7 ML (20 MG/ML), 200 MG/10 ML (20 MG/ML)	3	
SUCCINYLCHOLINE-SOD CL,ISO(PF) INTRAVENOUS SYRINGE	3	
SYMJEPI INJECTION SYRINGE	2	QL

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

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Drug Name	Tier	Notes
URECHOLINE ORAL TABLET	3	
vecuronium bromide intravenous recon soln	1 or 1b*	
VECURONIUM IN STERILE WATER INTRAVENOUS SYRINGE	3	
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; QL; SP
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	\$0
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
ALL EXT-CAL PEPPER TREE POLLEN INJECTION SOLUTION	3	
ALL EXT-WEED POL-SHEEP SORREL INJECTION SOLUTION	3	
ALL XT-WEED POL-RUSSIAN THISTL INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ALL.XT,KBLUE-JUNE GRASS POLLEN INJECTION SOLUTION	3	
ALLER EXT-ALTERNARIA ALTERNATA INJECTION SOLUTION	3	
ALLER EXT-AMERICAN COCKROACH INJECTION SOLUTION	3	
ALLER EXT-SPINY PIGWEED POLLEN INJECTION SOLUTION	3	
ALLER EXT-TREE POLL,RED CEDAR INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,AM ELM INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,BAYBERRY INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,MESQUITE INJECTION SOLUTION	3	
ALLER EXT-WEED POLLEN-KOCHIA INJECTION SOLUTION	3	
ALLER XT-SHAGBARK HICKORY POLL INJECTION SOLUTION	3	
ALLER XT-TREE POL,E.COTTONWOOD INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,BOX ELDER INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,HACKBERRY INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,RED BIRCH INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,WHITE ASH INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-MELALEUCA INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-WHITE OAK INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
ALLER XT-WEED POLLEN-COCKLEBUR INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-GOLDENROD INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-SAGEBRUSH INJECTION SOLUTION	3	
ALLER XT-WEED POLL- YELLOW DOCK INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-BERMUDA INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-ORCHARD INJECTION SOLUTION	3	
ALLERG EX-GRASS POLLEN-JOHNSON INJECTION SOLUTION	3	
ALLERG EXT,GRASS POLLEN-REDTOP INJECTION SOLUTION	3	
ALLERG EXT- ACREMONIUM STRICTUM INJECTION SOLUTION	3	
ALLERG EXT-BLACK WALNUT POLLEN INJECTION SOLUTION	3	
ALLERG EXT- GRASS,PERENNIAL RYE INJECTION SOLUTION	3	
ALLERG EXT- PENICILLIUM NOTATUM INJECTION SOLUTION	3	
ALLERG EXTRACT- FOOD-CANTALOUPE PERCUTANEOUS SOLUTION	3	
ALLERG EXT-TALL RAGWEED POLLEN INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ACACIA INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ALDER INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ALLERG EXT-TREE POLL-JUN, WEST INJECTION SOLUTION	3	
ALLERG EXT-TREE POLL-RED MAPLE INJECTION SOLUTION	3	
ALLERG EXT-WEED POLLEN-MUGWORT INJECTION SOLUTION	3	
ALLERG EX-WEED POL- RGH PIGWEED INJECTION SOLUTION	3	
ALLERG XT,D.FARINAE- D.PTERONYS INJECTION SOLUTION	3	
ALLERG XT,GRASS POLLEN-TIMOTHY INJECTION SOLUTION	3	PA; QL
ALLERG XT,GRASS- MEADOW FESCUE INJECTION SOLUTION	3	
ALLERG XT-SHEEP SOR,YELLW DOCK INJECTION SOLUTION	3	
ALLERG XT-TREE POLL-ELM, CEDAR INJECTION SOLUTION	3	
ALLERG XT-WEED POLL-DOG FENNEL INJECTION SOLUTION	3	
ALLERG XT-WHITE BIRCH POLLEN INJECTION SOLUTION	3	
ALLERG XT-WHITE PINE POLLEN INJECTION SOLUTION	3	
ALLERGEN EX- FUSARIUM OXYSPOURUM INJECTION SOLUTION	3	
ALLERGEN EXT-AMER BEECH POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT- ASPERGILLUS FUMIG INJECTION SOLUTION	3	
ALLERGEN EXT- ASPERGILLUS,MIXED INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
ALLERGEN EXT-AUREOBA.PULLULANS INJECTION SOLUTION	3	
ALLERGEN EXT-BOTRYTIS CINEREA INJECTION SOLUTION	3	
ALLERGEN EXT-C.CLADOSPORIOIDES INJECTION SOLUTION	3	
ALLERGEN EXT-C.SPHAEROSPERMUM INJECTION SOLUTION	3	
ALLERGEN EXT-CANDIDA ALBICANS INJECTION SOLUTION	3	
ALLERGEN EXT-CATTLE EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN EXT-CROP POLLEN-CORN INJECTION SOLUTION	3	
ALLERGEN EXT-ENGLISH PLANTAIN INJECTION SOLUTION	3	
ALLERGEN EXT-GERMAN COCKROACH INJECTION SOLUTION	3	
ALLERGEN EXT-OLIVE TREE POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT-RABBIT EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN EXTRACT-CHICKEN MEAT PERCUTANEOUS SOLUTION	3	
ALLERGEN EXTRACT-D.SOROKINIANA INJECTION SOLUTION	3	
ALLERGEN EXTRACT-FOOD-AVOCADO PERCUTANEOUS SOLUTION	3	
ALLERGEN EXTRACT-S.CEREVISIAE INJECTION SOLUTION	3	
ALLERGEN EXT-T.MENTAGROPHYTES INJECTION SOLUTION	3	

Drug Name	Tier	Notes
ALLERGEN EXT-TREE POLLEN,PECAN INJECTION SOLUTION	3	
ALLERGEN EXT-TREE POLLEN-KAPOK INJECTION SOLUTION	3	
ALLERGEN XT TREE POL-AUST PINE INJECTION SOLUTION	3	
ALLERGEN XT-AM.SYCAMORE POLLEN INJECTION SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BAHIA INJECTION SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BROME INJECTION SOLUTION	3	
ALLERGEN XT-MITE,D.PTERONYSSIN INJECTION SOLUTION	3	
ALLERGEN XT-QUEEN PALM POLLEN INJECTION SOLUTION	3	
ALLERGEN XT-VIRGINIA LIVE OAK INJECTION SOLUTION	3	
ALLERGENIC EX-HORSE EPITHELIUM INJECTION SOLUTION	3	
ALLERGENIC EXT, MIXED FEATHERS INJECTION SOLUTION	3	
ALLERGENIC EXT-DOG EPITHELIUM INJECTION SOLUTION	3	
ALLERGENIC EXT-FOOD-SOYBEAN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-MITE, D FARINAE INJECTION SOLUTION	3	
ALLERGENIC EXT-MIXED RAGWEED INJECTION SOLUTION	3	
ALLERGENIC EXT-MUCOR PLUMBEUS INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
ALLERGENIC EXT-PHOMA HERBARUM INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-CURVULARIA INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-EGG WHITE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FIRE ANT INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ALMOND PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-APPLE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-BANANA PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-BEEF PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CASEIN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-COCOA PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CORN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-CRAB PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-EGG PERCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
ALLERGENIC EXTRACT-FOOD-OATS PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ORANGE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PEANUT PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PECAN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PORK PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-RICE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-SHRIMP PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-MOSQUITO INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-PISTACHIO PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-SESAME SEED PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-STRAWBERRY PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-RHIZOPUS ORYZAE INJECTION SOLUTION	3	
ALLERGENIC XT-EPICOCUM NIGRUM INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
ALLERGENIC XT-MOUSE EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN-WEED-LAMBSQUARTERS INJECTION SOLUTION	3	
ALLERGN EXT-MOUNT.CEDAR POLLEN INJECTION SOLUTION	3	
ALLERGN XT-RED MULBERRY POLLEN INJECTION SOLUTION	3	
ALLERGN XT-WHT MULBERRY POLLEN INJECTION SOLUTION	3	
ANASCORP INTRAVENOUS RECON SOLN	3	
ANAVIP INJECTION RECON SOLN	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	3	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	3	
APLISOL INTRADERMAL SOLUTION	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
BEXSERO INTRAMUSCULAR SYRINGE	3	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BIVIGAM INTRAVENOUS SOLUTION	4	PA; QL; SP
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	\$0
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	\$0

Drug Name	Tier	Notes
CANDIN INTRADERMAL ALLERGEN	3	
CAT HAIR STD ALLERGENIC EXT INJECTION SOLUTION	3	
CROFAB INJECTION RECON SOLN	3	
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; QL; SP
CUTAQUIG SUBCUTANEOUS SOLUTION	4	
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	LD; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	\$0
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	\$0
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	\$0
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	\$0
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET	3	
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT	2	\$0
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA; QL; SP
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0

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

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Drug Name	Tier	Notes
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE	2	\$0
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE	2	\$0
GAMASTAN INTRAMUSCULAR SOLUTION	4	PA; QL; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION	4	PA; QL; SP
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; QL; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; QL; SP

Drug Name	Tier	Notes
GAMMAKED INJECTION SOLUTION	4	PA; QL; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; QL; SP
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; QL; SP
GAMUNEX-C INJECTION SOLUTION	4	PA; QL; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	\$0
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
GRAFIX XC TOPICAL SHEET	3	
GRASTEK SUBLINGUAL TABLET	3	PA; QL
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	\$0
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
HEPAGAM B INJECTION SOLUTION	4	SP
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	3	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	3	\$0
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	\$0
HIZENTRA SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	4	SP
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	4	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	4	SP
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	4	SP
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	4	SP
HYPERRHO S/D INTRAMUSCULAR SYRINGE	4	SP
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; QL; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	4	SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	\$0
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	\$0
IPOLE INJECTION SUSPENSION	3	\$0
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION	4	SP
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	\$0
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0

Drug Name	Tier	Notes
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	\$0
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	\$0
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	4	SP
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	\$0
NABI-HB INTRAMUSCULAR SOLUTION	4	SP
OCTAGAM INTRAVENOUS SOLUTION	4	PA; QL; SP
ODACTRA SUBLINGUAL TABLET	3	PA; QL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL; LD
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; QL; SP
PANZYGA INTRAVENOUS SOLUTION	4	PA; QL
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	\$0
PENTACEL (PF) INTRAMUSCULAR KIT	3	\$0
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	\$0
PNEUMOVAX 23 INJECTION SOLUTION	2	\$0
PNEUMOVAX 23 INJECTION SYRINGE	2	\$0
PRE-PEN INTRADERMAL SOLUTION	3	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	\$0

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

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Drug Name	Tier	Notes
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	\$0
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RAGWITEK SUBLINGUAL TABLET	3	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	\$0
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	\$0
RHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SYRINGE	4	SP
RHOPHYLAC INJECTION SYRINGE	4	SP
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	\$0
ROTATEQ VACCINE ORAL SOLUTION	3	\$0
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	\$0
SPHERUSOL INTRADERMAL SOLUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
STD GRASS POLLEN- SWEET VERNAL INJECTION SOLUTION	3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	3	

Drug Name	Tier	Notes
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; QL; SP
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	\$0
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	\$0
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	\$0
TREE POLLEN- ARIZONA CYPRESS INJECTION SOLUTION	3	
TREE POLLEN-BALD CYPRESS INJECTION SOLUTION	3	
TREE POLLEN-BLACK WILLOW INJECTION SOLUTION	3	
TREE POLLEN-PRIVET INJECTION SOLUTION	3	
TREE POLLEN-SWEET GUM INJECTION SOLUTION	3	
TRUMENBA INTRAMUSCULAR SYRINGE	3	\$0
TRUSKIN TOPICAL SHEET	3	
TUBERSOL INTRADERMAL SOLUTION	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	\$0

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

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Drug Name	Tier	Notes
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	\$0
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
WEED POLLEN-SHORT RAGWEED INJECTION SOLUTION	3	
WEED POLLEN-TRUE MARSH ELDER INJECTION SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	4	SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
BLOOD		
ACTIVASE INTRAVENOUS RECON SOLN	3	
ADVATE INTRAVENOUS RECON SOLN	4	PA; QL; SP
ADYNOVATE INTRAVENOUS SOLUTION	4	PA; QL; SP
AFSTYLA INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Tier	Notes
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	2	
albuminar 25 % intravenous parenteral solution	1 or 1b*	
ALBUMINEX INTRAVENOUS SOLUTION	3	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
ALPHANATE INTRAVENOUS RECON SOLN	4	PA; QL; SP
ALPHANINE SD INTRAVENOUS RECON SOLN	4	PA; QL; SP
ALPROLIX INTRAVENOUS RECON SOLN	4	PA; QL; SP
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral tablet	1 or 1b*	
ANDEXXA INTRAVENOUS RECON SOLN	3	
ASTRINGYN TOPICAL SOLUTION	3	
AVITENE FLOUR TOPICAL POWDER	3	
AVITENE TOPICAL POWDER IN PACKET	3	

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

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Drug Name	Tier	Notes
AVITENE TOPICAL SHEET	3	
BENEFIX INTRAVENOUS RECON SOLN	4	PA; QL; SP
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
CABLIVI INJECTION KIT	4	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN	3	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	LD; SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	LD; SP
COAGADEX INTRAVENOUS RECON SOLN	4	PA; QL; LD
CORIFACT INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
DEFITELIO INTRAVENOUS SOLUTION	4	
DROXIA ORAL CAPSULE	2	
ELOCTATE INTRAVENOUS RECON SOLN	4	PA; QL; SP
ENDARI ORAL POWDER IN PACKET	4	PA; QL
ENDO AVITENE TOPICAL SHEET	3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	3	
FEIBA NF INTRAVENOUS RECON SOLN	4	PA; QL; SP
FIBRYGA INTRAVENOUS RECON SOLN	4	PA; QL

Drug Name	Tier	Notes
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
GEL-FLOW NT TOPICAL SYRINGE	3	
GEL-FLOW TOPICAL SYRINGE KIT	3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE	3	
GELFOAM JMI POWDER TOPICAL KIT	3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK	3	
GELFOAM MUCOUS MEMBRANE POWDER	3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE	3	
GELFOAM TOPICAL SPONGE	3	
HELIXATE FS INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
HEMLIBRA SUBCUTANEOUS SOLUTION	4	PA; QL; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	4	PA; QL; SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN	4	PA; QL; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN	4	PA; QL; SP

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

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Drug Name	Tier	Notes
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	4	PA; QL; SP
HESPAN 6 % IN NS INTRAVENOUS SOLUTION	3	
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
HUMATE-P INTRAVENOUS RECON SOLN	4	PA; QL; SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	PA; QL; LD; SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	4	PA; QL; SP
IXINITY INTRAVENOUS RECON SOLN	4	PA; QL; SP
JIVI INTRAVENOUS RECON SOLN	4	PA; QL; SP
KCENTRA INTRAVENOUS RECON SOLN	3	
KEDBUMIN INTRAVENOUS PARENTERAL SOLUTION	3	
KOATE INTRAVENOUS RECON SOLN	4	PA; QL; SP
KOGENATE FS INTRAVENOUS RECON SOLN	4	PA; QL; SP
KOVALTRY INTRAVENOUS RECON SOLN	4	PA; QL; SP
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
LYSTEDA ORAL TABLET	3	
MONONINE INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP

Drug Name	Tier	Notes
NOVOEIGHT INTRAVENOUS RECON SOLN	4	PA; QL; SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN	4	PA; QL; SP
NUWIQ INTRAVENOUS RECON SOLN	4	PA; QL; SP
OBIZUR INTRAVENOUS RECON SOLN	4	PA; QL
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
pentoxifylline oral tablet extended release	1 or 1b*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
PLASMANATE INTRAVENOUS PARENTERAL SOLUTION	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	4	PA; QL; SP
protamine intravenous solution	1 or 1b*	
REBINYN INTRAVENOUS RECON SOLN	4	PA; QL; SP
RECOMBINATE INTRAVENOUS RECON SOLN	4	PA; QL; SP

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

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Drug Name	Tier	Notes
RECOTHROM SPRAY KIT TOPICAL RECON SOLN	3	
RECOTHROM TOPICAL RECON SOLN	3	
RETAVASE INTRAVENOUS RECON SOLN	3	
RIASTAP INTRAVENOUS RECON SOLN	3	PA; QL
RIXUBIS INTRAVENOUS RECON SOLN	4	PA; QL; SP
SIKLOS ORAL TABLET	3	PA; QL; SP
SOLIRIS INTRAVENOUS SOLUTION	4	PA; QL; SP
SURGIFOAM TOPICAL SPONGE	3	
SYRINGE AVITENE TOPICAL POWDER	3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED	3	
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBI-GEL TOPICAL PADS, MEDICATED	3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL RECON SOLN	3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL	3	
THROMBI-PAD TOPICAL PADS, MEDICATED	3	
TNKASE INTRAVENOUS KIT	3	
tranexamic acid intravenous solution	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	
TRETTEN INTRAVENOUS RECON SOLN	4	PA; QL; SP

Drug Name	Tier	Notes
ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; QL; SP
ULTRAFOAM TOPICAL SPONGE	3	
VOLUVEN 6 % INTRAVENOUS SOLUTION	3	
VONVENDI INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
WILATE INTRAVENOUS RECON SOLN	4	PA; QL; SP
XYNTHA INTRAVENOUS SOLUTION	4	PA; QL; SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	4	PA; QL; SP
CARDIAC DRUGS		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG	3	DO
ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG, 90 MG	3	
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	1 or 1b*	DO
afeditab cr oral tablet extended release 60 mg	1 or 1b*	
AMIODARONE IN DEXTROSE 5 % INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 450 MG/250 ML (1.8 MG/ML), 750 MG/500 ML (1.5 MG/ML), 900 MG/500 ML (1.8 MG/ML)	3	
amiodarone intravenous solution	1 or 1b*	
amiodarone intravenous syringe	1 or 1b*	
amiodarone oral tablet	1 or 1b*	
amlodipine oral tablet 10 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CALAN ORAL TABLET	3	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDENE IV INTRAVENOUS SOLUTION	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG	3	DO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	
CLEVIPREX INTRAVENOUS EMULSION	3	
CORLANOR ORAL TABLET	2	PA; QL
CORVERT INTRAVENOUS SOLUTION	3	
digitek oral tablet	1 or 1b*	

Drug Name	Tier	Notes
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
DILTIAZEM HCL IN 0.9% NACL INTRAVENOUS SOLUTION	3	
DILTIAZEM HCL INTRAVENOUS RECON SOLN	3	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 12 hr	1 or 1b*	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1 or 1b*	
diltiazem hcl oral tablet	1 or 1b*	
diltiazem hcl oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
DILTIAZEM IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
disopyramide phosphate oral capsule	1 or 1b*	
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)	1 or 1b*	
dobutamine intravenous solution	1 or 1b*	
dofetilide oral capsule	1 or 1b*	
felodipine oral tablet extended release 24 hr 10 mg	1 or 1b*	
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1 or 1b*	DO
flecainide oral tablet	1 or 1b*	
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ibutilide fumarate intravenous solution	1 or 1b*	
ISOCHRON ORAL TABLET EXTENDED RELEASE	3	
ISORDIL ORAL TABLET	2	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide dinitrate oral tablet extended release	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*	
isradipine oral capsule	1 or 1b*	
LANOXIN INJECTION SOLUTION	3	
LANOXIN ORAL TABLET	2	

Drug Name	Tier	Notes
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
LIDOCAINE (PF) INTRAVENOUS SOLUTION	3	
lidocaine (pf) intravenous syringe	1 or 1b*	
LIDOCAINE IN 5 % DEXTROSE (PF) INTRAVENOUS PARENTERAL SOLUTION 4 MG/ML (0.4 %)	3	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
LIDOCAINE IN NACL,ISO-OSMO(PF) INJECTION SYRINGE	3	
matzim la oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
mexiletine oral capsule	1 or 1b*	
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
MINITRAN TRANSDERMAL PATCH 24 HOUR	3	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
NICARDIPINE IN 0.9 % NACL INTRAVENOUS SOLUTION	3	
NICARDIPINE IN 0.9 % NACL INTRAVENOUS SYRINGE 1 MG/10 ML	3	
NICARDIPINE IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
nifedipine oral capsule	1 or 1b*	
nifedipine oral tablet extended release 24hr 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	1 or 1b*	
nifedipine oral tablet extended release 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 60 mg, 90 mg	1 or 1b*	
nimodipine oral capsule	1 or 1b*	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in 5 % dextrose intravenous solution	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
nitroglycerin oral capsule, extended release	1 or 1b*	
nitroglycerin sublingual tablet	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual spray,non-aerosol	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	
NITROSTAT SUBLINGUAL TABLET	3	

Drug Name	Tier	Notes
nitro-time oral capsule, extended release	1 or 1b*	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	2	
NORPACE ORAL CAPSULE	3	
NORVASC ORAL TABLET 10 MG	3	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
procainamide injection solution	1 or 1b*	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	3	
propafenone oral capsule,extended release 12 hr	1 or 1b*	
propafenone oral tablet	1 or 1b*	
quinidine gluconate oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
ranolazine oral tablet extended release 12 hr	1 or 1b*	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG	3	

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

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Drug Name	Tier	Notes
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO
taztia xt oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg	1 or 1b*	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	
TIKOSYN ORAL CAPSULE	3	
verapamil intravenous solution	1 or 1b*	
verapamil intravenous syringe	1 or 1b*	
verapamil oral capsule, 24 hr er pellet ct 100 mg	1 or 1b*	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1 or 1b*	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1 or 1b*	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1 or 1b*	
verapamil oral tablet	1 or 1b*	
verapamil oral tablet extended release	1 or 1b*	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 240 MG, 360 MG	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG	3	DO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG, 300 MG	3	
XYLOCAINE (CARDIAC) (PF) INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
CARDIOVASCULAR		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET	3	
acebutolol oral capsule	1 or 1b*	
ADCIRCA ORAL TABLET	4	PA; QL; SP
ADEMPAS ORAL TABLET	4	PA; QL; LD; SP
AKOVAZ INTRAVENOUS SOLUTION	3	
aliskiren oral tablet 150 mg	1 or 1b*	DO
aliskiren oral tablet 300 mg	1 or 1b*	
alprostadil injection solution	1 or 1b*	
ALTACE ORAL CAPSULE	3	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	ST; DO; QL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 60 MG	3	ST; QL
alyq oral tablet	4	PA; QL; SP
ambrisentan oral tablet	4	PA; QL; SP
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
amlodipine-benazepril oral capsule	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine-valsartan oral tablet 5-160 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
amlodipine-valsartan-hcthiamid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hcthiamid oral tablet 5-160-12.5 mg	1 or 1b*	DO
ASCLERA INTRAVENOUS SOLUTION	3	
ATACAND HCT ORAL TABLET	3	
ATACAND ORAL TABLET	3	
atenolol oral tablet	1 or 1a*	
atenolol-chlorthalidone oral tablet	1 or 1b*	
atorvastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin oral tablet 40 mg	1 or 1b*	DO
atorvastatin oral tablet 80 mg	1 or 1b*	
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
AVALIDE ORAL TABLET	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	
AZOR ORAL TABLET 5-20 MG	3	DO
benazepril oral tablet	1 or 1a*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG	3	DO
BENICAR ORAL TABLET 40 MG, 5 MG	3	

Drug Name	Tier	Notes
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	
betaxolol oral tablet	1 or 1b*	
BIDIL ORAL TABLET	2	
bisoprolol fumarate oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
bosentan oral tablet	4	PA; QL; SP
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
BYSTOLIC ORAL TABLET	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
candesartan oral tablet	1 or 1b*	
candesartan-hydrochlorothiazid oral tablet	1 or 1b*	
captopril oral tablet	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate oral capsule, er multiphase 24 hr	1 or 1b*	
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	

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

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Drug Name	Tier	Notes
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	
cholestyramine (with sugar) oral powder	1 or 1b*	
cholestyramine (with sugar) oral powder in packet	1 or 1b*	
cholestyramine light oral powder	1 or 1b*	
cholestyramine light oral powder in packet	1 or 1b*	
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	1 or 1b*	
colesevelam oral powder in packet	1 or 1b*	
colesevelam oral tablet	1 or 1b*	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	3	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
COREG ORAL TABLET	3	
CORGARD ORAL TABLET	3	
CORLOPAM INTRAVENOUS SOLUTION	3	
COZAAR ORAL TABLET	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; DO; QL
CRESTOR ORAL TABLET 40 MG	3	ST; QL

Drug Name	Tier	Notes
DEMSEER ORAL CAPSULE	3	PA; QL
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80- 12.5 MG	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320- 12.5 MG, 320-25 MG	3	
DIOVAN ORAL TABLET	3	
doxazosin oral tablet	1 or 1b*	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3	
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	
EDARBYCLOR ORAL TABLET	3	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL
EPANED ORAL SOLUTION	3	
EPHEDRINE SULFATE (PF) INTRAVENOUS SYRINGE	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE- 0.9%NACL(PF) INTRAVENOUS SYRINGE	3	
epoprostenol (glycine) intravenous recon soln	4	PA; QL; LD; SP
eprosartan oral tablet	1 or 1b*	
ergoloid oral tablet	1 or 1b*	
esmolol in nacl (iso-osm) intravenous parenteral solution	1 or 1b*	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
esmolol intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
ESMOLOL INTRAVENOUS SYRINGE	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	
EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	
EXFORGE ORAL TABLET 5-160 MG	3	DO
ezetimibe oral tablet	1 or 1b*	ST; QL
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1 or 1b*	
fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1 or 1b*	
fenofibric acid oral tablet	1 or 1b*	
FENOGLIDE ORAL TABLET	3	ST; QL
FIBRICOR ORAL TABLET	3	ST; QL
FLOLAN INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
FLOLIPID ORAL SUSPENSION	3	ST; QL
fluvastatin oral capsule	1 or 1b*	DO; \$0
fluvastatin oral tablet extended release 24 hr	1 or 1b*	\$0
fosinopril oral tablet	1 or 1b*	
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
HEMANGEOL ORAL SOLUTION	3	
hydralazine injection solution	1 or 1b*	
hydralazine oral tablet	1 or 1b*	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	
HYZAAR ORAL TABLET 50-12.5 MG	3	DO
ibuprofen lysine (pf) intravenous solution	1 or 1b*	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
indomethacin sodium intravenous recon soln	1 or 1b*	
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; DO; QL; LD; SP
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	3	PA; QL; LD; SP
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR	3	
LABETALOL IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
labetalol intravenous solution	1 or 1b*	
LABETALOL INTRAVENOUS SYRINGE 20 MG/4 ML (5 MG/ML), 25 MG/5 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	3	
labetalol oral tablet	1 or 1b*	
LESCOL ORAL CAPSULE	3	ST; DO; QL

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

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Drug Name	Tier	Notes
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LETAIRIS ORAL TABLET	4	PA; QL; LD; SP
LIPOCHOL PLUS ORAL TABLET	3	
LIPOFEN ORAL CAPSULE	3	ST; QL
lisinopril oral tablet	1 or 1a*	
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO; QL
LIVALO ORAL TABLET 4 MG	3	ST; QL
LOPID ORAL TABLET	3	ST; QL
LOPRESSOR HCT ORAL TABLET	3	
LOPRESSOR INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL TABLET	3	
losartan oral tablet	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1 or 1b*	DO
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG	3	
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
methyldopa oral tablet	1 or 1b*	
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyldopate intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*	
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG	3	
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous syringe	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	
MICARDIS ORAL TABLET 20 MG, 40 MG	3	DO
MICARDIS ORAL TABLET 80 MG	3	
MINIPRESS ORAL CAPSULE	3	
minoxidil oral tablet	1 or 1b*	
moexipril oral tablet	1 or 1b*	
nadolol oral tablet	1 or 1b*	
nadolol-bendroflumethiazide oral tablet 80-5 mg	1 or 1b*	
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
niacin oral tablet extended release 24 hr	1 or 1b*	
NIACOR ORAL TABLET	3	PA; QL
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
NIPRIDE RTU INTRAVENOUS SOLUTION	3	
NITROPRESS INTRAVENOUS SOLUTION	3	
olmesartan oral tablet 20 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
olmesartan oral tablet 40 mg, 5 mg	1 or 1b*	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipin-hcthiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
OPSUMIT ORAL TABLET	4	PA; QL; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; QL; LD; SP
papaverine injection solution	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 100 MG/100 ML (1 MG/ML), 100 MG/250 ML (400 MCG/ML), 20 MG/250 ML (80 MCG/ML), 200 MG/250 ML (800 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML), 80 MG/250 ML (320 MCG/ML)	3	

Drug Name	Tier	Notes
PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SYRINGE 0.4 MG/10 ML (40 MCG/ML), 0.5 MG/10 ML (50 MCG/ML), 0.5 MG/5 ML (100 MCG/ML), 0.8 MG/10 ML (80 MCG/ML), 1 MG/10 ML (100 MCG/ML), 100 MCG/10 ML (10 MCG/ML), 20 MG/50 ML (400 MCG/ML), 200 MCG/2 ML (100 MCG/ML), 200 MCG/5 ML (40 MCG/ML), 5 MG/50 ML (100 MCG/ML)	3	
PHENYLEPHRINE HCL IN D5W INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 100 MG/250 ML (400 MCG/ML), 20 MG/250 ML (80 MCG/ML), 20 MG/500 ML (40 MCG/ML), 200 MG/250 ML (800 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML), 8 MG/100 ML (80 MCG/ML)	3	
PHENYLEPHRINE HCL INJECTION SOLUTION	3	
pindolol oral tablet	1 or 1b*	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PRAVACHOL ORAL TABLET 20 MG	3	ST; DO; QL
PRAVACHOL ORAL TABLET 40 MG, 80 MG	3	ST; QL
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
pravastatin oral tablet 40 mg, 80 mg	1 or 1b*	\$0
prazosin oral capsule	1 or 1b*	
PRESTALIA ORAL TABLET 14-10 MG	3	
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO

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

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Drug Name	Tier	Notes
prevalite oral powder	1 or 1b*	
prevalite oral powder in packet	1 or 1b*	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule, extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazid oral tablet	1 or 1b*	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
QBRELIS ORAL SOLUTION	3	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL POWDER	3	
QUESTRAN ORAL POWDER IN PACKET	3	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
REMODULIN INJECTION SOLUTION	4	PA; QL; LD; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; QL; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL; SP
REVATIO INTRAVENOUS SOLUTION	4	PA; QL; SP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL; SP

Drug Name	Tier	Notes
REVATIO ORAL TABLET	4	PA; QL; SP
rosuvastatin oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin oral tablet 20 mg	1 or 1b*	DO
rosuvastatin oral tablet 40 mg	1 or 1b*	
sildenafil (antihypertensive) intravenous solution	4	PA; QL; SP
sildenafil (antihypertensive) oral tablet	4	PA; QL; SP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
sodium nitroprusside intravenous solution	1 or 1b*	
sorine oral tablet	1 or 1b*	
sotalol af oral tablet	1 or 1b*	
SOTALOL INTRAVENOUS SOLUTION	3	
sotalol oral tablet	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION	3	
SOTYLIZE ORAL SOLUTION	3	
tadalafil (antihypertensive) oral tablet	4	PA; QL; SP
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
TEKTURN HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURN HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKTURN ORAL TABLET 150 MG	3	DO
TEKTURN ORAL TABLET 300 MG	3	
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
TENORMIN ORAL TABLET	3	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
TRACLEER ORAL TABLET	4	PA; QL; SP
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; QL; SP
trandolapril oral tablet	1 or 1b*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1 or 1b*	DO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
treprostinil sodium injection solution	4	PA; QL; SP
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	
TRICOR ORAL TABLET	3	ST; QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG	3	
TWYNSTA ORAL TABLET 40-5 MG	3	DO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP

Drug Name	Tier	Notes
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
UPTRAVI ORAL TABLET	4	PA; QL; LD; SP
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; QL; LD; SP
valsartan oral tablet	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
VAZCULEP INJECTION SOLUTION	3	
VECAMYL ORAL TABLET	3	
veletri intravenous recon soln	4	PA; QL; LD; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
VYTORIN 10-10 ORAL TABLET	3	ST; QL
VYTORIN 10-20 ORAL TABLET	3	ST; QL
VYTORIN 10-40 ORAL TABLET	3	ST; QL
VYTORIN 10-80 ORAL TABLET	3	ST; QL
WELCHOL ORAL POWDER IN PACKET	2	

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

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Drug Name	Tier	Notes
WELCHOL ORAL TABLET	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZETIA ORAL TABLET	3	ST; QL
ZIAC ORAL TABLET	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; QL
ZOCOR ORAL TABLET 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET	3	ST; QL
CNS DRUGS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; QL; SP
APTOM ORAL TABLET	3	
AUBAGIO ORAL TABLET	4	PA; QL; SP
AUSTEDO ORAL TABLET	4	PA; QL; LD; SP
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL; SP
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BETASERON SUBCUTANEOUS KIT	4	PA; QL; SP
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
CAFCIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	

Drug Name	Tier	Notes
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension 100 mg/5 ml	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet extended release 12 hr	1 or 1b*	
carbamazepine oral tablet, chewable	1 or 1b*	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	2	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION	3	
clobazam oral suspension	1 or 1b*	
clobazam oral tablet	1 or 1b*	
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet, disintegrating	1 or 1b*	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL; SP
dalfampridine oral tablet extended release 12 hr	4	PA; QL; SP
DEPAACON INTRAVENOUS SOLUTION	2	
DEPAKENE ORAL CAPSULE	2	
DEPAKENE ORAL SOLUTION	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	2	
DIACOMIT ORAL CAPSULE	4	PA; QL
DIACOMIT ORAL POWDER IN PACKET	4	PA; QL

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

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Drug Name	Tier	Notes
DIASTAT ACUDIAL RECTAL KIT	2	
DIASTAT RECTAL KIT	2	
diazepam rectal kit	1 or 1b*	
DILANTIN EXTENDED ORAL CAPSULE	2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	2	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	2	
divalproex oral capsule, delayed rel sprinkle	1 or 1b*	
divalproex oral tablet extended release 24 hr	1 or 1b*	
divalproex oral tablet, delayed release (dr/ec)	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	
doxapram intravenous solution	1 or 1b*	
EPIDIOLEX ORAL SOLUTION	4	PA; QL; SP
epitol oral tablet	1 or 1b*	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
FELBATOL ORAL SUSPENSION	2	
FELBATOL ORAL TABLET	2	
FIRDAPSE ORAL TABLET	4	PA; QL
fosphenytoin injection solution	1 or 1b*	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
gabapentin oral capsule	1 or 1b*	
gabapentin oral solution	1 or 1b*	
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	

Drug Name	Tier	Notes
GABITRIL ORAL TABLET	2	
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL; SP
glatiramer subcutaneous syringe	4	PA; QL; SP
glatopa subcutaneous syringe	4	PA; QL; SP
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	4	PA; QL
INGREZZA ORAL CAPSULE 40 MG	4	PA; DO; QL; LD
INGREZZA ORAL CAPSULE 80 MG	4	PA; QL; LD
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	2	

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

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Drug Name	Tier	Notes
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ORAL TABLET	2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet disintegrating, dose pk	1 or 1b*	
lamotrigine oral tablet extended release 24hr	1 or 1b*	
lamotrigine oral tablet, chewable dispersible	1 or 1b*	
lamotrigine oral tablet,disintegrating	1 or 1b*	
lamotrigine oral tablets,dose pack	1 or 1b*	
LEMTRADA INTRAVENOUS SOLUTION	4	PA; QL; SP

Drug Name	Tier	Notes
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	
levetiracetam oral tablet	1 or 1b*	
levetiracetam oral tablet extended release 24 hr	1 or 1b*	
LYRICA ORAL CAPSULE	3	PA; QL
LYRICA ORAL SOLUTION	3	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAYZENT ORAL TABLET	4	PA; QL
memantine oral capsule,sprinkle,er 24hr	1 or 1b*	
memantine oral solution	1 or 1b*	
memantine oral tablet	1 or 1b*	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
MYSOLINE ORAL TABLET	3	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	

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

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Drug Name	Tier	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
NUEDEXTA ORAL CAPSULE	3	PA; QL
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET 10 MG, 20 MG	3	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
PEGANONE ORAL TABLET	3	
PHENYTEK ORAL CAPSULE	2	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet,chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium intravenous solution	1 or 1b*	
phenytoin sodium intravenous syringe	1 or 1b*	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; QL; SP
primidone oral tablet	1 or 1b*	

Drug Name	Tier	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; QL
RILUTEK ORAL TABLET	4	SP
riluzole oral tablet	4	SP
roweepra oral tablet	1 or 1b*	
roweepra xr oral tablet extended release 24 hr	1 or 1b*	
SABRIL ORAL POWDER IN PACKET	3	LD; SP
SABRIL ORAL TABLET	3	LD; SP
SPRITAM ORAL TABLET FOR SUSPENSION	3	
subvenite oral tablet	1 or 1b*	
subvenite starter (blue) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (green) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (orange) kit oral tablets,dose pack	1 or 1b*	
SYMPAZAN ORAL FILM	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL; SP
TEGRETOL ORAL SUSPENSION	2	
TEGRETOL ORAL TABLET	2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	2	
tetrabenazine oral tablet	1 or 1b*	PA; QL; LD; SP
tiagabine oral tablet	1 or 1b*	
TIGLUTIK ORAL SUSPENSION	4	SP
TOPAMAX ORAL CAPSULE, SPRINKLE	2	
TOPAMAX ORAL TABLET	2	
topiramate oral capsule, sprinkle	1 or 1b*	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; QL
topiramate oral tablet	1 or 1b*	
TRILEPTAL ORAL SUSPENSION	2	

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

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Drug Name	Tier	Notes
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	2	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
vigabatrin oral powder in packet	1 or 1b*	LD; SP
vigabatrin oral tablet	1 or 1b*	SP
vigadrone oral powder in packet	1 or 1b*	SP
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XENAZINE ORAL TABLET	3	PA; QL; LD; SP
ZARONTIN ORAL CAPSULE	2	
ZARONTIN ORAL SOLUTION	2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
zonisamide oral capsule	1 or 1b*	
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; QL; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; QL; SP
DOPTELET (10 TAB PACK) ORAL TABLET	4	PA; QL; SP
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; QL; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; QL; SP

Drug Name	Tier	Notes
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	4	PA; QL; SP
GRANIX SUBCUTANEOUS SYRINGE	4	PA; QL; SP
LEUKINE INJECTION RECON SOLN	4	PA; QL; SP
MIRCERA INJECTION SYRINGE	4	PA; QL
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA; QL; SP
MULPLETA ORAL TABLET	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	4	PA; QL; SP
NEUPOGEN INJECTION SYRINGE	4	PA; QL; SP
NIVESTYM INJECTION SOLUTION	4	PA; QL; SP
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
PROCRIT INJECTION SOLUTION	4	PA; QL; SP
PROMACTA ORAL POWDER IN PACKET	4	PA; QL; SP
PROMACTA ORAL TABLET	4	PA; QL; SP
RETACRIT INJECTION SOLUTION	4	PA; QL; SP
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ZARXIO INJECTION SYRINGE	4	PA; QL; SP

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

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Drug Name	Tier	Notes
CONTRACEPTIVES		
altavera (28) oral tablet	1 or 1a*	\$0
alyacen 1/35 (28) oral tablet	1 or 1a*	\$0
alyacen 7/7/7 (28) oral tablet	1 or 1a*	\$0
amethia lo oral tablets,dose pack,3 month	1 or 1b*	\$0
amethia oral tablets,dose pack,3 month	1 or 1b*	\$0
amethyst (28) oral tablet	1 or 1b*	\$0
apri oral tablet	1 or 1a*	\$0
aranelle (28) oral tablet	1 or 1a*	\$0
ashlyna oral tablets,dose pack,3 month	1 or 1b*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aubra oral tablet	1 or 1a*	\$0
aurovela 1.5/30 (21) oral tablet	1 or 1a*	\$0
aurovela 1/20 (21) oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1-20 (28) oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
azurette (28) oral tablet	1 or 1b*	\$0
BALCOLTRA ORAL TABLET	3	\$0
balziva (28) oral tablet	1 or 1a*	\$0
bekyree (28) oral tablet	1 or 1b*	\$0
BEYAZ ORAL TABLET	3	
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
blisovi fe 1/20 (28) oral tablet	1 or 1a*	\$0
BREVICON (28) ORAL TABLET	3	
brielllyn oral tablet	1 or 1a*	\$0
camila oral tablet	1 or 1b*	\$0
camrese lo oral tablets,dose pack,3 month	1 or 1b*	\$0
camrese oral tablets,dose pack,3 month	1 or 1b*	\$0
CAYA CONTOURED VAGINAL DIAPHRAGM	2	\$0
caziant (28) oral tablet	1 or 1a*	\$0
chateal (28) oral tablet	1 or 1a*	\$0
chateal eq (28) oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
cryselle (28) oral tablet	1 or 1a*	\$0
cyclafem 1/35 (28) oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	\$0
CYCLESSA (28) ORAL TABLET	3	
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 (28) oral tablet	1 or 1a*	\$0
dasetta 7/7/7 (28) oral tablet	1 or 1a*	\$0
daysee oral tablets,dose pack,3 month	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
delyla (28) oral tablet	1 or 1a*	\$0
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	\$0
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	\$0
drospirenone-e.estradiol-lm.fa oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
ELLA ORAL TABLET	3	\$0
emoquette oral tablet	1 or 1a*	\$0
enpresse oral tablet	1 or 1a*	\$0
enskyce oral tablet	1 or 1a*	\$0
errin oral tablet	1 or 1b*	\$0
estarylla oral tablet	1 or 1a*	\$0
ESTROSTEP FE-28 ORAL TABLET	3	
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina (28) oral tablet	1 or 1a*	\$0
fayosim oral tablets,dose pack,3 month	1 or 1b*	\$0
FEMCAP VAGINAL DEVICE	2	\$0

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

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Drug Name	Tier	Notes
femynor oral tablet	1 or 1a*	\$0
GENERESS FE ORAL TABLET,CHEWABLE	3	
gianvi (28) oral tablet	1 or 1b*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
introvale oral tablets,dose pack,3 month	1 or 1b*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel (28) oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
jolessa oral tablets,dose pack,3 month	1 or 1b*	\$0
jolivette oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 (21) oral tablet	1 or 1a*	\$0
junel 1/20 (21) oral tablet	1 or 1a*	\$0
junel fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
junel fe 1/20 (28) oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet,chewable	1 or 1b*	\$0
kariva (28) oral tablet	1 or 1b*	\$0
kelnor 1/35 (28) oral tablet	1 or 1a*	\$0
kelnor 1-50 oral tablet	1 or 1a*	\$0
kurvelo (28) oral tablet	1 or 1a*	\$0
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	LD
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1 or 1b*	\$0
larin 1.5/30 (21) oral tablet	1 or 1a*	\$0
larin 1/20 (21) oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
larin fe 1/20 (28) oral tablet	1 or 1a*	\$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet,chewable	1 or 1b*	\$0
leena 28 oral tablet	1 or 1a*	\$0
lessina oral tablet	1 or 1a*	\$0
levonest (28) oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1 or 1b*	\$0
levonorg-eth estrad triphasic oral tablet	1 or 1a*	\$0
levora-28 oral tablet	1 or 1a*	\$0
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
lillow (28) oral tablet	1 or 1a*	\$0
LO LOESTRIN FE ORAL TABLET	2	\$0
LOESTRIN 1.5/30 (21) ORAL TABLET	3	
LOESTRIN 1/20 (21) ORAL TABLET	3	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	
loryna (28) oral tablet	1 or 1b*	\$0
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	
low-ogestrel (28) oral tablet	1 or 1a*	\$0
luteru (28) oral tablet	1 or 1a*	\$0
lyza oral tablet	1 or 1b*	\$0
marlissa (28) oral tablet	1 or 1a*	\$0
medroxyprogesterone intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone intramuscular syringe	1 or 1b*	\$0
melodetta 24 fe oral tablet,chewable	1 or 1a*	\$0
mibelas 24 fe oral tablet,chewable	1 or 1a*	\$0
microgestin 1.5/30 (21) oral tablet	1 or 1a*	\$0
microgestin 1/20 (21) oral tablet	1 or 1a*	\$0
MICROGESTIN 24 FE ORAL TABLET	3	

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

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Drug Name	Tier	Notes
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
microgestin fe 1/20 (28) oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	
MIRCETTE (28) ORAL TABLET	3	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
mono-lynyah oral tablet	1 or 1a*	\$0
NATAZIA ORAL TABLET	3	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
NEXPLANON SUBDERMAL IMPLANT	4	LD; SP
nikki (28) oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
noreth-ethinyl estradiol-iron oral tablet,chewable	1 or 1b*	\$0
norethindrone (contraceptive) oral tablet	1 or 1b*	\$0
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1 or 1a*	\$0
norethindrone-e.estradiol-iron oral tablet	1 or 1a*	\$0
norethindrone-e.estradiol-iron oral tablet,chewable	1 or 1a*	\$0
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	1 or 1b*	\$0
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nortrel 7/7/7 (28) oral tablet	1 or 1a*	\$0
NUVARING VAGINAL RING	2	\$0

Drug Name	Tier	Notes
ocella oral tablet	1 or 1b*	\$0
ogestrel (28) oral tablet	1 or 1a*	\$0
orsythia oral tablet	1 or 1a*	\$0
ORTHO MICRONOR ORAL TABLET	3	
ORTHO TRI-CYCLEN (28) ORAL TABLET	3	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET	3	
ORTHO-CYCLEN (28) ORAL TABLET	3	
ORTHO-NOVUM 1/35 (28) ORAL TABLET	3	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	3	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	3	
philith oral tablet	1 or 1a*	\$0
pimtrea (28) oral tablet	1 or 1b*	\$0
pirmella oral tablet	1 or 1a*	\$0
portia 28 oral tablet	1 or 1a*	\$0
previfem oral tablet	1 or 1a*	\$0
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	
rajani oral tablet	1 or 1b*	\$0
reclipsen (28) oral tablet	1 or 1a*	\$0
rivelsa oral tablets,dose pack,3 month	1 or 1b*	\$0
SAFYRAL ORAL TABLET	3	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	
setlakin oral tablets,dose pack,3 month	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
simliya (28) oral tablet	1 or 1b*	\$0
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
sprintec (28) oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
tarina fe 1/20 (28) oral tablet	1 or 1a*	\$0
tarina fe 1-20 eq (28) oral tablet	1 or 1a*	\$0
TAYTULLA ORAL CAPSULE	3	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-previfem (28) oral tablet	1 or 1b*	\$0
tri-sprintec (28) oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
tulana oral tablet	1 or 1b*	\$0
tydemy oral tablet	1 or 1b*	\$0
velivet triphasic regimen (28) oral tablet	1 or 1a*	\$0
vienva oral tablet	1 or 1a*	\$0
viorele (28) oral tablet	1 or 1b*	\$0
vyfemla (28) oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera (28) oral tablet	1 or 1a*	\$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0

Drug Name	Tier	Notes
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
wymzya fe oral tablet,chewable	1 or 1b*	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
YASMIN (28) ORAL TABLET	3	
YAZ (28) ORAL TABLET	3	
zarah oral tablet	1 or 1b*	\$0
zenchent (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
COUGH/COLD PREPARATIONS		
benzonatate oral capsule	1 or 1b*	
BROMFED DM ORAL SYRUP	3	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
CAPCOF ORAL LIQUID	3	
centergy dm oral drops	1 or 1b*	
cheratussin ac oral liquid	1 or 1a*	
CODEINE-GUAIFENESIN ORAL LIQUID	3	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
g tussin ac oral liquid	1 or 1a*	
guaiaatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
HISTEX-AC ORAL SYRUP	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	
hydrocodone-cpm-pseudoeph oral solution	1 or 1b*	
HYDROCODONE-GUAIFENESIN ORAL SOLUTION	3	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1 or 1a*	

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

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Drug Name	Tier	Notes
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	3	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
LORTUSS EX ORAL SYRUP	2	
MAR-COF BP ORAL LIQUID	3	
MAR-COF CG ORAL LIQUID	3	
MAXI-TUSS CD ORAL LIQUID	3	
M-CLEAR WC ORAL LIQUID	2	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
OBREDON ORAL SOLUTION	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID	3	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
robafen ac oral liquid	1 or 1a*	PA
RYDEX ORAL LIQUID	2	
TESSALON PERLES ORAL CAPSULE	3	
TUSNEL C ORAL SYRUP	2	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	2	

Drug Name	Tier	Notes
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL AC 50 ORAL SUSPENSION	3	
ZODRYL AC 60 ORAL SUSPENSION	3	
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	2	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	

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

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Drug Name	Tier	Notes
ZODRYL DEC 50 ORAL SUSPENSION	3	
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
Z-TUSS AC ORAL LIQUID	2	
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST STRIP	2	QL
ACCUTREND GLUCOSE STRIP	2	QL
ONETOUCH ULTRA BLUE TEST STRIP	2	
ONETOUCH VERIO STRIP	2	QL
DIURETICS		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
amiloride oral tablet	1 or 1b*	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	

Drug Name	Tier	Notes
DEMADEX ORAL TABLET 10 MG, 20 MG	3	
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
DYAZIDE ORAL CAPSULE	3	
DYRENIUM ORAL CAPSULE	3	
EDECIN ORAL TABLET	3	
eplerenone oral tablet	1 or 1b*	
ethacrynate sodium intravenous recon soln	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
furosemide injection solution	1 or 1a*	
furosemide injection syringe	1 or 1a*	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 or 1a*	
furosemide oral tablet	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INSPIRA ORAL TABLET	3	
JYNARQUE ORAL TABLET	4	PA; QL; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL
LASIX ORAL TABLET	3	
mannitol 10 % intravenous parenteral solution	1 or 1b*	
mannitol 20 % intravenous parenteral solution	1 or 1b*	
mannitol 25 % intravenous solution	1 or 1b*	
mannitol 5 % intravenous parenteral solution	1 or 1b*	
MAXZIDE ORAL TABLET	3	

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

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Drug Name	Tier	Notes
MAXZIDE-25MG ORAL TABLET	3	
methazolamide oral tablet	1 or 1b*	
methyclothiazide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
MICROZIDE ORAL CAPSULE	3	
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
osmitrol 15 % intravenous parenteral solution	1 or 1b*	
osmitrol 20 % intravenous parenteral solution	1 or 1b*	
OSMITROL 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
RESECTISOL TRANSURETHRAL SOLUTION	3	
SAMSCA ORAL TABLET	3	PA; QL; LD; SP
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	
spironolactone oral tablet	1 or 1a*	
spironolacton-hydrochlorothiaz oral tablet	1 or 1b*	
toremide oral tablet	1 or 1b*	
triamterene-hydrochlorothiazid oral capsule	1 or 1a*	
triamterene-hydrochlorothiazid oral tablet	1 or 1a*	
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
EENT PREPS		
acetic acid otic (ear) solution	1 or 1b*	
ACUICYN TOPICAL SPRAY,NON-AEROSOL	3	
ACULAR LS OPTHALMIC (EYE) DROPS	3	
ACULAR OPTHALMIC (EYE) DROPS	3	

Drug Name	Tier	Notes
ACUVAIL (PF) OPTHALMIC (EYE) DROPPERETTE	3	
ADRENALIN NASAL SOLUTION	3	
AKTEN (PF) OPTHALMIC (EYE) GEL	3	
ALCAINE OPTHALMIC (EYE) DROPS	3	
ALOCRILO OPTHALMIC (EYE) DROPS	3	ST; QL
ALOMIDE OPTHALMIC (EYE) DROPS	3	ST; QL
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.15 %	3	
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
ALTAFLUOR BENOX OPTHALMIC (EYE) DROPS	3	
ALZAIR NASAL SPRAY,NON-AEROSOL	3	
AMVISC INTRAOCULAR SYRINGE	4	
AMVISC PLUS INTRAOCULAR SYRINGE	4	
apraclonidine ophthalmic (eye) drops	1 or 1b*	
ASTEPRO NASAL SPRAY,NON-AEROSOL	2	
ATROPINE IN 0.9 % SOD CHLORIDE OPTHALMIC (EYE) DROPS	3	
ATROPINE OPTHALMIC (EYE) DROPS	3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL	3	
azelastine nasal aerosol,spray	1 or 1b*	

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

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Drug Name	Tier	Notes
azelastine nasal spray,non-aerosol	1 or 1b*	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
balanced salt intraocular solution	1 or 1b*	
BECONASE AQ NASAL SPRAY,NON-AEROSOL	3	ST; QL
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
betaxolol ophthalmic (eye) drops	1 or 1b*	
BETIMOL OPHTHALMIC (EYE) DROPS	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML	3	PA; QL
bimatoprost ophthalmic (eye) drops	1 or 1b*	
BIOLON INTRAOCULAR SYRINGE	4	
brimonidine ophthalmic (eye) drops	1 or 1b*	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
bromfenac ophthalmic (eye) drops	1 or 1b*	
BROMSITE OPHTHALMIC (EYE) DROPS	3	
BSS INTRAOCULAR SOLUTION	3	
BSS PLUS INTRAOCULAR SOLUTION	3	
carteolol ophthalmic (eye) drops	1 or 1a*	
CELLUGEL INTRAOCULAR SYRINGE	3	
COCAINE NASAL SOLUTION	3	

Drug Name	Tier	Notes
COMBIGAN OPHTHALMIC (EYE) DROPS	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
COSOPT OPHTHALMIC (EYE) DROPS	3	
cromolyn ophthalmic (eye) drops	1 or 1a*	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
cyclopentolate ophthalmic (eye) drops	1 or 1b*	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS	3	
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA; QL; LD
DERMOTIC OIL OTIC (EAR) DROPS	3	
dexamethasone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
diclofenac sodium ophthalmic (eye) drops	1 or 1b*	
DISCOVISC INTRAOCULAR SYRINGE	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
dorzolamide ophthalmic (eye) drops	1 or 1b*	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1 or 1b*	

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

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Drug Name	Tier	Notes
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
dorzolamide-timolol ophthalmic (eye) drops	1 or 1b*	
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE	3	
DUREZOL OPHTHALMIC (EYE) DROPS	2	
DYMISTA NASAL SPRAY, NON-AEROSOL	3	
EYLEA INTRAVITREAL SOLUTION	4	PA; QL; LD; SP
flac otic oil otic (ear) drops	1 or 1b*	
FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	3	ST; QL; CTT1
fluocinolone acetonide oil otic (ear) drops	1 or 1b*	
fluorometholone ophthalmic (eye) drops, suspension	1 or 1b*	
flurbiprofen sodium ophthalmic (eye) drops	1 or 1b*	
FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
GELFILM OPHTHALMIC (EYE) FILM	3	
GOPRELTO NASAL SOLUTION	3	
HEALON GV INTRAOCULAR SYRINGE	4	
HEALON INTRAOCULAR SYRINGE	4	

Drug Name	Tier	Notes
HEALON5 INTRAOCULAR SYRINGE	4	
hydrocortisone-acetic acid otic (ear) drops	1 or 1b*	
HYPOCYN TOPICAL SPRAY, NON-AEROSOL	3	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION	2	
ILUVIEN INTRAVITREAL IMPLANT	4	PA; QL; SP
INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
ipratropium bromide nasal spray, non-aerosol	1 or 1b*	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	3	
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS	3	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	3	PA; QL; LD
ketorolac ophthalmic (eye) drops	1 or 1b*	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS	3	
latanoprost ophthalmic (eye) drops	1 or 1b*	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*	
LIDOCAN-PHENYLEPH-BSS NO.2(PF) INTRAOCULAR SYRINGE	3	
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL	2	

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

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Drug Name	Tier	Notes
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	
loteprednol etabonate ophthalmic (eye) drops,suspension	1 or 1b*	
LUCENTIS INTRAVITREAL SOLUTION	4	PA; QL; SP
LUCENTIS INTRAVITREAL SYRINGE	4	PA; QL; SP
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
MACUGEN INTRAVITREAL SYRINGE	4	PA; QL; LD; SP
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MEMBRANEBLUE INTRAOCULAR SYRINGE	3	
metipranolol ophthalmic (eye) drops	1 or 1b*	
MIOCHOL-E INTRAOCULAR KIT	3	
MIOSTAT INTRAOCULAR SOLUTION	3	
MITOSOL OPHTHALMIC (EYE) KIT	3	
mometasone nasal spray,non- aerosol	3	ST; QL; CTT1
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
ocucoat intraocular syringe	1 or 1b*	
olopatadine nasal spray,non- aerosol	1 or 1b*	

Drug Name	Tier	Notes
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; QL
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; QL; SP
OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; SP
PAREMYD OPHTHALMIC (EYE) DROPS	3	
PATANASE NASAL SPRAY,NON-AEROSOL	3	
phenylephrine hcl ophthalmic (eye) drops	1 or 1b*	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
PHOTREXA CROSS- LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1 or 1b*	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
prednisolone acetate ophthalmic (eye) drops,suspension	1 or 1b*	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC (EYE) DROPS	3	
PROLENSA OPHTHALMIC (EYE) DROPS	3	

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

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Drug Name	Tier	Notes
proparacaine ophthalmic (eye) drops	1 or 1b*	
PROVISC INTRAOCULAR SYRINGE	4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
RETISERT INTRAVITREAL IMPLANT	3	PA; QL; SP
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
SINUVA SINUS IMPLANT	3	LD
tetacaine ophthalmic (eye) drops	1 or 1b*	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY	3	
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	

Drug Name	Tier	Notes
TRAVATAN Z OPHTHALMIC (EYE) DROPS	2	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
tropicamide ophthalmic (eye) drops	1 or 1b*	
TRUSOPT OPHTHALMIC (EYE) DROPS	3	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY,NON-AEROSOL	3	
VISCOAT INTRAOCULAR SYRINGE	3	
VISIONBLUE INTRAOCULAR SYRINGE	3	
VYZULTA OPHTHALMIC (EYE) DROPS	3	
XALATAN OPHTHALMIC (EYE) DROPS	3	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
YUTIQ INTRAVITREAL IMPLANT	3	PA; QL; SP
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
ELECT/CALORIC/H2O		
ADDAMEL N INTRAVENOUS SOLUTION	3	
AMINOPROTECT INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Tier	Notes
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	3	
ARGININE-LYSINE IN 0.9 % NACL INTRAVENOUS SOLUTION	3	
AURYXIA ORAL TABLET	3	ST; QL
bd posiflush normal saline 0.9 injection syringe	1 or 1b*	
bd pre-filled normal saline injection syringe	1 or 1b*	
bd pre-filled saline blunt can injection syringe	1 or 1b*	
calcium acetate oral capsule	1 or 1b*	
calcium acetate oral tablet 667 mg	1 or 1b*	
calcium chloride intravenous solution	1 or 1b*	
calcium chloride intravenous syringe	1 or 1b*	
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION	3	
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/100 ML	3	
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SYRINGE	3	
CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 4 GRAM/250 ML	3	

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

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Drug Name	Tier	Notes
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE	3	
calcium gluconate intravenous solution	1 or 1b*	
chromium chloride intravenous solution	1 or 1b*	
CITRANATAL BLOOM ORAL TABLET	3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Tier	Notes
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
copper chloride intravenous solution	1 or 1b*	
cysteine (l-cysteine) intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
dentagel dental gel	1 or 1a*	
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
DEXTROSE 20 % IN WATER (D20W) INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	

Drug Name	Tier	Notes
DEXTROSE 40 % IN WATER (D40W) INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1 or 1b*	
DEXTROSE 5%-0.3 % SOD.CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 50 % in water (d50w) intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous syringe	1 or 1b*	
dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION	3	

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

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Drug Name	Tier	Notes
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	1 or 1b*	
ELECTROLYTE-48 IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION	3	
FERAHEME INTRAVENOUS SOLUTION	3	
FERRLECIT INTRAVENOUS SOLUTION	3	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FOSRENOL ORAL POWDER IN PACKET	3	ST; QL
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3	
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	

Drug Name	Tier	Notes
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	
GLYCOPHOS INTRAVENOUS SOLUTION	3	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	
HYPERLYTE CR INTRAVENOUS SOLUTION	3	
INFED INJECTION SOLUTION	3	
INJECTAFER INTRAVENOUS SOLUTION	3	
IODOPEN INTRAVENOUS SOLUTION	3	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con 8 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet,er particles/crystals	1 or 1a*	

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

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Drug Name	Tier	Notes
klor-con m15 oral tablet,er particles/crystals	1 or 1a*	
klor-con m20 oral tablet,er particles/crystals	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con sprinkle oral capsule, extended release 8 meq	1 or 1b*	
klor-con/ef oral tablet, effervescent	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
lactated ringers intravenous parenteral solution	1 or 1b*	
lanthanum oral tablet,chewable	1 or 1b*	
LIQUIVIDA HYDRATION KIT INTRAVENOUS KIT	3	
LOKELMA ORAL POWDER IN PACKET	3	
lugols oral solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*	
MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/150 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 6 GRAM/100 ML (60 MG/ML), 6 GRAM/150 ML (40 MG/ML), 6 GRAM/50 ML	3	
MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS SOLUTION 20 GRAM/290 ML (69 MG/ML), 40 GRAM/1,000ML (40 MG/ML), 40 GRAM/500 ML (80 MG/ML)	3	

Drug Name	Tier	Notes
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 10 GRAM/100 ML, 20 GRAM/1,000 ML, 20 GRAM/290 ML (69 MG/ML), 20 GRAM/500 ML, 40 GRAM/1,000 ML, 40 GRAM/500 ML, 50 GRAM/500 ML	3	
MAGNESIUM SULFATE IN LR INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PARENTERAL SOLUTION	3	
MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK	3	
magnesium sulfate injection solution	1 or 1b*	
magnesium sulfate injection syringe	1 or 1b*	
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
monoject 0.9% sodium chloride injection syringe	1 or 1b*	
monoject prefill advanced ns injection syringe	1 or 1b*	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION	3	
MULTITRACE-4 INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION	3	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION	3	
MULTITRACE-5 CONCENTRATE INTRAVENOUS SOLUTION	3	
MULTITRACE-5 INTRAVENOUS SOLUTION	3	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	3	
NEUT INTRAVENOUS SOLUTION	3	
normal saline flush injection syringe	1 or 1b*	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
nutrilyte intravenous solution	1 or 1b*	
PEDITRACE INTRAVENOUS SOLUTION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
PHOSLYRA ORAL SOLUTION	3	ST; QL
PHOXILLUM B22K HEMODIALYSIS SOLUTION	3	

Drug Name	Tier	Notes
PHOXILLUM BK HEMODIALYSIS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1 or 1b*	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/250 ML (80 MEQ/L)	3	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1 or 1b*	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PIGGYBACK	3	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1 or 1b*	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride in water intravenous piggyback	1 or 1b*	
POTASSIUM CHLORIDE IN WATER INTRAVENOUS SYRINGE	3	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
potassium chloride oral capsule, extended release	1 or 1b*	
potassium chloride oral liquid	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral tablet extended release	1 or 1b*	
potassium chloride oral tablet, er particles/crystals	1 or 1a*	
potassium chloride-0.45 % nacl intravenous parenteral solution	1 or 1b*	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1 or 1b*	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1 or 1b*	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1 or 1b*	
POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 40 MEQ/L	3	
potassium citrate oral tablet extended release	1 or 1b*	
POTASSIUM CL-LIDO-0.9 % NACL INTRAVENOUS PIGGYBACK	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS SOLUTION 10 MMOL/250 ML, 15 MMOL/250 ML, 30 MMOL/250 ML, 30 MMOL/500 ML	3	

Drug Name	Tier	Notes
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L - MG 1.5 MEQ/L	3	
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L), K (2 MEQ/L) - CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)	3	
PRISMASOL BK HEMODIALYSIS SOLUTION	3	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	
PROGLYCEM ORAL SUSPENSION	3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
RENAGEL ORAL TABLET 800 MG	3	ST; QL
RENVELA ORAL POWDER IN PACKET	3	ST; QL
RENVELA ORAL TABLET	3	ST; QL

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

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Drug Name	Tier	Notes
ringer's intravenous parenteral solution	1 or 1b*	
SACCHARIN POWDER	3	
selenium intravenous solution	1 or 1b*	
sevelamer carbonate oral powder in packet	1 or 1b*	
sevelamer carbonate oral tablet	1 or 1b*	
sevelamer hcl oral tablet	1 or 1b*	
sf dental gel	1 or 1a*	
SHOHL'S MODIFIED ORAL SOLUTION	3	
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
SODIUM BICARBONATE IN D5W INTRAVENOUS SOLUTION 150 MEQ/1,000 ML	3	
sodium bicarbonate intravenous solution	1 or 1b*	
sodium bicarbonate intravenous syringe	1 or 1b*	
sodium chloride 0.45 % intravenous parenteral solution	1 or 1b*	
sodium chloride 0.45 % intravenous piggyback	1 or 1b*	
sodium chloride 0.9 % (flush) injection syringe	1 or 1b*	
SODIUM CHLORIDE 0.9 % (FLUSH) INJECTION SYRINGE, WITH SWAB CAP	3	
sodium chloride 0.9 % injection solution	1 or 1b*	
sodium chloride 0.9 % intravenous parenteral solution	1 or 1b*	
sodium chloride 0.9 % intravenous piggyback	1 or 1b*	
sodium chloride 3 % intravenous parenteral solution	1 or 1b*	
sodium chloride 5 % intravenous parenteral solution	1 or 1b*	

Drug Name	Tier	Notes
sodium chloride injection syringe	1 or 1b*	
sodium chloride intravenous parenteral solution	1 or 1b*	
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
SODIUM LACTATE INTRAVENOUS SOLUTION	3	
SODIUM PHOSPHATE IN 0.9 % NACL INTRAVENOUS SOLUTION 15 MMOL/100 ML, 15 MMOL/250 ML, 30 MMOL/250 ML, 40 MMOL/250 ML, 7.5 MMOL/100 ML	3	
SODIUM PHOSPHATE IN D5W INTRAVENOUS SOLUTION	3	
sodium phosphate intravenous solution	1 or 1b*	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1 or 1b*	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
sps (with sorbitol) oral suspension	1 or 1b*	
sps (with sorbitol) rectal enema	1 or 1b*	
SSKI ORAL SOLUTION	3	
SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP	3	
SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION	3	
THAM INTRAVENOUS SOLUTION	3	
TL G-FOL OS ORAL TABLET	3	

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

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Drug Name	Tier	Notes
TPN ELECTROLYTES II INTRAVENOUS SOLUTION	3	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION	3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
UROQID-ACID NO.2 ORAL TABLET	3	

Drug Name	Tier	Notes
VELPHORO ORAL TABLET,CHEWABLE	3	ST; QL
VELTASSA ORAL POWDER IN PACKET	3	SP
VENOFER INTRAVENOUS SOLUTION	3	
XURIDEN ORAL GRANULES IN PACKET	3	PA; QL; LD
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
GASTROINTESTINAL		
ACTIGALL ORAL CAPSULE	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	PA; QL
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	
alosetron oral tablet	1 or 1b*	PA; QL
ALOXI INTRAVENOUS SOLUTION	3	PA; QL
AMITIZA ORAL CAPSULE	2	
AMMONUL INTRAVENOUS SOLUTION	3	
amoxicil-clarithromy-lansopraz oral combo pack	1 or 1b*	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANASPAZ ORAL TABLET,DISINTEGRATING	3	
aprepitant oral capsule	1 or 1b*	
aprepitant oral capsule,dose pack	1 or 1b*	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL

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

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Drug Name	Tier	Notes
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE	3	
ATROPINE INJECTION SOLUTION 0.4 MG/ML	3	
atropine injection solution 1 mg/ml	1 or 1b*	
atropine injection syringe 0.05 mg/ml	1 or 1b*	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AZULFIDINE ORAL TABLET	3	
balsalazide oral capsule	1 or 1b*	
BENTYL INTRAMUSCULAR SOLUTION	3	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
BUPHENYL ORAL POWDER	3	PA; QL
BUPHENYL ORAL TABLET	3	PA; QL
CANASA RECTAL SUPPOSITORY	3	
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
CESAMET ORAL CAPSULE	3	
CHENODAL ORAL TABLET	3	PA; QL; LD
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
CLENPIQ ORAL SOLUTION	3	
COLAZAL ORAL CAPSULE	3	

Drug Name	Tier	Notes
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPAZINE ORAL TABLET	3	
COMPAZINE RECTAL SUPPOSITORY	3	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
CUVPOSA ORAL SOLUTION	3	
CYTOTEC ORAL TABLET	3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; QL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
dicyclomine intramuscular solution	1 or 1b*	
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
DIMENHYDRINATE INJECTION SOLUTION	3	
DIPENTUM ORAL CAPSULE	3	ST; QL
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
dronabinol oral capsule	1 or 1b*	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	PA; QL
EMEND ORAL CAPSULE	3	
EMEND ORAL CAPSULE,DOSE PACK	3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTEREG ORAL CAPSULE	3	

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

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Drug Name	Tier	Notes
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; QL; SP
enulose oral solution	1 or 1b*	
esomeprazole sodium intravenous recon soln	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1 or 1b*	
FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
gavilyte-c oral recon soln	1 or 1a*	\$0
gavilyte-g oral recon soln	1 or 1a*	\$0
gavilyte-n oral recon soln	1 or 1a*	\$0
generlac oral solution	1 or 1b*	
GLYCATO ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE	3	
glycopyrrolate injection solution	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SYRINGE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GLYRX-PF INJECTION SOLUTION	3	
GOLYTELY ORAL POWDER IN PACKET	3	

Drug Name	Tier	Notes
GOLYTELY ORAL RECON SOLN	3	
granisetron (pf) intravenous solution	1 or 1b*	
granisetron hcl intravenous solution	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
hydrocortisone-pramoxine rectal cream 1-1 %	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
intralipid intravenous emulsion 20 %	1 or 1b*	
INTRALIPID INTRAVENOUS EMULSION 30 %	3	
KEPIVANCE INTRAVENOUS RECON SOLN	4	LD
KINEVAC INJECTION RECON SOLN	3	
KRISTALOSE ORAL PACKET	3	
lactulose oral packet	1 or 1b*	
lactulose oral solution	1 or 1b*	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LINZESS ORAL CAPSULE	2	
LITHOSTAT ORAL TABLET	3	
LOMOTIL ORAL TABLET	3	
loperamide oral capsule	1 or 1b*	
LOTRONEX ORAL TABLET	3	PA; QL
MARINOL ORAL CAPSULE	3	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
mesalamine oral capsule (with del rel tablets)	1 or 1b*	ST; QL
mesalamine oral tablet, delayed release (dr/ec)	1 or 1b*	
mesalamine rectal enema	1 or 1b*	

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

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Drug Name	Tier	Notes
mesalamine rectal suppository	1 or 1b*	
mesalamine with cleansing wipe rectal enema kit	1 or 1b*	
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
METOCLOPRAMIDE HCL ORAL TABLET,DISINTEGRATING 10 MG	3	
metoclopramide hcl oral tablet,disintegrating 5 mg	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
MOTOFEN ORAL TABLET	3	
MOVIPREP ORAL POWDER IN PACKET	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	3	
NUTRILIPID INTRAVENOUS EMULSION	3	
NUTRIPORT BALLOON KIT	2	
OICALIVA ORAL TABLET	4	PA; QL; LD; SP
OMEGAVEN INTRAVENOUS EMULSION	3	
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
ondansetron hcl (pf) injection solution	1 or 1b*	

Drug Name	Tier	Notes
ondansetron hcl (pf) injection syringe	1 or 1b*	
ondansetron hcl intravenous solution	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML	3	
ONDANSETRON IN D5W INTRAVENOUS PIGGYBACK	3	
ondansetron oral tablet,disintegrating	1 or 1b*	QL
OSMOPREP ORAL TABLET	3	
PALONOSETRON INTRAVENOUS SOLUTION	3	PA; QL
palonosetron intravenous syringe	1 or 1b*	PA; QL
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; QL
pantoprazole intravenous recon soln	1 or 1b*	
pantoprazole oral tablet,delayed release (dr/ec)	1 or 1b*	QL
peg 3350-electrolytes oral recon soln	1 or 1a*	\$0
peg-electrolyte soln oral recon soln	1 or 1a*	\$0
peg-prep oral kit	1 or 1b*	\$0
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
PEPCID ORAL TABLET	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
phenadoz rectal suppository	1 or 1b*	
phenergan rectal suppository	1 or 1b*	

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

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Drug Name	Tier	Notes
phenobarb-hyoscy-atropine-scop oral elixir	1 or 1b*	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	3	
pramcort rectal cream	1 or 1b*	
PREPOPIK ORAL POWDER IN PACKET	3	
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
PROCTOFOAM HC RECTAL FOAM	3	
promethazine rectal suppository	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
propantheline oral tablet	1 or 1b*	
PROTONIX INTRAVENOUS RECON SOLN	3	
PYLERA ORAL CAPSULE	3	
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet 150 mg, 300 mg	1 or 1b*	
RAVICTI ORAL LIQUID	3	PA; QL; LD; SP
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
SENSURA CLICK OSTOMY POUCH	3	
SENSURA OSTOMY BASE PLATE	3	
SFROWASA RECTAL ENEMA	3	

Drug Name	Tier	Notes
SMOFLIPID INTRAVENOUS EMULSION	3	
sodium benzoate-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	PA; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; QL
SUCRAID ORAL SOLUTION	4	PA; QL; LD
sucralfate oral tablet	1 or 1b*	
sulfasalazine oral tablet	1 or 1b*	
sulfasalazine oral tablet, delayed release (dr/ec)	1 or 1b*	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	
SUSTOL SUBCUTANEOUS LIQUID, EXTENDED RELEASE SYRING	3	
symax fastabs oral tablet, disintegrating	1 or 1b*	
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
trilyte with flavor packets oral recon soln	1 or 1a*	\$0
trimethobenzamide oral capsule	1 or 1b*	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
VARUBI INTRAVENOUS EMULSION	3	
VARUBI ORAL TABLET	3	
VIBERZI ORAL TABLET	3	PA; QL

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Drug Name	Tier	Notes
VIOKACE ORAL TABLET	3	
XERMELO ORAL TABLET	4	PA; QL; LD
ZANTAC INJECTION SOLUTION	3	
ZANTAC ORAL TABLET 300 MG	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZOFRAN ORAL TABLET	3	QL
ZUPLENZ ORAL FILM	3	QL
HORMONES		
ACTHAR H.P. INJECTION GEL	4	PA; QL; SP
ACTHREL INTRAVENOUS RECON SOLN	3	
ACTIVE INJECTION KIT D (PF) INJECTION KIT	3	
ACTIVELLA ORAL TABLET	3	
a-hydrocort injection recon soln	1 or 1b*	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3	
amabelz oral tablet	1 or 1b*	
ANADROL-50 ORAL TABLET	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL

Drug Name	Tier	Notes
ANDROID ORAL CAPSULE	3	
ANGELIQ ORAL TABLET	3	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION	3	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION	3	
AVEED INTRAMUSCULAR SOLUTION	3	PA; QL; LD
AYGESTIN ORAL TABLET	3	
BETAMETH AC,SOD PHOS(PF)-WATER INJECTION SUSPENSION	3	
BETAMETHASONE ACE,SOD PHOS-WTR INJECTION SUSPENSION	3	
betamethasone acet,sod phos injection suspension	1 or 1b*	
BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION	3	
BIJUVA ORAL CAPSULE	3	ST; QL
BRAVELLE INJECTION RECON SOLN	4	ST; QL; SP
budesonide oral capsule,delayed,extend.releas e	1 or 1b*	
budesonide oral tablet,delayed and ext.release	1 or 1b*	
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray,non-aerosol	1 or 1b*	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; QL; SP

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

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Drug Name	Tier	Notes
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	4	SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; QL; SP
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
clomiphene citrate oral tablet	1 or 1b*	PA; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
CORTEF ORAL TABLET	3	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
cortisone oral tablet	1 or 1b*	
CORTROSYN INJECTION RECON SOLN	3	
cosyntropin injection recon soln	1 or 1b*	
CRINONE VAGINAL GEL 4 %	4	SP
CRINONE VAGINAL GEL 8 %	4	PA; QL; SP
danazol oral capsule	1 or 1b*	
DDAVP INJECTION SOLUTION	3	
DDAVP NASAL SOLUTION	3	
DDAVP NASAL SPRAY WITH PUMP	3	
DDAVP ORAL TABLET	3	
decadron oral elixir	1 or 1a*	
decadron oral tablet	1 or 1a*	
DELESTROGEN INTRAMUSCULAR OIL	3	
deltasone oral tablet 20 mg	1 or 1a*	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	

Drug Name	Tier	Notes
DEPO-MEDROL INJECTION SUSPENSION	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA; QL
desmopressin injection solution	1 or 1b*	
desmopressin nasal spray with pump	1 or 1b*	
desmopressin nasal spray,non-aerosol	1 or 1b*	
desmopressin oral tablet	1 or 1b*	
DEXAMETHASONE AC, SOD PH-WATER INJECTION SUSPENSION	3	
DEXAMETHASONE ACE-NACL,ISO-OSM INJECTION SUSPENSION	3	
DEXAMETHASONE IN 0.9 % SOD CHL INTRAVENOUS PIGGYBACK 10 MG/50 ML	3	
DEXAMETHASONE INTENSOL ORAL DROPS	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablets,dose pack	1 or 1b*	
dexamethasone sodium phos (pf) injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution	1 or 1b*	
dexamethasone sodium phosphate injection syringe	1 or 1b*	
DEXONTO IONTOPHORETIC SOLUTION	3	
DEXTAK 10 DAY ORAL TABLETS,DOSE PACK	3	
DEXTAK 13 DAY ORAL TABLETS,DOSE PACK	3	

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

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Drug Name	Tier	Notes
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK	3	
DIVIGEL TRANSDERMAL GEL IN PACKET	2	
DUAVEE ORAL TABLET	3	PA; QL
DXEVO ORAL TABLETS,DOSE PACK	3	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	4	PA; QL
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
EMFLAZA ORAL SUSPENSION	4	PA; QL; LD
EMFLAZA ORAL TABLET	4	PA; QL; LD
ENDOMETRIN VAGINAL INSERT	3	PA; QL
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE	3	
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch semiweekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL	2	
FEMHRT LOW DOSE ORAL TABLET	3	

Drug Name	Tier	Notes
FEMRING VAGINAL RING	3	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
GANIRELIX SUBCUTANEOUS SYRINGE	4	PA; QL; SP
GIAPREZA INTRAVENOUS SOLUTION	3	
GONAL-F RFF REDIRECT SUBCUTANEOUS PEN INJECTOR	4	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	SP
GONAL-F SUBCUTANEOUS RECON SOLN	4	SP
HEMABATE INTRAMUSCULAR SOLUTION	3	
hidex oral tablets,dose pack	1 or 1b*	
HUMATROPE INJECTION CARTRIDGE	4	PA; QL; SP
HUMATROPE INJECTION RECON SOLN	4	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone rectal enema	1 or 1b*	
hydroxyprogesterone (pf)(preg presv) intramuscular oil	4	PA; QL; SP
hydroxyprogesterone cap(ppres) intramuscular oil	4	PA; QL; SP
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
INTRAROSA VAGINAL INSERT	3	ST; QL
jinteli oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
KENALOG INJECTION SUSPENSION	3	
LIDOCIDEX-I INJECTION SOLUTION	3	
LIDOCILONE I INJECTION SUSPENSION	3	
lopreeza oral tablet	1 or 1b*	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	4	PA; QL; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	4	PA; QL; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; QL; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; QL; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL; SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
MAKENA INTRAMUSCULAR OIL	4	PA; QL; LD; SP
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
medroxyprogesterone oral tablet	1 or 1a*	
MENEST ORAL TABLET	2	
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; QL; SP

Drug Name	Tier	Notes
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
methergine oral tablet	1 or 1b*	
METHITEST ORAL TABLET	3	
METHYLERGONOVINE INJECTION SOLUTION	3	
methylergonovine oral tablet	1 or 1b*	
METHYLPRED AC(PF)-NACL,ISO-OSM INJECTION SUSPENSION	3	
METHYLPREDNISOL AC-BUPIVAC-WAT INJECTION SUSPENSION	3	
methylprednisolone acetate injection suspension	1 or 1b*	
METHYLPREDNISOLON E ACET-WATER INJECTION SUSPENSION 50 MG/ML	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablets,dose pack	1 or 1a*	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1 or 1b*	
methylprednisolone sodium succ intravenous recon soln	1 or 1b*	
methyltestosterone oral capsule	1 or 1b*	
MIACALCIN INJECTION SOLUTION	4	
MILLIPRED DP ORAL TABLETS,DOSE PACK	3	
MILLIPRED ORAL TABLET	3	
mimvey lo oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATI NG	4	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATI NG	4	PA; QL
NOCTIVA NASAL SPRAY, NON-AEROSOL	3	PA; QL
norethindrone acetate oral tablet	1 or 1b*	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1 or 1b*	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; QL; SP
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
octreotide acetate injection solution	4	PA; QL; SP
octreotide acetate injection syringe	4	PA; QL; SP
ORAPRED ODT ORAL TABLET,DISINTEGRATI NG	3	
ORILISSA ORAL TABLET	3	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; QL; SP
OXANDRIN ORAL TABLET	3	PA; QL
oxandrolone oral tablet	1 or 1b*	PA; QL
OXYTOCIN IN 0.9 % SOD CHLORIDE INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
OXYTOCIN IN DEXTROSE 5 % IN LR INTRAVENOUS SOLUTION 10 UNIT/500 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML, 40 UNIT/1,000 ML	3	
OXYTOCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 10 UNIT/1,000 ML, 10 UNIT/500 ML, 15 UNIT/250 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML	3	
OXYTOCIN IN LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/1,000 ML, 10 UNIT/500 ML, 15 UNIT/250 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML, 40 UNIT/ 1,000 ML, 40 UNIT/500 ML	3	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION	3	
prednisolone oral solution 15 mg/5 ml	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1 or 1a*	
prednisolone sodium phosphate oral tablet, disintegrating	1 or 1a*	
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets, dose pack	1 or 1a*	

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

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Drug Name	Tier	Notes
PREFEST ORAL TABLET	3	
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; QL; SP
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
PREPIDIL VAGINAL GEL	3	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
PROMETRIUM ORAL CAPSULE	3	
PROSTIN E2 VAGINAL SUPPOSITORY	3	
PROVERA ORAL TABLET	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; QL; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; QL; SP
serophene oral tablet	1 or 1b*	PA; QL
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 30 MG	4	PA; QL; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	4	PA; QL; LD; SP

Drug Name	Tier	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
SOLU-CORTEF (PF) INJECTION RECON SOLN	3	
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; QL; SP
STIMATE NASAL SPRAY, NON-AEROSOL	3	
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; QL
SUPPRELIN LA IMPLANT KIT	4	PA; QL; SP
SYNAREL NASAL SPRAY, NON-AEROSOL	4	PA; QL; SP
TAPERDEX ORAL TABLETS, DOSE PACK	3	
TESTOPEL IMPLANT PELLET	3	PA; QL; LD
testosterone cypionate intramuscular oil 100 mg/ml	1 or 1b*	PA; QL
TESTOSTERONE CYPIONATE INTRAMUSCULAR OIL 200 MG/ML	3	PA; QL
TESTOSTERONE ENANTHATE INTRAMUSCULAR OIL	3	PA; QL
testosterone transdermal gel	1 or 1b*	PA; QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1 or 1b*	PA; QL
testosterone transdermal solution in metered pump w/app	1 or 1b*	PA; QL
TESTRED ORAL CAPSULE	3	
TRIAMCINOL AC (PF) IN 0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOL ACE-BUPIV-0.9% NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION	3	
triamcinolone acetoneide injection suspension	1 or 1b*	
TRIAMCINOLONE DIA(PF)-0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE DIACET-0.9% NACL INJECTION SUSPENSION	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL; LD
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	3	
VAGIFEM VAGINAL TABLET	3	

Drug Name	Tier	Notes
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 100 UNIT/250 ML (0.4 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML), 50 UNIT/250 ML (0.2 UNIT/ML), 60 UNIT/100 ML (0.6 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
VERIPRED 20 ORAL SOLUTION	3	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
yuvaferm vaginal tablet	1 or 1b*	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON	4	LD
ZORBTIVE SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	SP
ATGAM INTRAVENOUS SOLUTION	3	SP
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION RECON SOLN	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	SP
CELLCEPT ORAL CAPSULE	2	SP

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

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Drug Name	Tier	Notes
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	SP
CELLCEPT ORAL TABLET	2	SP
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	SP
cyclosporine modified oral solution	1 or 1b*	SP
cyclosporine oral capsule	1 or 1b*	SP
DUPIXENT SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ELIDEL TOPICAL CREAM	3	ST; QL
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; QL
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	SP
gengraf oral solution	1 or 1b*	SP
IMURAN ORAL TABLET	3	
mycophenolate mofetil hcl intravenous recon soln	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	SP
mycophenolate mofetil oral suspension for reconstitution	1 or 1b*	SP
mycophenolate mofetil oral tablet	1 or 1b*	SP
mycophenolate sodium oral tablet, delayed release (dr/ec)	1 or 1b*	SP
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	SP
NEORAL ORAL CAPSULE	2	SP
NEORAL ORAL SOLUTION	2	SP
NULOJIX INTRAVENOUS RECON SOLN	3	PA; QL; SP
pimecrolimus topical cream	1 or 1b*	ST; QL

Drug Name	Tier	Notes
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	2	SP
PROGRAF ORAL GRANULES IN PACKET	3	SP
PROTOPIC TOPICAL OINTMENT	3	ST; QL
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	2	SP
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	2	SP
SANDIMMUNE ORAL SOLUTION	2	SP
SIMULECT INTRAVENOUS RECON SOLN	3	SP
sirolimus oral solution	1 or 1b*	SP
sirolimus oral tablet	1 or 1b*	SP
STELARA INTRAVENOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tacrolimus oral capsule	1 or 1b*	SP
tacrolimus topical ointment	1 or 1b*	ST; QL
THYMOGLOBULIN INTRAVENOUS RECON SOLN	3	SP
ZORTRESS ORAL TABLET	2	SP
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
1ST TIER UNIFINE PENTIPS NEEDLE	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	3	ST; QL
1ST TIER UNILET COMFORTOUCH	2	

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

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Drug Name	Tier	Notes
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK FASTCLIX LANCING DEV KIT	2	
ACCU-CHEK MULTICLIX LANCET	2	
ACCU-CHEK MULTICLIX LANCET KIT	2	
ACCU-CHEK SAFE-T-PRO	2	
ACCU-CHEK SAFE-T-PRO PLUS	2	
ACCU-CHEK SOFT DEV LANCETS KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE LANCETS	2	
ADVANCED LANCING DEVICE KIT	2	
ADVANCED TRAVEL LANCETS	2	
ADVOCATE LANCET	2	
ADVOCATE PEN NEEDLE NEEDLE	3	ST; QL
ADVOCATE SYRINGES SYRINGE	3	ST; QL
ALTERNATE SITE LANCET	2	
ASSURE HAEMOLANCE PLUS	2	
ASSURE ID INSULIN SAFETY SYRINGE	3	ST; QL
ASSURE ID PEN NEEDLE NEEDLE	3	
ASSURE LANCE	2	
ASSURE LANCE PLUS	2	
AUTOLET IMPRESSION LANC DEV KIT	2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE	2	
BD INSULIN SYRINGE SLIP TIP SYRINGE	2	
BD INSULIN SYRINGE SYRINGE	2	
BD INSULIN SYRINGE U-500 SYRINGE	2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD MICROTAINER LANCET	2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE	3	ST; QL
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE II LANCETS	2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE	2	

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

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Drug Name	Tier	Notes
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE	2	
BD VEO INSULIN SYR HALF UNIT SYRINGE	2	
BD VEO INSULIN SYRINGE UF SYRINGE	2	
BULLSEYE MINI SAFETY LANCETS	2	
CAREFINE PEN NEEDLE NEEDLE	3	ST; QL
CAREONE ULTRA THIN LANCET	2	
CARETOUCH PEN NEEDLE NEEDLE	3	ST; QL
CARETOUCH TWIST LANCET	2	
CLEVER CHEK LANCETS	2	
CLICKFINE PEN NEEDLE NEEDLE	3	ST; QL
COAGUCHEK LANCETS	2	
COLOR LANCETS	2	
COMFORT EZ INSULIN SYRINGE SYRINGE	3	ST; QL
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	2	
COMFORT EZ PEN NEEDLES NEEDLE	3	ST; QL
COMFORT LANCETS	2	
DROPLET INSULIN SYR HALF UNIT SYRINGE	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2"	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; QL

Drug Name	Tier	Notes
DROPLET LANCETS	2	
DROPLET PEN NEEDLE NEEDLE	3	ST; QL
DROPSAFE PEN NEEDLE NEEDLE	3	
EASY COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
EASY COMFORT LANCETS	2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	3	ST; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	
EASY GLIDE PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR SYRINGE	3	ST; QL
EASY TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
EASY TOUCH LANCETS	2	
EASY TOUCH LUER LOCK INSULIN SYRINGE	3	
EASY TOUCH NEEDLE	3	ST; QL
EASY TOUCH PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH SAFETY LANCETS	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH TWIST LANCETS	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TWIST AND CAP LANCETS	2	
EMBRACE LANCETS	2	

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

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Drug Name	Tier	Notes
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; QL
E-Z JECT LANCETS	2	
E-Z JECT THIN LANCETS	2	
EZ SMART LANCETS	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FINE 30 UNIVERSAL LANCETS	2	
FINGERSTIX LANCETS	2	
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK	3	
FORACARE LANCETS	2	
FREESTYLE LANCETS	2	
FREESTYLE PRECISION SYRINGE	3	ST; QL
FREESTYLE UNISTIK 2	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	2	
GLUCOCOM LANCETS	2	
HEALTHWISE INSULIN SYRINGE SYRINGE	3	
HEALTHWISE PEN NEEDLE NEEDLE	3	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	3	ST; QL
HEALTHY ACCENTS UNILET LANCET	2	
HYPOLANCE AST LANCING KIT	2	
INCONTROL PEN NEEDLE NEEDLE	3	ST; QL
INCONTROL SUPER THIN LANCETS	2	
INCONTROL ULTRA THIN LANCETS	2	
INJECT EASE LANCETS	2	
INSULIN SYR/NDL U100 HALF MARK SYRINGE	3	ST; QL

Drug Name	Tier	Notes
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRINGE NEEDLELESS SYRINGE	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	3	ST; QL
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	1 or 1b*	
INSUPEN NEEDLE	3	ST; QL
INVACARE LANCETS	2	
LANCETS	2	
LANCETS, SUPER THIN	2	
LANCETS,THIN	2	
LANCETS,ULTRA THIN	2	
LANCING DEVICE WITH LANCETS KIT	2	
LANZO LANCING DEVICE KIT	2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	3	ST; QL

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

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Drug Name	Tier	Notes
LITE TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
LITE TOUCH LANCETS	2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE	3	ST; QL
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE	3	ST; QL
MEDISENSE THIN LANCETS	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS SPECIAL BLADE	2	
MICRO THIN LANCETS	2	
MICROLET 2 LANCING DEVICE KIT	2	
MICROLET LANCET	2	
MICROLET NEXT LANCING DEVICE KIT	2	
MINI ULTRA-THIN II NEEDLE	3	ST; QL
MONOJECT INSULIN SAFETY SYRING SYRINGE	3	ST; QL
MONOJECT INSULIN SYRINGE SYRINGE	3	ST; QL
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	3	ST; QL
MONOJECT ULTRA COMFORT INSULIN SYRINGE	3	ST; QL
MONOLET LANCETS	2	
MONOLET THIN LANCETS	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS	2	
NOVA SAFETY LANCETS	2	

Drug Name	Tier	Notes
NOVA SUREFLEX LANCETS	2	
NOVOFINE 32 NEEDLE	3	ST; QL
NOVOFINE AUTOCOVER NEEDLE	3	ST; QL
NOVOFINE PLUS NEEDLE	3	ST; QL
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	ST; QL
ON CALL LANCET	2	
ON CALL PLUS LANCET	2	
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
ON-THE-GO LANCETS	2	
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"	3	ST; QL
PEN NEEDLE, DIABETIC NEEDLE	3	ST; QL
PENTIPS NEEDLE	3	ST; QL
PRESSURE ACTIVATED LANCETS	2	
PRO COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
PRO COMFORT LANCET	2	
PRO COMFORT PEN NEEDLE NEEDLE	3	ST; QL
PRODIGY INSULIN SYRINGE SYRINGE	3	ST; QL
PRODIGY LANCETS	2	
PRODIGY TWIST TOP LANCET	2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	2	
READYLANCE SAFETY LANCETS	2	

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

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Drug Name	Tier	Notes
RELIAMED LANCET 28 GAUGE, 30 GAUGE	2	
RELIAMED SAFETY SEAL LANCETS	2	
RELION NEEDLES NEEDLE	3	ST; QL
RELION PEN NEEDLES NEEDLE	3	ST; QL
RELION THIN LANCETS	2	
RELION ULTRA THIN PLUS LANCETS	2	
RIGHTTEST GL300 LANCETS	2	
SAFESNAP INSULIN SYRINGE SYRINGE	3	ST; QL
SAFETY LANCETS	2	
SAFETY PEN NEEDLE NEEDLE	3	ST; QL
SAFETY SEAL LANCETS	2	
SAFETY-LET LANCETS	2	
SINGLE-LET	2	
SMART SENSE LANCETS	2	
SMARTTEST LANCET	2	
SOFT TOUCH LANCETS	2	
SOLUS V2 LANCETS	2	
SOLUS V2 LANCING DEVICE KIT	2	
STERILANCE TL	2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	2	
SURE COMFORT INS. SYR. U-100 SYRINGE	3	ST; QL
SURE COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
SURE COMFORT LANCETS	2	
SURE COMFORT PEN NEEDLE NEEDLE	3	ST; QL
SURE-FINE PEN NEEDLES NEEDLE	3	ST; QL
SUREFLEX DEVICE WITH LANCETS KIT	2	
SURE-JECT INSULIN SYRINGE SYRINGE	3	ST; QL
SURE-LANCE	2	

Drug Name	Tier	Notes
SURE-LANCE ULTRA THIN	2	
SURE-TOUCH LANCET	2	
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	3	ST; QL
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	
TECHLITE INSULIN SYRINGE SYRINGE	3	ST; QL
TECHLITE LANCETS	2	
TECHLITE PEN NEEDLE NEEDLE	3	ST; QL
TELCARE LANCETS	2	
TERUMO INSULIN SYRINGE SYRINGE	3	ST; QL
THIN LANCETS	2	
thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1 or 1b*	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST; QL
TOPCARE CLICKFINE NEEDLE	3	ST; QL
TOPCARE ULTRA COMFORT SYRINGE	3	ST; QL
TOPCARE UNIVERSAL1 LANCET	2	
TRUE COMFORT INSULIN SYRINGE SYRINGE	3	
TRUE COMFORT LANCET	2	

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

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Drug Name	Tier	Notes
TRUE COMFORT PEN NEEDLE NEEDLE	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS LANCETS	2	
TRUEPLUS PEN NEEDLE NEEDLE	3	
TWIST LANCETS	2	
ULTICARE INSULIN SYR HALF UNIT SYRINGE	3	ST; QL
ULTICARE INSULIN SYRINGE SYRINGE	3	ST; QL
ULTICARE PEN NEEDLE NEEDLE	3	ST; QL
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; QL
ULTI-LANCE KIT	2	
ULTILET BASIC LANCETS	2	
ULTILET CLASSIC LANCETS	2	
ULTILET INSULIN SYRINGE SYRINGE	3	ST; QL
ULTILET LANCETS	2	
ULTILET PEN NEEDLE NEEDLE	3	ST; QL
ULTILET SAFETY LANCETS	2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE	3	ST; QL

Drug Name	Tier	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; QL
ULTRA THIN II LANCETS	2	
ULTRA THIN LANCETS	2	
ULTRA THIN PLUS LANCETS	2	
ULTRA TLC LANCETS	2	
ULTRACARE INSULIN SYRINGE SYRINGE	3	
ULTRA-CARE LANCETS	2	
ULTRACARE PEN NEEDLE NEEDLE	3	ST; QL
ULTRALANCE LANCETS	2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE	3	ST; QL
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	3	ST; QL
ULTRA-THIN II INS PEN NEEDLES NEEDLE	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
ULTRA-THIN II LANCETS 28 GAUGE	2	

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

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Drug Name	Tier	Notes
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; QL
UNIFINE PENTIPS PLUS NEEDLE	3	ST; QL
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET LANCET 28 GAUGE, 33 GAUGE	2	
UNILET LANCETS	2	
UNILET SUPER THIN LANCETS	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 COMFORT DEVICE KIT	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA LANCET	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 KIT	2	
UNISTIK 3 LANCETS	2	
UNISTIK 3 NEONATAL DEVICE KIT	2	
UNISTIK 3 NEONATAL KIT	2	
UNISTIK 3 NORMAL LANCET	2	
UNISTIK CZT LANCET	2	
UNISTIK PRO LANCET	2	
UNISTIK SAFETY	2	
UNISTIK TOUCH LANCETS	2	
UNIVERSAL 1 LANCETS	2	

Drug Name	Tier	Notes
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
MUSCLE RELAXANTS		
baclofen intrathecal solution	4	
baclofen oral tablet 10 mg, 20 mg	1 or 1b*	
BACLOFEN ORAL TABLET 5 MG	3	
carisoprodol oral tablet	1 or 1b*	
carisoprodol-aspirin oral tablet	1 or 1b*	
chlorzoxazone oral tablet 250 mg, 500 mg	1 or 1b*	
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
cyclobenzaprine oral tablet	1 or 1b*	
CYCLOTENS REFILL COMBO PACK	3	
CYCLOTENS STARTER COMBO PACK	3	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene oral capsule	1 or 1b*	
FEXMID ORAL TABLET	3	ST; QL
GABLOFEN INTRATHECAL SOLUTION	4	
GABLOFEN INTRATHECAL SYRINGE	4	
LIORESAL INTRATHECAL SOLUTION	3	
LORZONE ORAL TABLET	3	ST; QL
metaxall oral tablet	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
orphenadrine citrate oral tablet extended release	1 or 1b*	

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

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Drug Name	Tier	Notes
revonto intravenous recon soln	1 or 1b*	
ROBAXIN INJECTION SOLUTION	3	ST; QL
ROBAXIN ORAL TABLET	3	ST; QL
ROBAXIN-750 ORAL TABLET	3	ST; QL
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SKELAXIN ORAL TABLET	3	ST; QL
SOMA ORAL TABLET	3	ST; QL
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
ZANAFLEX ORAL CAPSULE	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
PRE-NATAL VITAMINS		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR	3	
CADEAU DHA ORAL CAPSULE	3	
CALCIUM PNV ORAL CAPSULE	3	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	

Drug Name	Tier	Notes
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
C-NATE DHA ORAL CAPSULE	3	
COMPLETE NATAL DHA ORAL COMBO PACK	3	
COMPLETENATE ORAL TABLET, CHEWABLE	2	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral tablet	1 or 1b*	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	
FOLET ONE ORAL CAPSULE	3	
FOLIVANE-OB ORAL CAPSULE	2	
HEMENATAL OB + DHA ORAL COMBO PACK	3	
HEMENATAL OB ORAL TABLET	3	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
MARNATAL-F ORAL CAPSULE	3	
MYNATAL ADVANCE ORAL TABLET	3	
MYNATAL ORAL CAPSULE	3	
MYNATAL ORAL TABLET	3	
MYNATAL PLUS ORAL TABLET	2	

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

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Drug Name	Tier	Notes
MYNATAL-Z ORAL TABLET	2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE	2	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
NEXA PLUS ORAL CAPSULE	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR	3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR	3	
O-CAL PRENATAL ORAL TABLET	3	
PNV 29-1 ORAL TABLET	2	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	3	

Drug Name	Tier	Notes
PNV-DHA + DOCUSATE ORAL CAPSULE	3	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET	2	
PNV-OMEGA ORAL CAPSULE	3	
PNV-VP-U ORAL CAPSULE	2	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR	2	
PR NATAL 400 ORAL COMBO PACK	2	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR	2	
PR NATAL 430 ORAL COMBO PACK	2	
PREFERA-OB ONE ORAL CAPSULE	3	
PREFERA-OB ORAL TABLET	3	
PREFERA-OB PLUS DHA ORAL COMBO PACK	3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE	2	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
PRENA1 TRUE ORAL COMBO PACK	3	
PRENAISSANCE ORAL CAPSULE	3	
PRENAISSANCE PLUS ORAL CAPSULE	3	
PRENATA ORAL TABLET, CHEWABLE	3	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
PRENATAL 19 ORAL TABLET, CHEWABLE	3	
prenatal low iron oral tablet	1 or 1a*	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET	2	

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

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Drug Name	Tier	Notes
PRENATAL PLUS DHA ORAL COMBO PACK	3	
PRENATAL PLUS ORAL TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL-U ORAL CAPSULE	2	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ELITE ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	3	
PROVIDA DHA ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	

Drug Name	Tier	Notes
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
SE-NATAL 19 (WITH DOCUSATE) ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET,CHEWABLE	2	
TARON-C DHA ORAL CAPSULE	3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE	3	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
TRISTART DHA ORAL CAPSULE	3	
TRIVEEN-DUO DHA ORAL COMBO PACK	2	
trust natal dha oral combo pack	1 or 1b*	
VINATE CARE ORAL TABLET,CHEWABLE	2	
VINATE DHA RF ORAL CAPSULE	3	
VINATE II ORAL TABLET	2	
VINATE M ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
VIRT-ADVANCE ORAL TABLET	3	
VIRT-C DHA ORAL CAPSULE	3	

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

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Drug Name	Tier	Notes
VIRT-NATE DHA ORAL CAPSULE	3	
VIRT-PN DHA ORAL CAPSULE	3	
VIRT-PN PLUS ORAL CAPSULE	3	
VIRTPREX ORAL CAPSULE	3	
VIRT-SELECT ORAL CAPSULE	3	
VIRT-VITE GT ORAL TABLET	3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
VP-CH PLUS ORAL CAPSULE	3	
VP-CH-PNV ORAL CAPSULE	3	
VP-PNV-DHA ORAL CAPSULE	3	
ZATEAN-PN DHA ORAL CAPSULE	3	
ZATEAN-PN PLUS ORAL CAPSULE	3	
zingiber oral tablet	1 or 1a*	

Drug Name	Tier	Notes
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	3	ST; QL
ABILIFY ORAL TABLET	3	ST; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDYI ORAL TABLET	3	PA; QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet,disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	ST; DO; QL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; QL
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet	1 or 1b*	
aripiprazole oral tablet,disintegrating	1 or 1b*	

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

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Drug Name	Tier	Notes
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
armodafinil oral tablet	1 or 1b*	PA; QL
ATIVAN ORAL TABLET	3	
atomoxetine oral capsule	1 or 1b*	PA; QL
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1 or 1b*	DO
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
CELEXA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
CELEXA ORAL TABLET 40 MG	3	ST; QL
chlordiazepoxide hcl oral capsule	1 or 1b*	
CHLORPROMAZINE INJECTION SOLUTION	3	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	
citalopram oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram oral tablet 40 mg	1 or 1b*	
clomipramine oral capsule	1 or 1b*	
clonidine hcl oral tablet extended release 12 hr	1 or 1b*	PA; QL
clorazepate dipotassium oral tablet	1 or 1b*	

Drug Name	Tier	Notes
clozapine oral tablet	1 or 1b*	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1 or 1b*	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL ORAL TABLET	2	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	PA; QL
COTEMPLA XR-ODT ORAL TABLET,DISINTEGRATING BIPHASE 24H	3	PA; QL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	PA; QL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	PA; DO; QL
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	PA; QL
desipramine oral tablet	1 or 1b*	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; DO; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO; QL
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1 or 1b*	
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1 or 1b*	DO
dexmethylphenidate oral capsule,er biphasic 50-50	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
dexmethylphenidate oral tablet	1 or 1b*	PA; QL
diazepam injection solution	1 or 1a*	
DIAZEPAM INJECTION SYRINGE	3	
diazepam intensol oral concentrate	1 or 1a*	
diazepam oral concentrate	1 or 1a*	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1 or 1a*	
diazepam oral tablet	1 or 1a*	
doxepin oral capsule	1 or 1b*	
doxepin oral concentrate	1 or 1b*	
droperidol injection solution	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1 or 1b*	PA; QL
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1 or 1b*	DO
duloxetine oral capsule,delayed release(dr/ec) 40 mg, 60 mg	1 or 1b*	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; QL
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG, 75 MG	3	ST; DO; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	
FANAPT ORAL TABLET	3	ST; QL
FANAPT ORAL TABLETS,DOSE PACK	3	ST; QL
FAZACLO ORAL TABLET,DISINTEGRATING	2	

Drug Name	Tier	Notes
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL
fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO
fluoxetine oral capsule 40 mg	1 or 1b*	
fluoxetine oral capsule,delayed release(dr/ec)	1 or 1b*	
fluoxetine oral solution	1 or 1b*	
fluoxetine oral tablet 10 mg	1 or 1b*	DO
fluoxetine oral tablet 20 mg	1 or 1b*	
FLUOXETINE ORAL TABLET 60 MG	3	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
fluvoxamine oral capsule,extended release 24hr	1 or 1b*	
fluvoxamine oral tablet 100 mg	1 or 1b*	
fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO
FOCALIN ORAL TABLET	3	PA; QL
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	PA; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GEODON INTRAMUSCULAR RECON SOLN	2	
GEODON ORAL CAPSULE	3	ST; QL
guanfacine oral tablet extended release 24 hr	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate intramuscular syringe	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	PA; QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO; QL
LATUDA ORAL TABLET	3	
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
LEXAPRO ORAL TABLET 20 MG	3	ST; QL
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	

Drug Name	Tier	Notes
lithium carbonate oral tablet extended release	1 or 1a*	
LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	2	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
MARPLAN ORAL TABLET	3	
meprobamate oral tablet	1 or 1b*	
metadate er oral tablet extended release	1 or 1b*	PA; QL
METHYLIN ORAL SOLUTION	3	PA; QL
methylphenidate hcl oral capsule, er biphasic 30-70	1 or 1b*	PA; QL
methylphenidate hcl oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1 or 1b*	PA; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PA; QL
methylphenidate hcl oral tablet,chewable	1 or 1b*	PA; QL
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet,disintegrating	1 or 1b*	
modafinil oral tablet 100 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
molindone oral tablet	1 or 1b*	
NARDIL ORAL TABLET	3	

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

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Drug Name	Tier	Notes
nefazodone oral tablet	1 or 1b*	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
NUPLAZID ORAL CAPSULE	4	PA; QL; SP
NUPLAZID ORAL TABLET 10 MG	4	PA; QL; SP
NUVIGIL ORAL TABLET	3	PA; QL
olanzapine intramuscular recon soln	1 or 1b*	
olanzapine oral tablet	1 or 1b*	
olanzapine oral tablet, disintegrating	1 or 1b*	
olanzapine-fluoxetine oral capsule	1 or 1b*	
ORAP ORAL TABLET	3	
oxazepam oral capsule	1 or 1b*	
paliperidone oral tablet extended release 24hr	1 or 1b*	
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1 or 1b*	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	ST; DO; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST; QL
PAXIL ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PAXIL ORAL TABLET 30 MG, 40 MG	3	ST; QL
perphenazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
perphenazine-amitriptyline oral tablet	1 or 1b*	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT	3	
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PEXEVA ORAL TABLET 30 MG, 40 MG	3	ST; QL
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST; DO; QL
protriptyline oral tablet	1 or 1b*	
PROVIGIL ORAL TABLET 100 MG	3	PA; DO; QL
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	ST; DO; QL
PROZAC ORAL CAPSULE 40 MG	3	ST; QL
quetiapine oral tablet	1 or 1b*	
quetiapine oral tablet extended release 24 hr	1 or 1b*	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR	3	PA; QL
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON	3	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	PA; QL
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING	3	
REXULTI ORAL TABLET	3	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	2	

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

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Drug Name	Tier	Notes
RISPERDAL ORAL SOLUTION	3	ST; QL
RISPERDAL ORAL TABLET	3	ST; QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet, disintegrating	1 or 1b*	
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET	3	PA; QL
SAPHRIS SUBLINGUAL TABLET	3	ST; QL
SARAFEM ORAL TABLET 10 MG	3	DO
SARAFEM ORAL TABLET 20 MG	3	
SEROQUEL ORAL TABLET	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
sertraline oral concentrate	1 or 1b*	
sertraline oral tablet 100 mg	1 or 1b*	
sertraline oral tablet 25 mg, 50 mg	1 or 1b*	DO
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; QL; SP
STRATTERA ORAL CAPSULE	3	PA; QL
SURMONTIL ORAL CAPSULE	3	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
tranylcypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
trimipramine oral capsule	1 or 1b*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VALIUM ORAL TABLET	3	
venlafaxine oral capsule, extended release 24hr 150 mg	1 or 1b*	
venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg	1 or 1b*	
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
VRAYLAR ORAL CAPSULE	3	ST; QL
VRAYLAR ORAL CAPSULE, DOSE PACK	3	ST; QL
VYVANSE ORAL CAPSULE	2	PA; QL
VYVANSE ORAL TABLET, CHEWABLE	2	PA; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	ST; DO; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	
XANAX ORAL TABLET	3	

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

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Drug Name	Tier	Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
ziprasidone hcl oral capsule	1 or 1b*	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	ST; QL
SEDATIVE/HYPNOTICS		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
AMYTAL INJECTION RECON SOLN	3	
ATIVAN INJECTION SOLUTION	3	
BELSOMRA ORAL TABLET	3	ST; QL
BUTISOL ORAL TABLET 30 MG	3	
DEXMEDETOMIDINE IN 0.9 % NACL INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML)	3	
dexmedetomidine in 0.9 % nacl intravenous solution 80 mcg/20 ml (4 mcg/ml)	1 or 1b*	
DEXMEDETOMIDINE IN DEXTROSE 5% INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
DEXMEDETOMIDINE INTRAVENOUS SOLUTION	3	
DORAL ORAL TABLET	3	
EDLUAR SUBLINGUAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	
flurazepam oral capsule	1 or 1b*	
HALCION ORAL TABLET 0.25 MG	3	
HETLIOZ ORAL CAPSULE	4	PA; QL; LD; SP
INTERMEZZO SUBLINGUAL TABLET	3	ST; QL
LORAZEPAM IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
LORAZEPAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
LUNESTA ORAL TABLET	3	ST; QL
midazolam oral syrup 2 mg/ml	1 or 1b*	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	3	
NEMBUTAL SODIUM INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution 130 mg/ml	1 or 1b*	
PHENOBARBITAL SODIUM INJECTION SOLUTION 65 MG/ML	3	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
PRECEDEX INTRAVENOUS SOLUTION	3	
QUAZEPAM ORAL TABLET	3	
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	ST; QL
SECONAL SODIUM ORAL CAPSULE	3	
SILENOR ORAL TABLET	3	ST; QL
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
XYREM ORAL SOLUTION	3	PA; QL; LD; SP
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	
zolpidem oral tablet,ext release multiphase	1 or 1b*	ST; QL
zolpidem sublingual tablet	1 or 1b*	ST; QL
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	3	ST; QL
SKIN PREPS		
ABSORICA ORAL CAPSULE	3	PA; QL
ACANYA TOPICAL GEL WITH PUMP	3	ST; QL
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	1 or 1b*	
ACZONE TOPICAL GEL	3	ST; QL
ACZONE TOPICAL GEL WITH PUMP	3	ST; QL
adapalene topical cream	1 or 1b*	PA; QL
adapalene topical gel	1 or 1b*	PA; QL
adapalene topical gel with pump	1 or 1b*	PA; QL
ADAPALENE TOPICAL LOTION	3	PA; QL
ADAPALENE TOPICAL SOLUTION	3	PA; QL
adapalene topical swab	1 or 1b*	
adapalene-benzoyl peroxide topical gel with pump	1 or 1b*	
ala-cort topical cream 1 %	1 or 1a*	

Drug Name	Tier	Notes
ALA-SCALP TOPICAL LOTION	3	ST; QL
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
ALDARA TOPICAL CREAM IN PACKET	3	ST; QL
ALEVICYN PLUS TOPICAL COMBO PACK, CREAM AND GEL	3	
ALTABAX TOPICAL OINTMENT	2	
ALTRENO TOPICAL LOTION	3	PA; QL
amcinonide topical cream	3	ST; QL; CTT1
amcinonide topical lotion	3	ST; QL; CTT1
amcinonide topical ointment	3	ST; QL; CTT1
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amnestem oral capsule	2	PA; QL; CTT1
AMPHADASE INJECTION SOLUTION	3	
ANALPRAM-HC TOPICAL LOTION	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	
apexicon e topical cream	3	ST; QL; CTT1
aqua care sodium chloride irrigation solution	1 or 1b*	
aqua care sterile water irrigation solution	1 or 1b*	
ARTISS TOPICAL SYRINGE	3	
ATOPADERM TOPICAL CREAM	3	
ATOPICLAIR TOPICAL CREAM	3	
ATRALIN TOPICAL GEL	3	PA; QL
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL	3	
AVAGE TOPICAL CREAM	3	PA; QL
avita topical cream	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
AVITA TOPICAL GEL	3	PA; QL
AVO CREAM TOPICAL EMULSION	3	
azelaic acid topical gel	1 or 1b*	
AZELEX TOPICAL CREAM	3	PA; QL
BEAU RX TOPICAL GEL	3	
BENZACLIN PUMP TOPICAL GEL WITH PUMP	3	ST; QL
BENZACLIN TOPICAL GEL	3	ST; QL
beser topical lotion	3	CTT1
betamethasone dipropionate topical cream	3	ST; QL; CTT1
betamethasone dipropionate topical lotion	3	ST; QL; CTT1
betamethasone dipropionate topical ointment	3	ST; QL; CTT1
betamethasone valerate topical cream	3	ST; QL; CTT1
betamethasone valerate topical foam	3	ST; QL; CTT1
betamethasone valerate topical lotion	3	ST; QL; CTT1
betamethasone valerate topical ointment	3	ST; QL; CTT1
betamethasone, augmented topical cream	1 or 1b*	
betamethasone, augmented topical gel	1 or 1b*	ST; QL
betamethasone, augmented topical lotion	1 or 1b*	ST; QL
betamethasone, augmented topical ointment	1 or 1b*	
BIAFINE EMULSION TOPICAL EMULSION	3	
bimatoprost base of the eyelashes drops with applicator	1 or 1b*	
BIONECT TOPICAL CREAM	3	
BIONECT TOPICAL FOAM	3	
BIONECT TOPICAL GEL	3	
blanche topical cream	1 or 1b*	
BPO TOPICAL GEL	3	PA; QL

Drug Name	Tier	Notes
BRYHALI TOPICAL LOTION	3	ST; QL
calcipotriene scalp solution	1 or 1b*	
calcipotriene topical cream	1 or 1b*	
calcipotriene topical ointment	1 or 1b*	
calcipotriene-betamethasone topical ointment	1 or 1b*	
calcitrene topical ointment	1 or 1b*	
calcitriol topical ointment	1 or 1b*	
CAPEX TOPICAL SHAMPOO	3	ST; QL
CERAMAX TOPICAL CREAM	3	
CERAMAX TOPICAL LOTION	3	
claravis oral capsule	2	PA; QL; CTT1
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
CLOBEX TOPICAL LOTION	3	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; QL
CLOCORTOLONE PIVALATE TOPICAL CREAM	3	ST; QL
clodan topical shampoo	1 or 1b*	

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

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Drug Name	Tier	Notes
CLODERM TOPICAL CREAM	3	ST; QL
COAL TAR TOPICAL SOLUTION	3	
COLLATYL TOPICAL GEL	3	
CONDYLOX TOPICAL GEL	3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST; QL
CORDRAN TOPICAL CREAM	3	ST; QL
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
cormax scalp solution	1 or 1b*	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX SUBCUTANEOUS SYRINGE	4	PA; QL; SP
CUTIVATE TOPICAL CREAM	3	ST; QL
CUTIVATE TOPICAL LOTION	3	ST; QL
dapsone topical gel	1 or 1b*	ST; QL
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST; QL
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST; QL
DERMATOP TOPICAL OINTMENT	3	ST; QL
desonide topical cream	3	ST; QL; CTT1
desonide topical lotion	3	ST; QL; CTT1
desonide topical ointment	3	ST; QL; CTT1
DESOWEN TOPICAL CREAM	3	ST; QL
DESOWEN TOPICAL LOTION	3	ST; QL

Drug Name	Tier	Notes
desoximetasone topical cream	3	ST; QL; CTT1
desoximetasone topical gel	3	ST; QL; CTT1
desoximetasone topical ointment	3	ST; QL; CTT1
desoximetasone topical spray,non-aerosol	3	ST; QL; CTT1
DEXERYL TOPICAL CREAM	3	
diclofenac sodium topical gel 1 %	1 or 1b*	
DICLOZOR TOPICAL KIT	3	ST; QL
DIFFERIN TOPICAL CREAM	3	PA; QL
DIFFERIN TOPICAL GEL	3	PA; QL
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; QL
DIFFERIN TOPICAL LOTION	3	PA; QL
diflorasone topical cream	3	ST; QL; CTT1
diflorasone topical ointment	3	ST; QL; CTT1
DIPROLENE TOPICAL OINTMENT	3	ST; QL
DOVONEX TOPICAL CREAM	3	
doxepin topical cream	1 or 1b*	
DUAC TOPICAL GEL	3	ST; QL
DUOBRII TOPICAL LOTION	3	
ELETONE TOPICAL CREAM	3	
ELOCON TOPICAL CREAM	3	ST; QL
EMULSION SB TOPICAL EMULSION	3	
ENSTILAR TOPICAL FOAM	3	
ENTTY TOPICAL SPRAY,NON-AEROSOL	3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	3	
EPICYN TOPICAL SPRAY,NON-AEROSOL	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA; QL

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

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Drug Name	Tier	Notes
EPIDUO TOPICAL GEL WITH PUMP	3	PA; QL
EPIFOAM TOPICAL FOAM	3	
ESKATA TOPICAL SOLUTION WITH APPLICATOR	3	
EUCRISA TOPICAL OINTMENT	3	ST; QL
FABIOR TOPICAL FOAM	3	ST; QL
FINACEA TOPICAL FOAM	2	
FINACEA TOPICAL GEL	3	
fluocinolone and shower cap scalp oil	3	ST; QL; CTT1
fluocinolone topical cream	3	ST; QL; CTT1
fluocinolone topical oil	3	ST; QL; CTT1
fluocinolone topical ointment	3	ST; QL; CTT1
fluocinolone topical solution	3	ST; QL; CTT1
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	ST; QL
fluocinonide topical ointment	1 or 1b*	
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*	
flurandrenolide topical cream	3	ST; QL; CTT1
flurandrenolide topical lotion	3	ST; QL; CTT1
flurandrenolide topical ointment	3	ST; QL; CTT1
fluticasone propionate topical cream	3	ST; QL; CTT1
fluticasone propionate topical lotion	3	ST; QL; CTT1
fluticasone propionate topical ointment	3	ST; QL; CTT1
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
GENADUR TOPICAL LIQUID	3	
GORDONS UREA TOPICAL OINTMENT 22 %	3	
GUAIACOL LIQUID	3	
halobetasol propionate topical cream	1 or 1b*	

Drug Name	Tier	Notes
HALOBETASOL PROPIONATE TOPICAL FOAM	3	ST; QL
halobetasol propionate topical ointment	1 or 1b*	
HALOG TOPICAL CREAM	3	ST; QL
HALOG TOPICAL OINTMENT	3	ST; QL
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL	3	
HPR PLUS TOPICAL CREAM	3	
HPR PLUS TOPICAL FOAM	3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM	3	
HPR TOPICAL FOAM	3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL	3	
HYDRO 40 TOPICAL FOAM	3	
hydrocortisone butyrate topical cream	3	ST; QL; CTT1
hydrocortisone butyrate topical lotion	3	ST; QL; CTT1
hydrocortisone butyrate topical ointment	3	ST; QL; CTT1
hydrocortisone butyrate topical solution	3	ST; QL; CTT1
hydrocortisone butyr-emollient topical cream	3	ST; QL; CTT1
hydrocortisone topical cream 1 %, 2.5 %	1 or 1a*	
hydrocortisone topical cream with perineal applicator	1 or 1b*	
hydrocortisone topical lotion 2.5 %	1 or 1a*	
hydrocortisone topical ointment 1 %, 2.5 %	1 or 1a*	
hydrocortisone valerate topical cream	3	ST; QL; CTT1
hydrocortisone valerate topical ointment	3	ST; QL; CTT1
hydrocortisone-iodoquinol topical cream	1 or 1b*	

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

Drug Name	Tier	Notes
hydrogen peroxide solution	1 or 1b*	
HYGEL TOPICAL GEL	3	
HYLATOPIC TOPICAL FOAM	3	
HYLATOPICPLUS TOPICAL CREAM	3	
HYLATOPICPLUS TOPICAL FOAM	3	
HYLATOPICPLUS TOPICAL LOTION	3	
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; QL
imiquimod topical cream in packet	1 or 1b*	
IMPOYZ TOPICAL CREAM	3	ST; QL
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
isotretinoin oral capsule	2	CTT1
KENALOG TOPICAL AEROSOL	3	ST; QL
KERAFOAM TOPICAL FOAM	3	
KLARON TOPICAL SUSPENSION	3	
lactated ringers irrigation solution	1 or 1b*	
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR	3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
LEVICYN ANTIPRURITIC TOPICAL GEL	3	
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL	3	
LOCOID LIPOCREAM TOPICAL CREAM	3	ST; QL
LOCOID TOPICAL CREAM	3	ST; QL
LOCOID TOPICAL SOLUTION	3	ST; QL

Drug Name	Tier	Notes
LOUTREX TOPICAL CREAM	3	
LOYON TOPICAL SPRAY,NON-AEROSOL	3	
lugols topical solution	1 or 1b*	
LUXAMEND TOPICAL CREAM	3	
LUXIQ TOPICAL FOAM	3	ST; QL
methoxsalen oral capsule,liqd-filled,rapid rel	1 or 1b*	SP
METROCREAM TOPICAL CREAM	3	ST; QL
METROGEL TOPICAL GEL 1 %	3	ST; QL
METROGEL TOPICAL GEL WITH PUMP	3	ST; QL
METROLOTION TOPICAL LOTION	3	ST; QL
metronidazole topical cream	1 or 1b*	
metronidazole topical gel	1 or 1b*	
metronidazole topical gel with pump	1 or 1b*	
metronidazole topical lotion	1 or 1b*	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	
MICROCYN HYDROGEL TOPICAL GEL	3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL	3	
MIMYX TOPICAL CREAM	3	
MIRVASO TOPICAL GEL	3	
MIRVASO TOPICAL GEL WITH PUMP	3	
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA; QL; CTT1
NEOCERA TOPICAL CREAM	3	
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
NEOSALUS TOPICAL CREAM	3	

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

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Drug Name	Tier	Notes
NEOSALUS TOPICAL FOAM	3	
NEOSALUS TOPICAL LOTION	3	
neuac topical gel	1 or 1b*	
NIVATOPIC PLUS TOPICAL CREAM	3	
nolix topical cream	3	ST; QL; CTT1
nolix topical lotion	3	ST; QL; CTT1
NORITATE TOPICAL CREAM	3	ST; QL
NUTRASEB TOPICAL CREAM	3	
NUVAIL TOPICAL NAIL FILM SOLUTION	3	
OLUX TOPICAL FOAM	3	ST; QL
OLUX-E TOPICAL FOAM	3	ST; QL
ONEXTON TOPICAL GEL WITH PUMP	2	
OVACE TOPICAL CLEANSER	3	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL	3	SP
PANDEL TOPICAL CREAM	3	ST; QL
PENLEN TOPICAL SPRAY, NON-AEROSOL	3	
PHENOL LIQUID	3	
PHLAG SPRAY TOPICAL SPRAY, NON-AEROSOL	3	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
podofilox topical solution	1 or 1b*	
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	PA; QL
PR CREAM TOPICAL CREAM	3	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL LOTION	2	
prednicarbate topical cream	3	ST; QL; CTT1

Drug Name	Tier	Notes
prednicarbate topical ointment	3	ST; QL; CTT1
PRESERA TOPICAL FOAM	3	
PROCTOCORT TOPICAL CREAM	3	
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
proctozone-hc topical cream with perineal applicator	1 or 1b*	
PROMISEB TOPICAL CREAM	3	
PROTYL AG TOPICAL GEL	3	
PRUCLAIR TOPICAL CREAM	3	
PRUDOXIN TOPICAL CREAM	3	
PRUMYX TOPICAL CREAM	3	
PRUTECT TOPICAL EMULSION	3	
PSORCON TOPICAL CREAM	3	ST; QL
QBREXZA TOPICAL TOWELETTE	3	PA; QL
RECEDO TOPICAL GEL	3	
refissa topical cream	1 or 1b*	PA; QL
REGANEX TOPICAL GEL	3	
RENOVA TOPICAL CREAM 0.02 %	3	PA; QL
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA; QL
RETIN-A MICRO TOPICAL GEL	3	PA; QL
RETIN-A TOPICAL CREAM	3	PA; QL
RETIN-A TOPICAL GEL	3	PA; QL
RHOFADE TOPICAL CREAM	3	
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	

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

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Drug Name	Tier	Notes
rosadan topical gel	1 or 1b*	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
SALKERA TOPICAL FOAM	3	
SALVAX DUO PLUS TOPICAL FOAM	3	
SALVAX TOPICAL FOAM	3	
SANTYL TOPICAL OINTMENT	3	
scalacort topical lotion	1 or 1a*	
SCARCIN GEL TOPICAL GEL	3	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON	3	
SCARSILK GEL TOPICAL GEL	3	
SEBUDERM TOPICAL GEL	3	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	
SILIPAC TOPICAL KIT	3	
SILIQ SUBCUTANEOUS SYRINGE	4	PA; QL; SP
SILVER NITRATE TOPICAL OINTMENT	3	
SILVRSTAT TOPICAL GEL	3	
sodium chloride irrigation solution	1 or 1b*	
SOLOX GEL TOPICAL GEL	3	
SONAFINE TOPICAL EMULSION	3	
SOOLANTRA TOPICAL CREAM	3	

Drug Name	Tier	Notes
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX TOPICAL FOAM	3	
SP ANTIPRURITIC TOPICAL GEL	3	
SP SCAR MANAGEMENT TOPICAL GEL WITH PUMP	3	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
SULFACETAMIDE SODIUM TOPICAL CLEANSER	3	
sulfacetamide sodium topical cleanser, gel	1 or 1b*	
sulfacetamide sodium topical shampoo	1 or 1b*	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST; QL
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST; QL
SYNALAR TOPICAL CREAM	3	ST; QL
SYNALAR TOPICAL OINTMENT	3	ST; QL
SYNALAR TOPICAL SOLUTION	3	ST; QL
TACLONEX TOPICAL OINTMENT	3	
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP

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

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Drug Name	Tier	Notes
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR	4	PA; QL; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tazarotene topical cream	1 or 1b*	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL CREAM 0.1 %	3	
TAZORAC TOPICAL GEL	2	
TEMOVATE TOPICAL CREAM	3	ST; QL
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TETRIX TOPICAL CREAM	3	
TEXACORT TOPICAL SOLUTION	3	ST; QL
THERAPEVO TOPICAL GEL	3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT	3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE	3	
tis-u-sol pentalyte irrigation irrigation solution	1 or 1b*	
TOPICORT TOPICAL CREAM	3	ST; QL
TOPICORT TOPICAL GEL	3	ST; QL
TOPICORT TOPICAL OINTMENT	3	ST; QL
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
tretinoin (emollient) topical cream	1 or 1b*	PA; QL
tretinoin microspheres topical gel	1 or 1b*	PA; QL
tretinoin microspheres topical gel with pump	1 or 1b*	PA; QL
tretinoin topical cream	1 or 1b*	PA; QL
tretinoin topical gel	1 or 1b*	PA; QL
TRETIN-X TOPICAL CREAM 0.075 %	3	PA; QL

Drug Name	Tier	Notes
triamcinolone acetonide topical aerosol	1 or 1a*	ST; QL
triamcinolone acetonide topical cream	1 or 1a*	
triamcinolone acetonide topical lotion	1 or 1a*	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
TRIANEX TOPICAL OINTMENT	3	ST; QL
TRICHLOROACETIC ACID TOPICAL RECON SOLN 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 85 %, 90 %	3	
triderm topical cream 0.1 %	1 or 1a*	
triderm topical cream 0.5 %	1 or 1a*	ST; QL
TRI-LUMA TOPICAL CREAM	3	
ULTRAVATE TOPICAL CREAM	3	ST; QL
ULTRAVATE TOPICAL LOTION	3	ST; QL
ULTRAVATE TOPICAL OINTMENT	3	ST; QL
UREA NAIL STICK TOPICAL SOLUTION	3	
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1 or 1b*	
urea topical foam	1 or 1b*	
urea topical gel 45 %	1 or 1b*	
UREA TOPICAL LOTION 40 %	3	
VANIQA TOPICAL CREAM	3	
VANOS TOPICAL CREAM	3	ST; QL
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION	3	
VECTICAL TOPICAL OINTMENT	3	
VELTIN TOPICAL GEL	3	ST; QL
VITRASE INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes
VOLTAREN TOPICAL GEL	3	ST; QL
water for irrigation, sterile irrigation solution	1 or 1b*	
XCLAIR TOPICAL CREAM	3	
zenatane oral capsule	2	PA; QL; CTT1
ZIANA TOPICAL GEL	3	ST; QL
ZONALON TOPICAL CREAM	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	ST; QL
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL; \$0
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	PA; QL; \$0
CHANTIX ORAL TABLET	3	PA; QL; \$0
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	PA; QL; \$0
NICOTROL INHALATION CARTRIDGE	3	PA; QL; \$0
NICOTROL NS NASAL SPRAY, NON-AEROSOL	3	PA; QL; \$0
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL; \$0
THYROID PREPS		
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
EUTHYROX ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
levothyroxine intravenous recon soln 100 mcg, 500 mcg	1 or 1a*	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 200 MCG	3	

Drug Name	Tier	Notes
levothyroxine oral tablet	1 or 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 or 1a*	
liothyronine intravenous solution	1 or 1b*	
liothyronine oral tablet	1 or 1b*	
methimazole oral tablet 10 mg, 5 mg	1 or 1a*	
NATURE-THROID ORAL TABLET	3	
np thyroid oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
SYNTHROID ORAL TABLET	2	
TAPAZOLE ORAL TABLET	3	
THYROGEN INTRAMUSCULAR RECON SOLN	3	LD; SP
thyroid (pork) oral tablet	1 or 1a*	
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
WP THYROID ORAL TABLET	3	

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

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Drug Name	Tier	Notes
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet,delayed release (dr/ec)	1 or 1b*	
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	
ADAGEN INTRAMUSCULAR SOLUTION	4	LD
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; QL; SP
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	
alfuzosin oral tablet extended release 24 hr	1 or 1b*	
ALLER EX-VENOM-MIX VESPID PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-MIX VESPID PROT SUBCUTANEOUS RECON SOLN	3	
ALLER EX-VENOM-WHT HORNET PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-YLW HORNET PROT INJECTION RECON SOLN	3	
ALLER EX-VENOM-YLW JACKET PROT INJECTION RECON SOLN	3	
ALLERGEN EXT-VENOM-HONEY BEE INJECTION RECON SOLN	3	
ALLERGEN EX-VENOM-WASP PROTEIN INJECTION RECON SOLN	3	
amifostine crystalline intravenous recon soln	1 or 1b*	SP

Drug Name	Tier	Notes
ANTABUSE ORAL TABLET	3	
APLIGRAF TOPICAL DISK	3	
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	3	
ARALAST NP INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AVODART ORAL CAPSULE	3	
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	PA; QL
BALSAM PERU-CASTOR OIL TOPICAL OINTMENT	3	
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; QL; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; QL; SP
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
BERINERT INTRAVENOUS KIT	4	PA; QL; LD
BINOSTO ORAL TABLET, EFFERVESCENT	3	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
BONIVA INTRAVENOUS SYRINGE	4	
BONIVA ORAL TABLET	3	ST; QL
BPCO TOPICAL OINTMENT	3	

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

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Drug Name	Tier	Notes
BRIDION INTRAVENOUS SOLUTION	3	
BRISDELLE ORAL CAPSULE	3	
BUNAVAIL BUCCAL FILM	3	QL
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual film	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
BUTYLATED HYDROXYTOLUENE POWDER	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	PA; QL
CAPHOSOL MUCOUS MEMBRANE SOLUTION	3	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; QL; LD
CARNITOR (SUGAR- FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	PA; QL
CELLULOSE (BULK) POWDER	3	
CERDELGA ORAL CAPSULE	4	PA; QL; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; QL; SP
CHEMET ORAL CAPSULE	3	PA; QL
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	

Drug Name	Tier	Notes
CIALIS ORAL TABLET	3	PA; QL
cinacalcet oral tablet	4	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
CONCEPTION KIT	3	
CRYOSERV SOLUTION	3	
CUROSURF INTRATRACHEAL SUSPENSION	3	
CYANOKIT INTRAVENOUS RECON SOLN	3	
CYSTADANE ORAL POWDER	3	LD
CYSTAGON ORAL CAPSULE	4	LD
darifenacin oral tablet extended release 24 hr	1 or 1b*	
DEBACTEROL MUCOUS MEMBRANE SOLUTION	3	
DEBACTEROL MUCOUS MEMBRANE SWAB	3	
deferisirox oral tablet, dispersible	4	PA; QL; SP
deferroxamine injection recon soln	4	PA; QL; SP
DERMAGRAFT TOPICAL SHEET	3	
DERMULCERA TOPICAL OINTMENT	3	
DESFERAL INJECTION RECON SOLN	4	PA; QL; SP
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL
dexrazoxane hcl intravenous recon soln	1 or 1b*	SP
DIGIFAB INTRAVENOUS RECON SOLN	3	
DILUENT FOR EPOPROSTENOL/FLOL A INTRAVENOUS SOLUTION	3	LD
DILUENT FOR TREPROSTINIL (GLY) INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
disulfiram oral tablet	1 or 1b*	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST; QL
doxercalciferol intravenous solution	1 or 1b*	PA; QL
doxercalciferol oral capsule	1 or 1b*	PA; QL
doxycycline hyclate oral tablet 20 mg	1 or 1b*	
DUODOTE INTRAMUSCULAR PEN INJECTOR	3	
dutasteride oral capsule	1 or 1b*	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	
EDEX INTRACAVERNOSAL KIT	3	PA; QL
ELAPRASE INTRAVENOUS SOLUTION	4	PA; QL
ELELYSO INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
ELLIOTTS B (PF) INTRATHECAL SOLUTION	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
ENDOFORM FENESTRATED TOPICAL SHEET	3	
ENDOFORM TOPICAL SHEET 2 X 2 ", 4 X 5 "	3	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3	
ESBRIET ORAL CAPSULE	4	PA; QL; LD; SP
ESBRIET ORAL TABLET	4	PA; QL; LD; SP
ETHYL ACETATE LIQUID	3	
ETHYOL INTRAVENOUS RECON SOLN	3	QL; SP
etidronate disodium oral tablet	1 or 1b*	

Drug Name	Tier	Notes
EUCALYPTUS FLAVOR OIL	3	
EVENITY SUBCUTANEOUS SYRINGE	4	PA; QL; SP
EVISTA ORAL TABLET	3	
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; QL; SP
EXONDYS 51 INTRAVENOUS SOLUTION	4	PA; QL; LD
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; QL; SP
FERRIPROX ORAL SOLUTION	4	PA; QL; LD
FERRIPROX ORAL TABLET	4	PA; QL; LD
finasteride oral tablet	1 or 1b*	
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; QL; SP
flavoxate oral tablet	1 or 1b*	
FLOMAX ORAL CAPSULE	3	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET	2	
FUSILEV INTRAVENOUS RECON SOLN	3	PA; QL
GALAFOLD ORAL CAPSULE	4	PA; QL; SP
GALZIN ORAL CAPSULE	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; QL

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

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Drug Name	Tier	Notes
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; QL
GELX MUCOUS MEMBRANE GEL	3	
GLASSIA INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
HECTOROL INTRAVENOUS SOLUTION	3	PA; QL
HYLENEX INJECTION SOLUTION	3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
ibandronate intravenous solution	1 or 1b*	
ibandronate intravenous syringe	4	
ibandronate oral tablet	1 or 1b*	ST; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
INFASURF INTRATRACHEAL SUSPENSION	3	
JADENU ORAL TABLET	4	PA; QL; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; QL; SP
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
KALYDECO ORAL GRANULES IN PACKET 25 MG	4	PA; QL; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	4	PA; QL; LD; SP
KALYDECO ORAL TABLET	4	PA; QL; LD; SP
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
KERAMATRIX TOPICAL SHEET	3	
KEVEYIS ORAL TABLET	4	PA; QL; LD
KHAPZORY INTRAVENOUS RECON SOLN	3	SP
KUVAN ORAL POWDER IN PACKET	4	PA; QL; LD; SP
KUVAN ORAL TABLET,SOLUBLE	4	PA; QL; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium injection solution 10 mg/ml	1 or 1b*	SP
leucovorin calcium oral tablet	1 or 1b*	
levocarnitine (with sugar) oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	3	PA; QL
levoleucovorin calcium intravenous recon soln 50 mg	1 or 1b*	PA; QL
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION	3	
LUCEMYRA ORAL TABLET	3	
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; QL; SP
LUTATHERA INTRAVENOUS SOLUTION	3	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; DO; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	

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

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Drug Name	Tier	Notes
MEPSEVII INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
mesna intravenous solution	1 or 1b*	PA; QL
MESNEX INTRAVENOUS SOLUTION	3	PA; QL
MESNEX ORAL TABLET	2	PA; QL
METASTRON INTRAVENOUS SOLUTION	3	
METHOCEL E 4 M POWDER	3	
methylene blue (antidote) intravenous solution	1 or 1b*	
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	
miglustat oral capsule	4	PA; QL; SP
MUGARD MUCOUS MEMBRANE SOLUTION	3	
MURI-LUBE OIL	3	
MUSE INTRA- URETHRAL SUPPOSITORY	3	PA; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
nebusal inhalation solution for nebulization 3 %	1 or 1b*	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
NEXAVIR INJECTION SOLUTION	3	
NITHIODOE INTRAVENOUS SOLUTION	3	
NITYR ORAL TABLET	4	PA; QL; LD
NUMOISYN MUCOUS MEMBRANE LIQUID	3	
NUMOISYN MUCOUS MEMBRANE LOZENGE	3	

Drug Name	Tier	Notes
NUSURGEPAK SURGICAL PREP TOPICAL KIT	3	
OFEV ORAL CAPSULE	4	PA; QL; LD; SP
ONPATTRO INTRAVENOUS SOLUTION	4	PA; QL
oralone dental paste	1 or 1b*	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
ORFADIN ORAL CAPSULE	4	PA; QL; LD
ORFADIN ORAL SUSPENSION	4	PA; QL; LD
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL; SP
ORKAMBI ORAL TABLET	4	PA; QL; LD; SP
OSPHENA ORAL TABLET	3	PA; QL
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
pamidronate intravenous recon soln	4	SP
pamidronate intravenous solution	4	SP
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	
PAPAV-PHENTOLAM- ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	
PAPAV- PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	PA; QL
paricalcitol intravenous solution	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
paricalcitol oral capsule	1 or 1b*	PA; QL
paroex oral rinse mucous membrane mouthwash	1 or 1a*	
paroxetine mesylate(menop.sym) oral capsule	1 or 1b*	
PARSABIV INTRAVENOUS SOLUTION	4	PA; QL
PENTETATE CALCIUM TRISODIUM INTRAVENOUS SOLUTION	3	
PENTETATE ZINC TRISODIUM INTRAVENOUS SOLUTION	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
periogard mucous membrane mouthwash	1 or 1a*	
PH 12 DILUENT FOR FLOLAN INTRAVENOUS SOLUTION	3	LD
PRALIDOXIME INTRAMUSCULAR PEN INJECTOR	3	
PROBUPHINE SUBDERMAL IMPLANT	3	PA; QL
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST; QL; LD; SP
PROLASTIN-C INTRAVENOUS RECON SOLN	4	PA; QL; LD
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; QL; LD
PROLIA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PROPECIA ORAL TABLET	3	
PROSCAR ORAL TABLET	3	
PROTHELIAL MUCOUS MEMBRANE PASTE	3	
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	

Drug Name	Tier	Notes
PROVAYBLUE INTRAVENOUS SOLUTION	3	
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	4	SP
Q-CARE RX Q2 KIT	3	
Q-CARE RX Q4 KIT	3	
QUADRAMET INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
raloxifene oral tablet	1 or 1b*	\$0
RAPAFLO ORAL CAPSULE	3	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL
RECLAST INTRAVENOUS PIGGYBACK	4	PA; QL; SP
REVCovi INTRAMUSCULAR SOLUTION	4	PA; QL
risedronate oral tablet	1 or 1b*	
risedronate oral tablet, delayed release (dr/ec)	1 or 1b*	
RUCONEST INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET	3	
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
SENSIPAR ORAL TABLET	4	PA; QL
sildenafil oral tablet	1 or 1b*	PA; QL
silodosin oral capsule	1 or 1b*	
sodium chlor 0.9% bacteriostat injection solution	1 or 1b*	

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

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Drug Name	Tier	Notes
sodium chloride inhalation solution for nebulization	1 or 1b*	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM SUCCINATE POWDER	3	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*	
solifenacin oral tablet	1 or 1b*	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	4	PA; QL; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL; LD; SP
SORBITOL SOLUTION 70 %	3	
STERILE TALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION	3	
sterile water for injection injection solution	1 or 1b*	
STERITALC INTRAPLEURAL AEROSOL POWDER	3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION	3	
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; QL; LD
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LD; SP
SUBOXONE SUBLINGUAL FILM	3	QL
SURFAXIN INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; QL; SP

Drug Name	Tier	Notes
SYPRINE ORAL CAPSULE	3	PA; QL; SP
tadalafil oral tablet	1 or 1b*	PA; QL
tamsulosin oral capsule	1 or 1b*	
TAVALISSE ORAL TABLET	4	PA; QL
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; QL; SP
THIOLA ORAL TABLET	3	PA; QL
tolterodine oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral tablet	1 or 1b*	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	SP
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetonide dental paste	1 or 1b*	
trientine oral capsule	1 or 1b*	PA; QL; SP
tropium oral capsule,extended release 24hr	1 or 1b*	
tropium oral tablet	1 or 1b*	
TYBOST ORAL TABLET	3	
TYSABRI INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
vardenafil oral tablet	1 or 1b*	PA; QL
vardenafil oral tablet,disintegrating	1 or 1b*	PA; QL
VESICARE ORAL TABLET	3	ST; QL
VIAGRA ORAL TABLET	3	PA; QL
VIMIZIM INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
VISTOGARD ORAL GRANULES IN PACKET	3	PA; QL; LD
VISUDYNE INTRAVENOUS RECON SOLN	4	SP

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

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Drug Name	Tier	Notes
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	SP
VORAXAZE INTRAVENOUS RECON SOLN	3	
VPRIV INTRAVENOUS RECON SOLN	4	PA; QL; SP
VYنداQEL ORAL CAPSULE	4	SP
water for inject, bacteriostat injection solution	1 or 1b*	
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL, SPRAY	3	
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
XIAFLEX INJECTION RECON SOLN	4	PA; QL; LD
XOFIGO INTRAVENOUS SOLUTION	3	PA; QL
YELLOW JACKET VENOM INJECTION RECON SOLN	3	
ZAVESCA ORAL CAPSULE	4	PA; QL; LD; SP
ZEMAIRA INTRAVENOUS RECON SOLN	4	PA; QL; LD; SP
ZEMPLAR INTRAVENOUS SOLUTION	3	PA; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA; QL
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	SP
zoledronic acid intravenous recon soln	1 or 1b*	PA; QL; SP
zoledronic acid intravenous solution	1 or 1b*	PA; QL; SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	SP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	4	SP
ZUBSOLV SUBLINGUAL TABLET	3	QL
VITAMINS		
AQUASOL A INTRAMUSCULAR SOLUTION	3	
ASCOR INTRAVENOUS SOLUTION	3	
ascorbic acid (vitamin c) injection solution	1 or 1b*	
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	1 or 1b*	PA; QL
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
DRISDOL ORAL CAPSULE	3	
ergocalciferol (vitamin d2) oral capsule 50,000 unit	1 or 1a*	
folic acid injection solution	1 or 1a*	
folic acid oral tablet 1 mg	1 or 1a*	
hydroxocobalamin intramuscular solution	1 or 1b*	
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
M.V.I. ADULT INTRAVENOUS SOLUTION	3	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN	3	
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION	3	
MEPHYTON ORAL TABLET	3	

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

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Drug Name	Tier	Notes
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	
niacin oral tablet 500 mg	1 or 1b*	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	
phytonadione (vitamin k1) oral tablet 5 mg	1 or 1b*	
pyridoxine (vitamin b6) injection solution	1 or 1b*	
ROCALTROL ORAL CAPSULE	3	PA; QL
ROCALTROL ORAL SOLUTION	3	PA; QL
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
vitamin d2 oral capsule	1 or 1a*	
vitamin k injection solution	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	

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

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Most plans include our convenient home delivery program at no extra cost to you. Find out more at anthem.com or call:

CO - 866-297-1011
CT - 866-281-2966
GA - 866-281-4654
IN - 866-216-4207
ME - 866-217-2328
KY - 866-216-4540

MO - 866-216-4766
NH - 866-217-2657
NV - 866-297-1012
OH - 866-216-5449
VA - 866-281-4279
WI - 866-216-5548

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

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

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

Speech and hearing impaired (TDD/TTY) users

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



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Get help in your language

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

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

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Arabic

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

Armenian

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

Farsi

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

French

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

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

Navajo

Bee ná ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bécsh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bécsh bee hane'í bikáá' áá'j' hodiilnih. (TTY/TDD: 711)

It's important we treat you fairly

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