

# Traditional Open Drug List

## Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. To find out more, view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [empireblue.com](http://empireblue.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 [empireblue.com/pharmacyinformation](http://empireblue.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.

## Traditional Open Drug List

### What is a drug list?

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

### Is this a complete listing of all covered drugs?

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

### How can I find a drug on the list?

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

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

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

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

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

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

### How will I know 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 [empireblue.com](http://empireblue.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 [empireblue.com](http://empireblue.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 [empireblue.com](http://empireblue.com).

### **Does my plan cover preventive drugs?**

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

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

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

## **KEY**

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

# Traditional Open Drug List

## Three-Tier

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Three-Tier

CURRENT AS OF 5/15/2023

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

Drug Name	Tier	Notes
<b>*AMPHETAMINE MIXTURES***</b>		
<b>ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG</b>	3	ST; DO
<b>ADDERALL ORAL TABLET 20 MG, 30 MG</b>	3	ST; QL
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG</b>	3	ST; DO
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG</b>	3	ST; QL
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
<b>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	2	PA; QL
<b>*AMPHETAMINES***</b>		
<b>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE</b>	3	ST; QL
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
<b>DESOXYN ORAL TABLET</b>	3	ST; QL
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG</b>	3	ST; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO
<b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE</b>	3	ST; QL
<b>DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG</b>	3	ST; DO
<b>DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG</b>	3	ST; QL
<b>EVEKEO ODT ORAL TABLET DISPERSIBLE</b>	3	ST; QL
<b>EVEKEO ORAL TABLET 10 MG</b>	3	PA; QL
<b>EVEKEO ORAL TABLET 5 MG</b>	3	PA; DO
methamphetamine hcl oral tablet	3	ST; QL
procentra oral solution	1 or 1b*	PA; QL
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG</b>	2	PA; QL
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG</b>	2	PA; DO
<b>VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG</b>	2	PA; QL
<b>XELSTRYM TRANSDERMAL PATCH</b>	3	ST; QL
zenedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
<b>*ANALEPTICS***</b>		
caffeine citrate intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
caffeine citrate oral solution	1 or 1b*	
<b>DOPRAM INTRAVENOUS SOLUTION</b>	3	
<b>*ANOREXIANT COMBINATIONS***</b>		
<b>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	PA; QL
<b>*ANOREXIANTS NON-AMPHETAMINE***</b>		
<b>ADIPEX-P ORAL CAPSULE</b>	3	PA; QL
<b>ADIPEX-P ORAL TABLET</b>	3	PA; QL
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; QL
<b>LOMAIRA ORAL TABLET</b>	3	PA; QL
<b>PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine hcl oral capsule	1 or 1b*	PA; QL
phentermine hcl oral tablet	1 or 1b*	PA; QL
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***</b>		
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; QL
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	2	PA; QL
<b>*ANTI-OBESITY AGENT COMBINATIONS**</b>		
<b>CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; QL

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



Drug Name	Tier	Notes
<b>*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***</b>		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO
<b>*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***</b>		
WAKIX ORAL TABLET 17.8 MG	3	PA; SP; QL
WAKIX ORAL TABLET 4.45 MG	3	PA; DO; SP
<b>*LIPASE INHIBITORS***</b>		
orlistat oral capsule	1 or 1b*	PA; QL
XENICAL ORAL CAPSULE	3	PA; QL
<b>*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS***</b>		
IMCIVREE SUBCUTANEOUS SOLUTION	3	PA; QL
<b>*STIMULANT COMBINATIONS***</b>		
AZSTARYS ORAL CAPSULE	3	ST; QL
<b>*STIMULANTS - MISC.***</b>		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG	3	ST; QL
armodafinil oral tablet	1 or 1b*	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	3	ST; QL

Drug Name	Tier	Notes
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR	3	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg	1 or 1b*	ST; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg	1 or 1b*	ST; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG	3	ST; QL
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG	3	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG	3	ST; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	ST; DO
METHYLIN ORAL SOLUTION	3	ST; QL

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

Effective 05152023

Drug Name	Tier	Notes
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (1a) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO
methylphenidate hcl er (1a) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	1 or 1b*	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	3	ST; QL
<b>METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG</b>	3	ST; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO

Drug Name	Tier	Notes
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	1 or 1b*	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	1 or 1b*	ST; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
<b>NUVIGIL ORAL TABLET</b>	3	PA; QL
<b>PROVIGIL ORAL TABLET 100 MG</b>	3	PA; DO
<b>PROVIGIL ORAL TABLET 200 MG</b>	3	PA; QL
<b>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG</b>	3	ST; DO
<b>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG</b>	3	ST; QL
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</b>	3	ST; QL
<b>RELEXXII ORAL TABLET EXTENDED RELEASE</b>	3	ST; QL
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG</b>	3	ST; DO
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG</b>	3	ST; QL
<b>RITALIN ORAL TABLET 10 MG, 5 MG</b>	3	ST; DO
<b>RITALIN ORAL TABLET 20 MG</b>	3	ST; QL
<b>*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*</b>		
<b>*ALLERGENIC EXTRACTS***</b>		
<b>ACACIA SUBCUTANEOUS SOLUTION</b>	3	
<b>ALDER SUBCUTANEOUS SOLUTION</b>	3	

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

Effective 05152023

Drug Name	Tier	Notes
alternaria alternata injection solution	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BOTRYTIS CINEREA INJECTION SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
EPICOCUM NIGRUM INJECTION SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
HACKBERRY SUBCUTANEOUS 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
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) INJECTION SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; SP; QL
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; SP; QL
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; SP; QL
PALFORZIA INITIAL ESCALATION ORAL	3	PA; SP; QL
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PERENNIAL RYE GRASS POLLEN 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
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT 120 MCG	3	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED	3	
VENOMIL WASP VENOM INJECTION KIT	3	
VENOMIL WHITE FACED HORNET INJECTION KIT	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS 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
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG	3	
<b>*MIXED ALLERGENIC EXTRACTS***</b>		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	
<b>*AMEBICIDES*</b>		
<b>*AMEBICIDES***</b>		
SOLOSEC ORAL PACKET	3	PA; QL
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES***</b>		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION	3	PA; QL

Drug Name	Tier	Notes
BETHKIS INHALATION NEBULIZATION SOLUTION	3	SP; QL
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1 or 1b*	
gentamicin sulfate injection solution	1 or 1b*	
HUMATIN ORAL CAPSULE	3	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	3	SP; QL
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION	3	SP; QL
TOBI PODHALER INHALATION CAPSULE	3	LD; SP; QL
tobramycin inhalation nebulization solution	1 or 1b*	SP; QL
tobramycin sulfate injection solution	1 or 1b*	QL
tobramycin sulfate injection solution reconstituted	1 or 1b*	QL
ZEMDRI INTRAVENOUS SOLUTION	3	
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG	3	PA; SP; QL
OLUMIANT ORAL TABLET 4 MG	3	PA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; SP; QL
XELJANZ ORAL SOLUTION	3	PA; SP; QL
XELJANZ ORAL TABLET	3	PA; SP; 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
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; SP; QL
<b>*ANTIRHEUMATIC ANTIMETABOLITES***</b>		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; SP; QL
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; SP; QL
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	3	PA; QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	3	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL

Drug Name	Tier	Notes
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA; SP; QL
HUMIRA PEN-PSOR/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	3	PA; SP; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA; SP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
<b>*GOLD COMPOUNDS***</b>		
RIDAURA ORAL CAPSULE	2	QL
<b>*INTERLEUKIN-1 BLOCKERS***</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; SP; QL
<b>*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL

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

Drug Name	Tier	Notes
<b>*INTERLEUKIN-1BETA BLOCKERS***</b>		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LD; SP; QL
<b>*INTERLEUKIN-6 RECEPTOR INHIBITORS***</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
ACTEMRA INTRAVENOUS SOLUTION	3	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***</b>		
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	ST; QL
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
DUEXIS ORAL TABLET	3	ST; QL
ibuprofen-famotidine oral tablet	3	ST; QL
NAPROTIN COMBINATION KIT	3	
naproxen-esomeprazole mg oral tablet delayed release	3	ST; QL
VIMOVO ORAL TABLET DELAYED RELEASE	3	ST; QL
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
ANAPROX DS ORAL TABLET	3	QL

Drug Name	Tier	Notes
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
DAYPRO ORAL TABLET	3	QL
diclofenac potassium oral capsule	3	ST; QL
diclofenac potassium oral tablet 25 mg	3	ST; QL
diclofenac potassium oral tablet 50 mg	1 or 1b*	QL
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	3	ST
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
FELDENE ORAL CAPSULE	3	QL
FENOPROFEN CALCIUM ORAL CAPSULE 200 MG	3	ST; QL
fenopropfen calcium oral capsule 400 mg	3	ST; QL
fenopropfen calcium oral tablet	3	ST; QL
flurbiprofen oral tablet	1 or 1b*	QL
ibu oral tablet	1 or 1a*	QL
ibuprofen lysine intravenous solution	1 or 1b*	
ibuprofen oral suspension	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
INDOCIN ORAL SUSPENSION	3	ST; QL
INDOCIN RECTAL SUPPOSITORY	3	ST; QL
indomethacin er oral capsule extended release	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
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin sodium intravenous solution reconstituted	1 or 1b*	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL
ketoprofen oral capsule 25 mg, 50 mg	3	ST; QL
ketorolac tromethamine injection solution 15 mg/ml	1 or 1b*	QL
<b>KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML</b>	1 or 1b*	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1 or 1b*	QL
<b>KETOROLAC TROMETHAMINE NASAL SOLUTION</b>	3	ST; QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
<b>LODINE ORAL TABLET</b>	3	QL
lofena oral tablet	3	ST; QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral capsule	3	ST; QL
meloxicam oral suspension	3	ST; QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
<b>NALFON ORAL CAPSULE 400 MG</b>	3	ST; QL
<b>NALFON ORAL TABLET</b>	3	ST; QL
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	3	ST; QL
<b>NAPROSYN ORAL SUSPENSION</b>	3	QL
<b>NAPROSYN ORAL TABLET 500 MG</b>	3	ST; QL
naproxen oral suspension	3	ST; QL
naproxen oral tablet	1 or 1b*	QL
naproxen oral tablet delayed release	1 or 1b*	

Drug Name	Tier	Notes
naproxen sodium er oral tablet extended release 24 hour	3	ST; QL
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
<b>NEOPROFEN INTRAVENOUS SOLUTION</b>	3	
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
<b>RELAFEN DS ORAL TABLET</b>	3	ST; QL
<b>SPRIX NASAL SOLUTION</b>	3	ST; QL
sulindac oral tablet	1 or 1b*	QL
<b>ZIPSOR ORAL CAPSULE</b>	3	ST; QL
<b>ZORVOLEX ORAL CAPSULE</b>	3	ST; QL
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<b>OTEZLA ORAL TABLET</b>	3	PA; SP; QL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	3	PA; SP; QL
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
<b>ARAVAL ORAL TABLET</b>	3	QL
leflunomide oral tablet	1 or 1b*	QL
<b>*SELECTIVE COSTIMULATION MODULATORS***</b>		
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; QL
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; SP; 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
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP; QL
<b>*ANALGESICS - NONNARCOTIC*</b>		
<b>*ANALGESICS OTHER***</b>		
acetaminophen intravenous solution	1 or 1b*	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
<b>*ANALGESICS- SEDATIVES***</b>		
ALLZITAL ORAL TABLET	3	QL
bac oral tablet	1 or 1b*	QL
bupap oral tablet 50-300 mg	3	QL
butalbital-acetaminophen oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet 50-300 mg	3	QL
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	1 or 1b*	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	3	QL
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
esgic oral capsule	3	QL
ESGIC ORAL TABLET	3	QL
FIORICET ORAL CAPSULE	3	QL
tencon oral tablet 50-325 mg	1 or 1b*	QL
zebutal oral capsule 50-325- 40 mg	3	QL

Drug Name	Tier	Notes
<b>*SALICYLATE COMBINATIONS***</b>		
sm aspirin tri-buffered oral tablet	1 or 1b*	\$0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	\$0
<b>*SALICYLATES***</b>		
adult aspirin regimen oral tablet delayed release	1 or 1a*	\$0
aspirin 81 oral tablet chewable	1 or 1a*	\$0
aspirin 81 oral tablet delayed release	1 or 1a*	\$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	\$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
aspirin childrens oral tablet chewable	1 or 1a*	\$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
aspirin low dose oral tablet chewable	1 or 1a*	\$0
aspirin low dose oral tablet delayed release	1 or 1a*	\$0
aspirin oral tablet 325 mg	1 or 1a*	\$0
aspirin oral tablet chewable	1 or 1a*	\$0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	\$0
aspirin regimen oral tablet delayed release	1 or 1a*	\$0
bayer advanced aspirin reg st oral tablet	1 or 1a*	\$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0
bayer aspirin oral tablet	1 or 1a*	\$0
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE</b>	1 or 1a*	\$0
bayer low dose oral tablet chewable	1 or 1a*	\$0
bayer low dose oral tablet delayed release	1 or 1a*	\$0
childrens aspirin oral tablet chewable	1 or 1a*	\$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
cvx aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
cvx aspirin ec oral tablet delayed release 81 mg	1 or 1a*	\$0
cvx aspirin low dose oral tablet delayed release	1 or 1a*	\$0
cvx aspirin low strength oral tablet delayed release	1 or 1a*	\$0
cvx aspirin oral tablet 325 mg	1 or 1a*	\$0
cvx genuine aspirin oral tablet	1 or 1a*	\$0
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*	\$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	\$0
eq aspirin low dose oral tablet chewable	1 or 1a*	\$0
eq aspirin oral tablet	1 or 1a*	\$0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	\$0
eql aspirin low dose oral tablet chewable	1 or 1a*	\$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	\$0
genuine aspirin oral tablet	1 or 1a*	\$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	\$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	\$0
gnp aspirin oral tablet 325 mg	1 or 1a*	\$0
gnp aspirin oral tablet delayed release	1 or 1a*	\$0
goodsense aspirin adults oral tablet	1 or 1a*	\$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	\$0
goodsense aspirin oral tablet	1 or 1a*	\$0
goodsense aspirin oral tablet chewable	1 or 1a*	\$0
goodsense aspirin oral tablet delayed release	1 or 1a*	\$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	\$0
hm adult aspirin oral tablet	1 or 1a*	\$0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	\$0

Drug Name	Tier	Notes
hm aspirin ec oral tablet delayed release	1 or 1a*	\$0
hm aspirin oral tablet delayed release	1 or 1a*	\$0
kls aspirin low dose oral tablet delayed release	1 or 1a*	\$0
kp aspirin oral tablet delayed release	1 or 1a*	\$0
meijer aspirin ec oral tablet delayed release	1 or 1a*	\$0
mm aspirin oral tablet delayed release	1 or 1a*	\$0
px aspirin oral tablet	1 or 1a*	\$0
px aspirin oral tablet chewable	1 or 1a*	\$0
px enteric aspirin oral tablet delayed release	1 or 1a*	\$0
qc aspirin low dose oral tablet chewable	1 or 1a*	\$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	\$0
qc aspirin oral tablet	1 or 1a*	\$0
qc aspirin oral tablet delayed release	1 or 1a*	\$0
qc childrens aspirin oral tablet chewable	1 or 1a*	\$0
qc enteric aspirin oral tablet delayed release	1 or 1a*	\$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	\$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	\$0
ra aspirin childrens oral tablet chewable	1 or 1a*	\$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	\$0
ra aspirin ec oral tablet delayed release	1 or 1a*	\$0
ra aspirin oral tablet 325 mg	1 or 1a*	\$0
ra pain relief aspirin oral tablet	1 or 1a*	\$0
sb aspirin ec oral tablet delayed release	1 or 1a*	\$0
sb aspirin oral tablet	1 or 1a*	\$0
sb childrens aspirin oral tablet chewable	1 or 1a*	\$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	\$0

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

Drug Name	Tier	Notes
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	\$0
sm aspirin ec oral tablet delayed release	1 or 1a*	\$0
sm aspirin low dose oral tablet chewable	1 or 1a*	\$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	\$0
sm aspirin oral tablet	1 or 1a*	\$0
sm childrens aspirin oral tablet chewable	1 or 1a*	\$0
st joseph aspirin oral tablet delayed release	1 or 1a*	\$0
st joseph low dose oral tablet chewable	1 or 1a*	\$0
st joseph low dose oral tablet delayed release	1 or 1a*	\$0
<b>*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS***</b>		
<b>PRIALT INTRATHECAL SOLUTION</b>	3	PA
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	3	QL
<b>*DIHYDROCODEINE COMBINATIONS***</b>		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*HYDROCODONE COMBINATIONS***</b>		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
<b>*OPIOID AGONISTS***</b>		
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE</b>	3	PA; QL
<b>CODEINE SULFATE ORAL TABLET 15 MG, 60 MG</b>	3	QL
codeine sulfate oral tablet 30 mg	1 or 1b*	QL
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	PA; QL
<b>DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML</b>	3	QL
<b>DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML</b>	3	QL
<b>DILAUDID ORAL LIQUID</b>	3	QL
<b>DILAUDID ORAL TABLET</b>	3	QL
<b>DSUVIA SUBLINGUAL TABLET SUBLINGUAL</b>	3	
duramorph injection solution	1 or 1b*	QL
<b>FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML</b>	1 or 1b*	
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
<b>FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML</b>	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) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
fentanyl citrate buccal tablet	1 or 1b*	PA; QL
<b>FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3	PA; QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL
hydromorphone hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	QL
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL
<b>HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML</b>	3	QL
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT</b>	3	PA; QL
<b>INFUMORPH 200 INJECTION SOLUTION</b>	3	QL
<b>INFUMORPH 500 INJECTION SOLUTION</b>	3	QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL

Drug Name	Tier	Notes
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
<b>METHADONE HCL INJECTION SOLUTION</b>	3	PA; QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	3	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
<b>METHADOSE SUGAR-FREE ORAL CONCENTRATE</b>	3	PA; QL
mitigo injection solution	1 or 1b*	QL
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
<b>MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</b>	3	QL
<b>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML</b>	3	
<b>MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</b>	3	QL
morphine sulfate er beads oral capsule extended release 24 hour	1 or 1b*	PA; QL
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
morphine sulfate er oral tablet extended release	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
<b>MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML</b>	3	QL
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; QL
<b>NUCYNTA ORAL TABLET</b>	3	QL
<b>OLINVYK INTRAVENOUS SOLUTION</b>	3	
<b>OXAYDO ORAL TABLET</b>	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	3	PA; QL
oxycodone hcl oral capsule	1 or 1b*	QL
oxycodone hcl oral concentrate 100 mg/5ml	1 or 1b*	QL
oxycodone hcl oral solution	1 or 1b*	QL
oxycodone hcl oral tablet	1 or 1b*	QL
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	3	PA; QL
oxymorphone hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
oxymorphone hcl oral tablet	1 or 1b*	QL
<b>QDOLO ORAL SOLUTION</b>	3	QL
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	3	QL
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG</b>	3	
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG</b>	3	QL

Drug Name	Tier	Notes
<b>SUBSYS SUBLINGUAL LIQUID</b>	3	PA; QL
<b>SUFENTANIL CITRATE INTRAVENOUS SOLUTION</b>	1 or 1b*	
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	1 or 1b*	PA; QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1 or 1b*	PA; QL
tramadol hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
<b>TRAMADOL HCL ORAL SOLUTION</b>	3	QL
tramadol hcl oral tablet	1 or 1b*	QL
<b>ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT</b>	3	PA; QL
<b>*OPIOID COMBINATIONS***</b>		
<b>APADAZ ORAL TABLET</b>	3	QL
<b>BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET</b>	3	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
<b>NALOCET ORAL TABLET</b>	3	QL
<b>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML</b>	3	QL
<b>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML</b>	1 or 1b*	QL
<b>OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG</b>	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL

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

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Drug Name	Tier	Notes
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	3	QL
<b>PROLATE ORAL SOLUTION</b>	3	QL
<b>PROLATE ORAL TABLET</b>	3	QL
<b>*OPIOID PARTIAL AGONISTS***</b>		
<b>BELBUCA BUCCAL FILM</b>	3	PA; QL
<b>BUPRENEX INJECTION SOLUTION</b>	3	QL
buprenorphine hcl injection solution 0.3 mg/ml	1 or 1b*	QL
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal solution	1 or 1b*	QL
<b>BUTRANS TRANSDERMAL PATCH WEEKLY</b>	3	PA; QL
nalbuphine hcl injection solution	1 or 1b*	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
<b>SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
<b>SUBOXONE SUBLINGUAL FILM</b>	3	QL
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL</b>	3	QL
<b>*TRAMADOL COMBINATIONS***</b>		
<b>SEGLENTIS ORAL TABLET</b>	3	QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANABOLIC STEROIDS***</b>		
oxandrolone oral tablet	1 or 1b*	PA; QL
<b>*ANDROGENS***</b>		
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	3	PA; QL
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	3	PA; QL
<b>AVEED INTRAMUSCULAR SOLUTION</b>	3	PA; SP
danazol oral capsule	1 or 1b*	QL
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	1 or 1b*	PA
<b>FORTESTA TRANSDERMAL GEL</b>	3	PA; QL
<b>JATENZO ORAL CAPSULE</b>	3	PA; QL
<b>KYZATREX ORAL CAPSULE</b>	3	PA; QL
<b>METHITEST ORAL TABLET</b>	3	PA
methyltestosterone oral capsule	3	PA
<b>NATESTO NASAL GEL</b>	3	PA; QL
<b>TESTIM TRANSDERMAL GEL</b>	3	PA; QL
<b>TESTOPEL IMPLANT PELLET</b>	3	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL
testosterone transdermal solution	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
TLANDO ORAL CAPSULE	3	PA; QL
VOGELXO PUMP TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
budesonide rectal foam	1 or 1b*	QL
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	QL
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM	3	QL
<b>*NITRATE VASODILATING AGENTS***</b>		
RECTIV RECTAL OINTMENT	3	QL
<b>*RECTAL ANESTHETIC/STEROIDS***</b>		
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM	3	
<b>*RECTAL STEROIDS***</b>		
ANUSOL-HC EXTERNAL CREAM	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	

Drug Name	Tier	Notes
proctozone-hc external cream	1 or 1b*	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
albendazole oral tablet	1 or 1b*	PA; QL
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1 or 1b*	PA; QL
praziquantel oral tablet	1 or 1b*	
STROMEKTOL ORAL TABLET	3	PA; QL
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
ASPRUZYO SPRINKLE ORAL PACKET	3	PA; QL
ranolazine er oral tablet extended release 12 hour	1 or 1b*	QL
<b>*NITRATES***</b>		
GONITRO SUBLINGUAL PACKET	3	
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w 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
<b>NITROGLYCERIN INTRAVENOUS SOLUTION</b>	3	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	1 or 1b*	
<b>NITROLINGUAL TRANSLINGUAL SOLUTION</b>	3	
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL</b>	3	
<b>*ANTI ANXIETY AGENTS*</b>		
<b>*ANTI ANXIETY AGENTS - MISC.***</b>		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	
<b>VISTARIL ORAL CAPSULE</b>	3	
<b>*BENZODIAZEPINES***</b>		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE</b>	3	QL
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>ATIVAN INJECTION SOLUTION</b>	3	
<b>ATIVAN ORAL TABLET</b>	3	QL
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam injection solution 10 mg/2ml	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL
<b>DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR</b>	3	
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
<b>LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG</b>	3	ST; DO
<b>LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG</b>	3	ST; QL
oxazepam oral capsule	1 or 1b*	QL
<b>VALIUM ORAL TABLET</b>	3	QL
<b>XANAX ORAL TABLET</b>	3	QL
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG</b>	3	DO
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG</b>	3	QL
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS - MISC.***</b>		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	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
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
disopyramide phosphate oral capsule	1 or 1b*	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	2	
<b>NORPACE ORAL CAPSULE</b>	3	
procainamide hcl injection solution	1 or 1b*	
quinidine gluconate er oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
<b>*ANTIARRHYTHMICS TYPE I-B***</b>		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml	1 or 1b*	
<b>LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION</b>	3	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	1 or 1b*	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
flecainide acetate oral tablet	1 or 1b*	QL
propafenone hcl er oral capsule extended release 12 hour	1 or 1b*	
propafenone hcl oral tablet	1 or 1b*	
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	
<b>*ANTIARRHYTHMICS TYPE III***</b>		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>CORVERT INTRAVENOUS SOLUTION</b>	3	
dofetilide oral capsule	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*	
<b>MULTAQ ORAL TABLET</b>	3	QL
<b>NEXTERONE INTRAVENOUS SOLUTION</b>	3	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
<b>TIKOSYN ORAL CAPSULE</b>	3	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*5-LIPOXYGENASE INHIBITORS***</b>		
zileuton er oral tablet extended release 12 hour	3	PA; QL
<b>ZYFLO ORAL TABLET</b>	3	PA; QL
<b>*ADRENERGIC COMBINATIONS***</b>		
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	3	QL
<b>ADVAIR HFA INHALATION AEROSOL</b>	2	QL
<b>AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	ST; QL
<b>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	QL
<b>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	QL
<b>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	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
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	2	QL
<b>BEVESPI AEROSPHERE INHALATION AEROSOL</b>	3	ST; QL
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	2	QL
<b>BREZTRI AEROSPHERE INHALATION AEROSOL</b>	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION</b>	2	QL
<b>DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	ST; QL
<b>DULERA INHALATION AEROSOL</b>	3	ST; QL
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol	1 or 1b*	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1 or 1b*	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	2	QL
<b>SYMBICORT INHALATION AEROSOL</b>	2	QL
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>	2	QL

Drug Name	Tier	Notes
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL
<b>*ANTI-IGE MONOCLONAL ANTIBODIES***</b>		
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTI-INFLAMMATORY AGENTS***</b>		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
<b>*BETA ADRENERGICS***</b>		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	QL
<b>ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%</b>	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL
<b>BROVANA INHALATION NEBULIZATION SOLUTION</b>	3	QL
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL
isoproterenol hcl 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
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1 or 1b*	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION</b>	3	QL
<b>PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	3	ST; QL
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION</b>	3	ST; QL
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	2	QL
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION</b>	3	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION</b>	3	ST; QL
<b>XOPENEX HFA INHALATION AEROSOL</b>	3	ST; QL
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	2	QL
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>	3	ST; QL
ipratropium bromide inhalation solution	1 or 1b*	QL

Drug Name	Tier	Notes
<b>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION</b>	3	ST; QL
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION</b>	3	ST; QL
<b>SPIRIVA HANDIHALER INHALATION CAPSULE</b>	2	QL
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>	2	QL
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	3	ST; QL
<b>YUPELRI INHALATION SOLUTION</b>	3	ST; QL
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***</b>		
<b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	3	PA; SP; QL
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML</b>	3	PA; QL
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; 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
<b>*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***</b>		
CINQAIR INTRAVENOUS SOLUTION	3	PA; SP
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
ACCOLATE ORAL TABLET	3	QL
montelukast sodium oral packet	1 or 1b*	QL
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
SINGULAIR ORAL PACKET	3	QL
SINGULAIR ORAL TABLET	3	QL
SINGULAIR ORAL TABLET CHEWABLE	3	QL
zafirlukast oral tablet	1 or 1b*	QL
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
DALIRESP ORAL TABLET	3	PA; QL
roflumilast oral tablet	1 or 1b*	PA; QL
<b>*STEROID INHALANTS***</b>		
ALVESCO INHALATION AEROSOL SOLUTION	3	ST; QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL

Drug Name	Tier	Notes
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	ST; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST; QL
ASMANEX HFA INHALATION AEROSOL	3	ST; QL
budesonide inhalation suspension	1 or 1b*	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	2	QL
FLOVENT HFA INHALATION AEROSOL	2	QL
fluticasone propionate hfa inhalation aerosol	1 or 1b*	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
PULMICORT INHALATION SUSPENSION	3	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	QL
<b>*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS***</b>		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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
<b>TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>*XANTHINES***</b>		
aminophylline intravenous solution	1 or 1b*	
<b>ELIXOPHYLLIN ORAL ELIXIR</b>	1 or 1b*	QL
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	2	QL
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	QL
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL
theophylline oral elixir	1 or 1b*	QL
theophylline oral solution	1 or 1b*	QL
<b>*ANTICOAGULANTS*</b>		
<b>*COUMARIN ANTICOAGULANTS***</b>		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
<b>*DIRECT FACTOR XA INHIBITORS***</b>		
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL
<b>ELIQUIS ORAL TABLET</b>	2	QL
<b>SAVAYSA ORAL TABLET</b>	3	QL
<b>XARELTO ORAL SUSPENSION RECONSTITUTED</b>	2	QL
<b>XARELTO ORAL TABLET</b>	2	QL
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK</b>	2	QL
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
bd heparin posiflush intravenous solution	1 or 1b*	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/1-%	1 or 1b*	

Drug Name	Tier	Notes
<b>HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%</b>	3	
heparin na (pork) lock flsh pf intravenous solution	1 or 1b*	
<b>HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%</b>	1 or 1b*	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	1 or 1b*	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1 or 1b*	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1 or 1b*	
<b>HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1 or 1b*	
<b>HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML</b>	3	
<b>*IN VITRO/LOCK ANTICOAGULANT COMBINATIONS***</b>		
sodium citrate-gentamicin sulf intravenous solution	3	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
enoxaparin sodium injection solution	1 or 1b*	QL
enoxaparin sodium injection solution prefilled syringe	1 or 1b*	QL
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>	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
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
LOVENOX INJECTION SOLUTION	3	QL
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	QL
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
ARIXTRA SUBCUTANEOUS SOLUTION	3	QL
fondaparinux sodium subcutaneous solution	1 or 1b*	QL
<b>*THROMBIN INHIBITORS - HIRUDIN TYPE***</b>		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
<b>*THROMBIN INHIBITORS - SELECTIVE DIRECT &amp; REVERSIBLE***</b>		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	3	
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML	1 or 1b*	
ARGATROBAN INTRAVENOUS SOLUTION 50 MG/50ML	3	
dabigatran etexilate mesylate oral capsule	3	QL
PRADAXA ORAL CAPSULE	3	QL
PRADAXA ORAL PACKET	3	QL

Drug Name	Tier	Notes
<b>*ANTICONVULSANTS*</b>		
<b>*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***</b>		
FYCOMPA ORAL SUSPENSION	3	QL
FYCOMPA ORAL TABLET	3	QL
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
clobazam oral suspension	1 or 1b*	QL
clobazam oral tablet	1 or 1b*	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
DIASTAT ACUDIAL RECTAL GEL	3	ST; QL
DIASTAT PEDIATRIC RECTAL GEL	3	ST; QL
diazepam rectal gel	1 or 1b*	ST; QL
KLONOPIN ORAL TABLET	3	QL
NAYZILAM NASAL SOLUTION	3	PA; QL
ONFI ORAL SUSPENSION	3	QL
ONFI ORAL TABLET 10 MG, 20 MG	3	QL
SYMPAZAN ORAL FILM	3	QL
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	PA; QL
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL
<b>*ANTICONVULSANTS - MISC.***</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG	3	QL
BANZEL ORAL SUSPENSION	3	QL
BANZEL ORAL TABLET 200 MG	3	DO

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

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Drug Name	Tier	Notes
<b>BANZEL ORAL TABLET 400 MG</b>	3	QL
<b>BRIVIACT INTRAVENOUS SOLUTION</b>	3	
<b>BRIVIACT ORAL SOLUTION</b>	3	QL
<b>BRIVIACT ORAL TABLET</b>	3	QL
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	QL
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	QL
carbamazepine oral suspension	1 or 1b*	QL
carbamazepine oral tablet	1 or 1b*	QL
carbamazepine oral tablet chewable	1 or 1b*	QL
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	QL
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	3	PA; DO
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	3	PA; QL
<b>DIACOMIT ORAL PACKET 250 MG</b>	3	PA; DO
<b>DIACOMIT ORAL PACKET 500 MG</b>	3	PA; QL
<b>ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>EPIDIOLEX ORAL SOLUTION</b>	3	PA; SP
epitol oral tablet	1 or 1b*	QL
<b>EPRONTIA ORAL SOLUTION</b>	3	QL
<b>FINTEPLA ORAL SOLUTION</b>	3	PA; QL
gabapentin oral capsule	1 or 1b*	DO
gabapentin oral solution	1 or 1b*	QL
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	QL
<b>KEPPRA INTRAVENOUS SOLUTION</b>	3	
<b>KEPPRA ORAL SOLUTION</b>	3	QL

Drug Name	Tier	Notes
<b>KEPPRA ORAL TABLET 1000 MG</b>	3	QL
<b>KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG</b>	3	DO
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
lacosamide intravenous solution	1 or 1b*	
lacosamide oral solution	1 or 1b*	QL
lacosamide oral tablet	1 or 1b*	QL
<b>LAMICTAL ODT ORAL KIT</b>	3	QL
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG</b>	3	QL
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG</b>	3	DO
<b>LAMICTAL ORAL TABLET</b>	3	DO
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	3	QL
<b>LAMICTAL STARTER ORAL KIT</b>	3	QL
<b>LAMICTAL XR ORAL KIT</b>	3	QL
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	3	DO
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG</b>	3	QL
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable	1 or 1b*	QL

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

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Drug Name	Tier	Notes
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg	1 or 1b*	QL
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	1 or 1b*	QL
<b>LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML</b>	1 or 1b*	
<b>LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1500 MG/100ML, 500 MG/100ML</b>	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL
levetiracetam oral tablet 1000 mg	1 or 1b*	QL
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
<b>LYRICA ORAL CAPSULE</b>	3	QL
<b>LYRICA ORAL SOLUTION</b>	3	QL
<b>MYSOLINE ORAL TABLET</b>	3	QL
<b>NEURONTIN ORAL CAPSULE</b>	3	DO
<b>NEURONTIN ORAL SOLUTION</b>	3	QL
<b>NEURONTIN ORAL TABLET</b>	3	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	3	DO
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>	3	QL
pregabalin oral capsule	1 or 1b*	QL
pregabalin oral solution	1 or 1b*	QL
primidone oral tablet	1 or 1b*	QL
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 50 MG</b>	3	ST; QL
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG</b>	3	ST; DO
roweepira oral tablet 500 mg	1 or 1b*	DO
rufinamide oral suspension	1 or 1b*	QL
rufinamide oral tablet 200 mg	1 or 1b*	DO
rufinamide oral tablet 400 mg	1 or 1b*	QL
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	3	QL
subvenite oral tablet	1 or 1b*	DO
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
<b>TEGRETOL ORAL SUSPENSION</b>	3	QL
<b>TEGRETOL ORAL TABLET</b>	3	QL
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	QL
<b>TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3	DO
<b>TOPAMAX ORAL TABLET 200 MG</b>	3	QL
<b>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE</b>	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
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle 25 mg	1 or 1b*	DO
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 50 mg	1 or 1b*	QL
topiramate er oral capsule extended release 24 hour 25 mg	1 or 1b*	DO
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
topiramate oral tablet 200 mg	1 or 1b*	QL
<b>TRILEPTAL ORAL SUSPENSION</b>	3	QL
<b>TRILEPTAL ORAL TABLET</b>	3	QL
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 50 MG</b>	2	QL
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG</b>	2	DO
<b>VIMPAT INTRAVENOUS SOLUTION</b>	3	
<b>VIMPAT ORAL SOLUTION</b>	3	QL
<b>VIMPAT ORAL TABLET</b>	3	QL
<b>ZONEGRAN ORAL CAPSULE</b>	3	QL
<b>ZONISADE ORAL SUSPENSION</b>	3	QL
zonisamide oral capsule	1 or 1b*	QL
<b>ZTALMY ORAL SUSPENSION</b>	3	QL
<b>*CARBAMATES***</b>		
felbamate oral suspension	1 or 1b*	QL
felbamate oral tablet	1 or 1b*	QL
<b>FELBATOL ORAL SUSPENSION</b>	3	QL
<b>FELBATOL ORAL TABLET</b>	3	QL

Drug Name	Tier	Notes
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	3	QL
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	3	QL
<b>XCOPRI ORAL TABLET</b>	3	QL
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	3	QL
<b>*GABA MODULATORS***</b>		
<b>GABITRIL ORAL TABLET</b>	3	QL
<b>SABRIL ORAL PACKET</b>	3	LD; SP; QL
<b>SABRIL ORAL TABLET</b>	3	LD; SP; QL
tiagabine hcl oral tablet	1 or 1b*	QL
vigabatrin oral packet	1 or 1b*	LD; SP; QL
vigabatrin oral tablet	1 or 1b*	LD; SP; QL
vigadrone oral packet	1 or 1b*	LD; SP; QL
<b>*HYDANTOINS***</b>		
<b>CEREBYX INJECTION SOLUTION</b>	3	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE</b>	3	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2	
<b>DILANTIN ORAL SUSPENSION</b>	3	
fosphenytoin sodium injection solution	1 or 1b*	
<b>PHENYTEK ORAL CAPSULE</b>	3	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
<b>*SUCCINIMIDES***</b>		
<b>CELONTIN ORAL CAPSULE</b>	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
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
<b>ZARONTIN ORAL CAPSULE</b>	3	QL
<b>ZARONTIN ORAL SOLUTION</b>	3	QL
<b>*VALPROIC ACID***</b>		
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE</b>	3	QL
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	3	QL
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	QL
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL
divalproex sodium oral tablet delayed release	1 or 1b*	QL
valproate sodium intravenous solution 100 mg/ml	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL
valproic acid oral solution	1 or 1b*	
<b>*ANTIDEPRESSANTS*</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***</b>		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	3	
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE</b>	3	
<b>*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS***</b>		
<b>AUVELITY ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL

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

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

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

Drug Name	Tier	Notes
fluoxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
<b>FLUOXETINE HCL ORAL TABLET 60 MG</b>	1 or 1b*	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet	1 or 1b*	
<b>LEXAPRO ORAL TABLET</b>	3	ST
paroxetine hcl er oral tablet extended release 24 hour	1 or 1b*	
paroxetine hcl oral suspension	1 or 1b*	ST
paroxetine hcl oral tablet	1 or 1b*	
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST
<b>PAXIL ORAL SUSPENSION</b>	3	ST
<b>PAXIL ORAL TABLET</b>	3	ST
<b>PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG</b>	3	ST
<b>PROZAC ORAL CAPSULE</b>	3	ST
<b>SERTRALINE HCL ORAL CAPSULE</b>	3	ST
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet	1 or 1b*	
<b>ZOLOFT ORAL CONCENTRATE</b>	3	ST
<b>ZOLOFT ORAL TABLET</b>	3	ST
<b>*SEROTONIN MODULATORS***</b>		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg	1 or 1b*	QL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL
<b>TRINTELLIX ORAL TABLET 10 MG, 5 MG</b>	2	DO
<b>TRINTELLIX ORAL TABLET 20 MG</b>	2	QL
<b>VIIBRYD ORAL TABLET 10 MG, 20 MG</b>	3	ST; DO

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

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Drug Name	Tier	Notes
<b>VIIBRYD ORAL TABLET 40 MG</b>	3	ST; QL
<b>VIIBRYD STARTER PACK ORAL KIT</b>	3	ST; QL
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	ST; DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	ST; QL
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	3	PA; QL
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</b>	3	ST; QL
<b>DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG</b>	3	ST
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG</b>	3	PA; QL
<b>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG</b>	3	PA; DO
duloxetine hcl oral capsule delayed release particles	1 or 1b*	QL
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	3	ST; QL
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG</b>	3	ST; QL

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

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

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Drug Name	Tier	Notes
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg, 75 mg	1 or 1b*	QL
nortriptyline hcl oral solution	1 or 1b*	QL
<b>PAMELOR ORAL CAPSULE 10 MG, 25 MG</b>	3	DO
<b>PAMELOR ORAL CAPSULE 50 MG, 75 MG</b>	3	QL
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule	1 or 1b*	QL
<b>*ANTIDIABETICS*</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS***</b>		
acarbose oral tablet	1 or 1b*	QL
miglitol oral tablet	1 or 1b*	QL
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>*ANTIDIABETIC-ANTI-CD3 ANTIBODIES***</b>		
<b>TZIELD INTRAVENOUS SOLUTION</b>	3	PA
<b>*BIGUANIDES***</b>		
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
metformin hcl er (mod) oral tablet extended release 24 hour	3	ST; QL
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	3	ST; QL

Drug Name	Tier	Notes
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL
metformin hcl oral solution	3	PA; QL
metformin hcl oral tablet 1000 mg, 500 mg	1 or 1b*	QL
<b>METFORMIN HCL ORAL TABLET 625 MG</b>	3	PA; QL
metformin hcl oral tablet 850 mg	1 or 1b*	\$0; QL
<b>RIOMET ORAL SOLUTION</b>	3	PA; QL
<b>*DIABETIC OTHER***</b>		
<b>BAQSIMI ONE PACK NASAL POWDER</b>	3	QL
<b>BAQSIMI TWO PACK NASAL POWDER</b>	3	QL
diazoxide oral suspension	1 or 1b*	
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED</b>	3	QL
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	3	QL
<b>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED</b>	3	QL
<b>GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	QL
<b>GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	QL
<b>GVOKE KIT SUBCUTANEOUS SOLUTION</b>	3	QL
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	QL
<b>PROGLYCEM ORAL SUSPENSION</b>	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
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	QL
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
NESINA ORAL TABLET	3	ST; QL
ONGLYZA ORAL TABLET	3	ST; QL
TRADJENTA ORAL TABLET	3	ST; QL
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***</b>		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
JENTADUETO ORAL TABLET	3	ST; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
KAZANO ORAL TABLET	3	ST; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
<b>*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***</b>		
CYCLOSET ORAL TABLET	3	QL
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1 or 1b*	ST; QL

Drug Name	Tier	Notes
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
<b>*HUMAN INSULIN***</b>		
ADMELOG INJECTION SOLUTION	3	ST; QL
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA; QL
APIDRA INJECTION SOLUTION	3	ST; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP INJECTION SOLUTION	3	ST; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
HUMALOG INJECTION SOLUTION	2	QL
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	QL

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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>INSULIN ASP PROT &amp; ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	ST; QL
<b>INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	ST; QL
<b>INSULIN ASPART INJECTION SOLUTION</b>	3	ST; QL
<b>INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	ST; QL
<b>INSULIN ASPART PROT &amp; ASPART SUBCUTANEOUS SUSPENSION</b>	3	ST; QL
insulin degludec flextouch subcutaneous solution pen-injector	3	ST; QL
insulin degludec subcutaneous solution	3	ST; QL
<b>INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>INSULIN GLARGINE SUBCUTANEOUS SOLUTION</b>	2	QL
<b>INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION</b>	3	ST; QL
<b>INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	ST; QL
<b>INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL
<b>INSULIN LISPRO INJECTION SOLUTION</b>	2	QL
<b>INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	2	QL

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



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

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

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

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Drug Name	Tier	Notes
NOVOLOG RELION INJECTION SOLUTION	3	ST; QL
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	3	ST; QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
TRESIBA SUBCUTANEOUS SOLUTION	2	QL
<b>*INCRETIN MIMETIC AGENTS (GIP &amp; GLP-1 RECEPTOR AGONISTS)***</b>		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL

Drug Name	Tier	Notes
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	ST; QL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
RYBELSUS ORAL TABLET	2	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
<b>*INSULIN-INCRETIN MIMETIC COMBINATIONS***</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
<b>*MEGLITINIDE ANALOGUES***</b>		
nateglinide oral tablet	1 or 1b*	QL
repaglinide oral tablet	1 or 1b*	QL
<b>*PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
KORLYM ORAL TABLET	3	PA; QL
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	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
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***</b>		
GLYXAMBI ORAL TABLET	2	ST; QL
QTERN ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
FARXIGA ORAL TABLET	2	ST; QL
INVOKANA ORAL TABLET	3	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	3	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
INVOKAMET ORAL TABLET	3	ST; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
SEGLUROMET ORAL TABLET	3	ST; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS***</b>		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
<b>*SULFONYLUREAS***</b>		
AMARYL ORAL TABLET	3	ST; QL
glimepiride oral tablet	1 or 1b*	ST; QL

Drug Name	Tier	Notes
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
<b>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
<b>GLYNASE ORAL TABLET</b>	3	ST; QL
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***</b>		
<b>DUETACT ORAL TABLET</b>	3	ST; QL
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***</b>		
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	3	ST; QL
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONES ***</b>		
<b>ACTOS ORAL TABLET</b>	3	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***</b>		
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***</b>		
bilac oral capsule	3	
<b>*ANTIPERISTALTIC AGENTS***</b>		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 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
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	QL
MOTOFEN ORAL TABLET	3	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*ANTIDOTE COMBINATIONS***</b>		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
<b>*ANTIDOTES - CHELATING AGENTS***</b>		
CHEMET ORAL CAPSULE	3	
deferasirox granules oral packet	1 or 1b*	PA; SP
deferasirox oral packet	1 or 1b*	PA; SP
deferasirox oral tablet	1 or 1b*	PA; SP
deferasirox oral tablet soluble	1 or 1b*	PA; SP
deferiprone oral tablet	1 or 1b*	PA
EXJADE ORAL TABLET SOLUBLE	3	PA; SP
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET	3	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	3	PA
JADENU ORAL TABLET	3	PA; SP
JADENU SPRINKLE ORAL PACKET	3	PA; SP
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	

Drug Name	Tier	Notes
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS***</b>		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	3	
BRIDION INTRAVENOUS SOLUTION	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM	3	
deferoxamine mesylate injection solution reconstituted	1 or 1b*	SP
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue intravenous solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
SODIUM NITRITE 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
<b>SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML</b>	1 or 1b*	
<b>VISTOGARD ORAL PACKET</b>	3	PA; QL
<b>*BENZODIAZEPINE ANTAGONISTS***</b>		
flumazenil intravenous solution	1 or 1b*	
<b>*OPIOID ANTAGONISTS***</b>		
<b>KLOXXADO NASAL LIQUID</b>	2	QL
nalmefene hcl injection solution	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
<b>NARCAN NASAL LIQUID</b>	3	ST; QL
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	SP; QL
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE</b>	2	QL
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
<b>ANZEMET ORAL TABLET 50 MG</b>	3	QL
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1 or 1b*	
granisetron hcl oral tablet	1 or 1b*	QL
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	1 or 1b*	
ondansetron hcl injection solution prefilled syringe	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron oral tablet dispersible	1 or 1b*	QL

Drug Name	Tier	Notes
<b>PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML</b>	3	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA
<b>SANCUSO TRANSDERMAL PATCH</b>	3	QL
<b>SUSTOL SUBCUTANEOUS PREFILLED SYRINGE</b>	3	
<b>*ANTIEMETIC COMBINATIONS***</b>		
<b>AKYNZEO INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL
<b>AKYNZEO ORAL CAPSULE</b>	3	QL
<b>BONJESTA ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL
<b>DICLEGIS ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
<b>ANTIVERT ORAL TABLET 50 MG</b>	3	
<b>ANTIVERT ORAL TABLET CHEWABLE</b>	3	
<b>DIMENHYDRINATE INJECTION SOLUTION</b>	3	
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
<b>TIGAN INTRAMUSCULAR SOLUTION</b>	3	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR</b>	3	
trimethobenzamide hcl 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
<b>*ANTIEMETICS - ANTIDOPAMINERGIC**</b>		
*		
BARHEMSYS INTRAVENOUS SOLUTION	3	
<b>*ANTIEMETICS - MISCELLANEOUS***</b>		
dronabinol oral capsule	1 or 1b*	QL
MARINOL ORAL CAPSULE 2.5 MG	3	QL
SYNDROS ORAL SOLUTION	3	QL
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
APONVIE INTRAVENOUS EMULSION	3	
aprepitant oral	1 or 1b*	QL
aprepitant oral capsule	1 or 1b*	QL
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	PA; QL
EMEND ORAL CAPSULE 80 MG	3	QL
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
EMEND TRI-PACK ORAL CAPSULE	3	QL
fosaprepitant dimeglumine intravenous solution reconstituted	1 or 1b*	PA; QL
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	QL
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***</b>		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	QL

Drug Name	Tier	Notes
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	QL
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)***</b>		
BREXAFEMME ORAL TABLET	3	PA; QL
<b>*ANTIFUNGALS***</b>		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
amphotericin b liposome intravenous suspension reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE	3	PA
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL
<b>*IMIDAZOLES***</b>		
ketoconazole oral tablet	1 or 1b*	QL

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

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Drug Name	Tier	Notes
<b>*TETRAZOLES***</b>		
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL
<b>*TRIAZOLES***</b>		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	QL
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3	QL
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	QL
fluconazole oral tablet	1 or 1b*	QL
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
NOXAFIL INTRAVENOUS SOLUTION	3	
NOXAFIL ORAL PACKET	3	PA; QL
NOXAFIL ORAL SUSPENSION	3	PA; QL
NOXAFIL ORAL TABLET DELAYED RELEASE	3	PA; QL
posaconazole oral suspension	1 or 1b*	PA; QL
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL

Drug Name	Tier	Notes
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
<b>*ANTI-HISTAMINES*</b>		
<b>*ANTI-HISTAMINES - ALKYLAMINES***</b>		
ryclora oral solution	1 or 1b*	
<b>*ANTI-HISTAMINES - ETHANOLAMINES***</b>		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
CARBINOXAMINE MALEATE ORAL TABLET 6 MG	3	QL
CLEMASTINE FUMARATE ORAL SYRUP	3	QL
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	QL
diphenhydramine hcl injection solution	1 or 1b*	
diphenhydramine hcl oral elixir	1 or 1a*	QL
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	QL
RYVENT ORAL TABLET	3	QL
<b>*ANTI-HISTAMINES - NON-SEDATING***</b>		
cetirizine hcl oral solution 1 mg/ml	1 or 1b*	QL
CLARINEX ORAL TABLET	3	ST; QL
desloratadine oral tablet	1 or 1b*	QL
desloratadine oral tablet dispersible	1 or 1b*	QL

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

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Drug Name	Tier	Notes
levocetirizine dihydrochloride oral solution	1 or 1b*	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
<b>QUZYTIR INTRAVENOUS SOLUTION</b>	3	
<b>*ANTIHISTAMINES - PHENOTHIAZINES***</b>		
<b>PHENERGAN INJECTION SOLUTION</b>	3	
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	QL
promethazine hcl oral syrup	1 or 1a*	QL
promethazine hcl oral tablet	1 or 1a*	QL
promethazine hcl rectal suppository 12.5 mg, 25 mg	1 or 1b*	QL
promethazine rectal suppository	1 or 1b*	QL
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
<b>*ANTHYPERLIPIDEMI CS*</b>		
<b>*ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***</b>		
<b>NEXLIZET ORAL TABLET</b>	3	PA; QL
<b>*ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS***</b>		
<b>NEXLETOL ORAL TABLET</b>	3	PA; QL
<b>*ANGIOPROTEIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS***</b>		
<b>EVKEEZA INTRAVENOUS SOLUTION</b>	3	PA

Drug Name	Tier	Notes
<b>*ANTHYPERLIPIDEMI CS - MISC.***</b>		
icosapent ethyl oral capsule	1 or 1b*	PA; QL
<b>LOVAZA ORAL CAPSULE</b>	3	PA; QL
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
<b>VASCEPA ORAL CAPSULE</b>	2	PA; QL
<b>*BILE ACID SEQUESTRANTS***</b>		
cholestyramine light oral packet	1 or 1b*	QL
cholestyramine light oral powder	1 or 1b*	QL
cholestyramine oral packet	1 or 1b*	QL
cholestyramine oral powder	1 or 1b*	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	1 or 1b*	QL
<b>COLESTID FLAVORED ORAL GRANULES</b>	3	QL
<b>COLESTID FLAVORED ORAL PACKET</b>	3	QL
<b>COLESTID ORAL GRANULES</b>	3	QL
<b>COLESTID ORAL PACKET</b>	3	QL
<b>COLESTID ORAL TABLET</b>	3	QL
colestipol hcl oral granules	1 or 1b*	QL
colestipol hcl oral packet	1 or 1b*	QL
colestipol hcl oral tablet	1 or 1b*	QL
prevalite oral packet	1 or 1b*	QL
prevalite oral powder	1 or 1b*	QL
<b>QUESTRAN LIGHT ORAL POWDER</b>	3	QL
<b>QUESTRAN ORAL PACKET</b>	3	QL
<b>QUESTRAN ORAL POWDER</b>	3	QL
<b>WELCHOL ORAL PACKET</b>	3	QL
<b>WELCHOL ORAL TABLET</b>	3	QL
<b>*FIBRIC ACID DERIVATIVES***</b>		
<b>ANTARA ORAL CAPSULE 90 MG</b>	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
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate micronized oral capsule 90 mg	3	ST; QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
<b>FENOGLIDE ORAL TABLET</b>	3	ST; QL
<b>FIBRICOR ORAL TABLET</b>	3	ST; QL
gemfibrozil oral tablet	1 or 1b*	QL
<b>LIPOFEN ORAL CAPSULE</b>	3	ST; QL
<b>LOPID ORAL TABLET</b>	3	ST; QL
<b>TRICOR ORAL TABLET</b>	3	ST; QL
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE</b>	3	ST; QL
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG</b>	3	ST; DO
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG</b>	3	ST; QL
<b>ATORVALIQ ORAL SUSPENSION</b>	3	ST; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
<b>CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3	ST; DO
<b>CRESTOR ORAL TABLET 40 MG</b>	3	ST; QL

Drug Name	Tier	Notes
<b>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG</b>	3	ST; DO
<b>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG</b>	3	ST; QL
<b>FLOLIPID ORAL SUSPENSION</b>	3	ST; QL
fluvastatin sodium er oral tablet extended release 24 hour	3	ST; \$0; QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3	ST; DO
<b>LIPITOR ORAL TABLET 80 MG</b>	3	ST; QL
<b>LIVALO ORAL TABLET 1 MG, 2 MG</b>	3	ST; DO
<b>LIVALO ORAL TABLET 4 MG</b>	3	ST; QL
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 40 mg	1 or 1b*	\$0; QL
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
<b>ZOCOR ORAL TABLET 10 MG, 20 MG</b>	3	ST; DO
<b>ZOCOR ORAL TABLET 40 MG</b>	3	ST; QL
<b>ZYPITAMAG ORAL TABLET 2 MG</b>	3	ST; DO

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

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

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

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

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

Drug Name	Tier	Notes
enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
enalapril maleate oral tablet 20 mg	1 or 1b*	QL
enalaprilat intravenous injectable	1 or 1b*	
<b>EPANED ORAL SOLUTION</b>	3	QL
fosinopril sodium oral tablet 10 mg, 20 mg	1 or 1b*	DO
fosinopril sodium oral tablet 40 mg	1 or 1b*	QL
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG</b>	3	DO
<b>LOTENSIN ORAL TABLET 40 MG</b>	3	QL
moexipril hcl oral tablet 15 mg	1 or 1b*	QL
moexipril hcl oral tablet 7.5 mg	1 or 1b*	DO
perindopril erbumine oral tablet 2 mg, 4 mg	1 or 1b*	DO
perindopril erbumine oral tablet 8 mg	1 or 1b*	QL
<b>QBRELIS ORAL SOLUTION</b>	3	QL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	DO
quinapril hcl oral tablet 40 mg	1 or 1b*	QL
ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg	1 or 1b*	DO
ramipril oral capsule 10 mg	1 or 1b*	QL
trandolapril oral tablet 1 mg, 2 mg	1 or 1b*	DO
trandolapril oral tablet 4 mg	1 or 1b*	QL
<b>VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	3	DO
<b>VASOTEC ORAL TABLET 20 MG</b>	3	QL
<b>ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	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
ZESTRIL ORAL TABLET 30 MG, 40 MG	3	QL
<b>*AGENTS FOR PHEOCHROMOCYTOM A***</b>		
DEMSEER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
metyrosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB***</b>		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	QL
AZOR ORAL TABLET 5-20 MG	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	QL
EXFORGE ORAL TABLET 5-160 MG	3	DO
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
ATACAND HCT ORAL TABLET	3	QL

Drug Name	Tier	Notes
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	QL
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	QL
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	3	QL
EDARBYCLOR ORAL TABLET	3	QL
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	QL
HYZAAR ORAL TABLET 50-12.5 MG	3	DO
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	QL
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO

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

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

Drug Name	Tier	Notes
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
<b>VALSARTAN ORAL SOLUTION</b>	3	PA; QL
valsartan oral tablet 160 mg, 320 mg	1 or 1b*	QL
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
<b>*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***</b>		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
<b>EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG</b>	3	QL
<b>EXFORGE HCT ORAL TABLET 5-160-12.5 MG</b>	3	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL
<b>TRIBENZOR ORAL TABLET 20-5-12.5 MG</b>	3	DO
<b>TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG</b>	3	QL
<b>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</b>	3	QL

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

Drug Name	Tier	Notes
clonidine hcl er oral tablet extended release 24 hour	3	ST; QL
clonidine hcl oral tablet 0.1 mg, 0.2 mg	1 or 1a*	DO
clonidine hcl oral tablet 0.3 mg	1 or 1a*	QL
clonidine transdermal patch weekly	1 or 1b*	QL
guanfacine hcl oral tablet 1 mg	1 or 1b*	DO
guanfacine hcl oral tablet 2 mg	1 or 1b*	QL
methyl dopa oral tablet 250 mg	1 or 1b*	DO
methyl dopa oral tablet 500 mg	1 or 1b*	QL
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
<b>CARDURA ORAL TABLET</b>	3	QL
doxazosin mesylate oral tablet	1 or 1b*	QL
<b>MINIPRESS ORAL CAPSULE</b>	3	
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
<b>*ANTIHYPERTENSIVES - MISC.***</b>		
<b>VECAMYL ORAL TABLET</b>	3	
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS***</b>		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL
<b>TENORETIC 100 ORAL TABLET</b>	3	QL
<b>TENORETIC 50 ORAL TABLET</b>	3	QL

Drug Name	Tier	Notes
<b>ZIAC ORAL TABLET</b>	3	QL
<b>*DIRECT RENIN INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE COMB***</b>		
<b>TEKTURN A HCT ORAL TABLET 300-12.5 MG, 300-25 MG</b>	3	QL
<b>*DIRECT RENIN INHIBITORS***</b>		
aliskiren fumarate oral tablet 150 mg	1 or 1b*	DO
aliskiren fumarate oral tablet 300 mg	1 or 1b*	QL
<b>TEKTURN A ORAL TABLET 150 MG</b>	3	DO
<b>TEKTURN A ORAL TABLET 300 MG</b>	3	QL
<b>*DOPAMINE D1 RECEPTOR AGONISTS***</b>		
<b>CORLOPAM INTRAVENOUS SOLUTION</b>	3	
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***</b>		
eplerenone oral tablet	1 or 1b*	
<b>INSPIRA ORAL TABLET</b>	3	
<b>*VASODILATORS***</b>		
hydralazine hcl injection solution	1 or 1b*	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
<b>NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML.%, 50-0.9 MG/100ML.%</b>	3	
nitroprusside sodium intravenous solution	1 or 1b*	
sodium nitroprusside 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
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
<b>AEMCOLO ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
bacitracin intramuscular solution reconstituted	1 or 1b*	
<b>FLAGYL ORAL CAPSULE</b>	3	
<b>IMPAVIDO ORAL CAPSULE</b>	3	PA; QL
<b>METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML</b>	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED</b>	3	
<b>PENTAM INJECTION SOLUTION RECONSTITUTED</b>	3	
pentamidine isethionate inhalation solution reconstituted	1 or 1b*	
pentamidine isethionate injection solution reconstituted	1 or 1b*	
tinidazole oral tablet	1 or 1b*	QL
<b>TRIMETHOPRIM ORAL TABLET</b>	1 or 1a*	
<b>XIFAXAN ORAL TABLET</b>	3	PA; QL
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS***</b>		
<b>BACTRIM DS ORAL TABLET</b>	3	
<b>BACTRIM ORAL TABLET</b>	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	

Drug Name	Tier	Notes
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
<b>*ANTIPROTOZOAL AGENTS***</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	3	QL
<b>ALINIA ORAL TABLET</b>	3	QL
atovaquone oral suspension	1 or 1b*	
<b>LAMPIT ORAL TABLET</b>	3	
<b>MEPRON ORAL SUSPENSION</b>	3	
nitazoxanide oral tablet	1 or 1b*	QL
<b>*CARBAPENEM COMBINATIONS***</b>		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
<b>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG</b>	3	
<b>RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CARBAPENEMS***</b>		
ertapenem sodium injection solution reconstituted	1 or 1b*	
<b>INVANZ INJECTION SOLUTION RECONSTITUTED</b>	3	
meropenem intravenous solution reconstituted	1 or 1b*	
<b>MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML</b>	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
<b>*CHLORAMPHENICALS***</b>		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
<b>*CYCLIC LIPOPEPTIDES***</b>		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1 or 1b*	
<b>*GLYCOPEPTIDES***</b>		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOGIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	QL
VANCOMYCIN HCL IN NA CL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%	3	QL

Drug Name	Tier	Notes
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML	3	QL
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1 or 1b*	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	3	QL
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.5 GM, 750 MG	1 or 1b*	QL
vancomycin hcl oral capsule	1 or 1b*	PA; QL
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	PA; QL
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	3	PA; QL
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
<b>*LEPROSTATICS***</b>		
dapsone oral tablet	1 or 1b*	
<b>*LINCOSAMIDES***</b>		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
<b>CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION</b>	3	
clindamycin phosphate injection solution	1 or 1b*	
<b>LINCOCIN INJECTION SOLUTION</b>	3	
lincomycin hcl injection solution	1 or 1b*	
<b>*MONOBACTAMS***</b>		
<b>AZACTAM INJECTION SOLUTION RECONSTITUTED</b>	3	
aztreonam injection solution reconstituted	1 or 1b*	
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED</b>	3	SP; QL
<b>*OXAZOLIDINONES***</b>		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
<b>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>SIVEXTRO ORAL TABLET</b>	3	PA; QL
<b>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML</b>	3	
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	3	PA; QL
<b>ZYVOX ORAL TABLET</b>	3	PA; QL
<b>*PLEUROMUTILINS***</b>		
<b>XENLETA INTRAVENOUS SOLUTION</b>	3	
<b>XENLETA ORAL TABLET</b>	3	PA; QL

Drug Name	Tier	Notes
<b>*POLYMYXINS***</b>		
colistimethate sodium (cba) injection solution reconstituted	1 or 1b*	
<b>COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED</b>	3	
polymyxin b sulfate injection solution reconstituted	1 or 1b*	
<b>*URINARY ANTI-INFECTIVES***</b>		
fosfomycin tromethamine oral packet	1 or 1b*	
<b>HIPREX ORAL TABLET</b>	3	
<b>MACROBID ORAL CAPSULE</b>	3	
<b>MACRODANTIN ORAL CAPSULE</b>	3	
methenamine hippurate oral tablet	1 or 1b*	
<b>MONUROL ORAL PACKET</b>	3	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIAL COMBINATIONS***</b>		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
<b>COARTEM ORAL TABLET</b>	3	
<b>MALARONE ORAL TABLET</b>	3	
<b>*ANTIMALARIALS***</b>		
<b>ARAKODA ORAL TABLET</b>	3	QL
<b>ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
chloroquine phosphate oral tablet	1 or 1a*	
<b>DARAPRIM ORAL TABLET</b>	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
<b>HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG, 400 MG</b>	1 or 1b*	QL
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL
<b>KRINTAFEL ORAL TABLET</b>	3	QL
mefloquine hcl oral tablet	1 or 1b*	QL
<b>PLAQUENIL ORAL TABLET</b>	3	QL
<b>PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG</b>	3	
pyrimethamine oral tablet	1 or 1b*	PA; QL
<b>QUALAQUIN ORAL CAPSULE</b>	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
<b>BLOXIVERZ INTRAVENOUS SOLUTION</b>	3	
<b>FIRDAPSE ORAL TABLET</b>	3	PA; QL
<b>MESTINON ORAL SOLUTION</b>	3	
<b>MESTINON ORAL TABLET</b>	3	
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	3	
<b>NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</b>	1 or 1b*	
pyridostigmine bromide er oral tablet extended release	1 or 1b*	
pyridostigmine bromide oral solution	1 or 1b*	
pyridostigmine bromide oral tablet	1 or 1b*	
<b>REGONOL INTRAVENOUS SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	3	
<b>MYCOBUTIN ORAL CAPSULE</b>	3	
<b>PRETOMANID ORAL TABLET</b>	3	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
<b>RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
<b>SIRTURO ORAL TABLET</b>	3	
<b>TRECATOR ORAL TABLET</b>	3	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		
<b>BELRAPZO INTRAVENOUS SOLUTION</b>	3	PA; SP
bendamustine hcl intravenous solution	3	PA
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA
<b>BENDEKA INTRAVENOUS SOLUTION</b>	3	PA; SP
busulfan intravenous solution	1 or 1b*	SP
<b>BUSULFEX INTRAVENOUS SOLUTION</b>	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
carboplatin intravenous solution	1 or 1b*	SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	1 or 1b*	SP
<b>CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
<b>MYLERAN ORAL TABLET</b>	2	
oxaliplatin intravenous solution	1 or 1b*	SP
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution 1000 mg/100ml, 450 mg/45ml, 600 mg/60ml	1 or 1b*	SP
<b>TEPADINA INJECTION SOLUTION RECONSTITUTED</b>	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP
<b>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
vivimusta intravenous solution	3	PA
<b>ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
abiraterone acetate oral tablet	1 or 1b*	PA; SP; QL
<b>YONSA ORAL TABLET</b>	3	PA; SP; QL
<b>ZYTIGA ORAL TABLET</b>	3	PA; SP; QL
<b>*ANTIADRENALS***</b>		
<b>LYSODREN ORAL TABLET</b>	2	QL
<b>*ANTIANDROGENS***</b>		
bicalutamide oral tablet	1 or 1b*	QL
<b>CASODEX ORAL TABLET</b>	3	QL
<b>ERLEADA ORAL TABLET 240 MG</b>	2	PA; QL
<b>ERLEADA ORAL TABLET 60 MG</b>	2	PA; SP; QL

Drug Name	Tier	Notes
<b>EULEXIN ORAL CAPSULE</b>	3	
<b>NILANDRON ORAL TABLET</b>	3	QL
nilutamide oral tablet	1 or 1b*	QL
<b>NUBEQA ORAL TABLET</b>	2	PA; SP; QL
<b>XTANDI ORAL CAPSULE</b>	2	PA; SP; QL
<b>XTANDI ORAL TABLET</b>	2	PA; SP; QL
<b>*ANTIESTROGENS***</b>		
<b>FARESTON ORAL TABLET</b>	3	QL
<b>SOLTAMOX ORAL SOLUTION</b>	2	\$0
tamoxifen citrate oral tablet	1 or 1b*	\$0
toremifene citrate oral tablet	1 or 1b*	QL
<b>*ANTIMETABOLITES***</b>		
<b>ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>ARRANON INTRAVENOUS SOLUTION</b>	3	SP
azacitidine injection suspension reconstituted	1 or 1b*	PA; SP
capecitabine oral tablet	1 or 1b*	PA; SP
cladribine intravenous solution 10 mg/10ml	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	
<b>CLOLAR INTRAVENOUS SOLUTION</b>	3	
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 25 mg/ml	3	
fludarabine phosphate intravenous solution 50 mg/2ml	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	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
<b>FOLOTYN INTRAVENOUS SOLUTION</b>	3	SP
<b>GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1 GM/26.3ML, 2 GM/52.6ML, 200 MG/2ML</b>	1 or 1b*	SP
<b>GEMCITABINE HCL INTRAVENOUS SOLUTION 1.5 GM/15ML, 2 GM/20ML, 200 MG/5.26ML</b>	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
<b>INFUGEM INTRAVENOUS SOLUTION</b>	3	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate oral tablet	1 or 1b*	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
nelarabine intravenous solution	1 or 1b*	SP
<b>ONUREG ORAL TABLET</b>	3	PA; SP; QL
pemetrexed disodium intravenous solution 1 gm/40ml, 850 mg/34ml	3	
pemetrexed disodium intravenous solution 100 mg/4ml, 500 mg/20ml	3	PA
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	1 or 1b*	PA; SP
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1 or 1b*	PA
pemetrexed ditromethamine intravenous solution reconstituted	3	PA

Drug Name	Tier	Notes
pemetrexed intravenous solution	3	PA
<b>PEMFEXY INTRAVENOUS SOLUTION</b>	3	PA
pralatrexate intravenous solution	1 or 1b*	
<b>PURIXAN ORAL SUSPENSION</b>	3	PA
<b>TABLOID ORAL TABLET</b>	2	
<b>TREXALL ORAL TABLET</b>	2	ST
<b>VIDAZA INJECTION SUSPENSION RECONSTITUTED</b>	3	PA; SP
<b>XATMEP ORAL SOLUTION</b>	3	PA; SP
<b>XELODA ORAL TABLET</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ALK INHIBITORS****</b>		
<b>ALECENSA ORAL CAPSULE</b>	2	PA; SP; QL
<b>ALUNBRIG ORAL TABLET</b>	2	PA; LD; QL
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	2	PA; LD; QL
<b>LORBRENA ORAL TABLET</b>	3	PA; SP; QL
<b>XALKORI ORAL CAPSULE</b>	3	PA; SP; QL
<b>ZYKADIA ORAL TABLET</b>	3	PA; LD; SP; QL
<b>*ANTINEOPLASTIC - ALLOGENEIC CELLULAR IMMUNOTHERAPY***</b>		
<b>OMISIRGE INTRAVENOUS SUSPENSION</b>	3	
<b>*ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX***</b>		
<b>BLNREP INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	

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

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-BODY COMBINATIONS***</b>		
<b>OPDUALAG INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES***</b>		
<b>POTELIGEO INTRAVENOUS SOLUTION</b>	3	SP
<b>*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES***</b>		
<b>MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX***</b>		
<b>ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD
<b>*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES***</b>		
<b>ARZERRA INTRAVENOUS CONCENTRATE</b>	3	PA; SP
<b>GAZYVA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RIABNI INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RITUXAN INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>RUXIENCE INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>TRUXIMA INTRAVENOUS SOLUTION</b>	3	PA; SP

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES***</b>		
<b>LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX***</b>		
<b>BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX***</b>		
<b>ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX***</b>		
<b>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES***</b>		
<b>DARZALEX INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>SARCLISA INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX***</b>		
<b>POLIVY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES***</b>		
<b>IMJUDO INTRAVENOUS SOLUTION</b>	3	PA
<b>YERVOY INTRAVENOUS SOLUTION</b>	3	PA; SP

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

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Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES***</b>		
DANYELZA INTRAVENOUS SOLUTION	3	PA
UNITUXIN INTRAVENOUS SOLUTION	3	
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS***</b>		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
MARGENZA INTRAVENOUS SOLUTION	3	PA; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	ST; SP
TUKYSA ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX***</b>		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES***</b>		
JEMPERLI INTRAVENOUS SOLUTION	3	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; SP
LIBTAYO INTRAVENOUS SOLUTION	3	PA
OPDIVO INTRAVENOUS SOLUTION	3	PA; SP
ZYNYZ INTRAVENOUS SOLUTION	3	PA; QL
<b>*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES***</b>		
BAVENCIO INTRAVENOUS SOLUTION	3	PA
IMFINZI INTRAVENOUS SOLUTION	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES***</b>		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX***</b>		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ANTINEOPLASTIC - BCL-2 INHIBITORS***</b>		
VENCLEXTA ORAL TABLET	3	PA; QL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; QL
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
BOSULIF ORAL TABLET	2	PA; SP; QL

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Drug Name	Tier	Notes
GLEEVEC ORAL TABLET	3	PA; SP; QL
ICLUSIG ORAL TABLET	3	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; SP; QL
SCEMBLIX ORAL TABLET	3	PA; SP; QL
SPRYCEL ORAL TABLET	2	PA; SP; QL
TASIGNA ORAL CAPSULE	2	PA; SP; QL
<b>*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***</b>		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
LUNSUMIO INTRAVENOUS SOLUTION	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***</b>		
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; LD; SP; QL
TAFINLAR ORAL CAPSULE	3	PA; SP; QL
ZELBORAF ORAL TABLET	2	PA; LD; SP; QL
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
BRUKINSA ORAL CAPSULE	3	PA; QL
CALQUENCE ORAL TABLET	3	PA; QL
IMBRUVICA ORAL CAPSULE	2	PA; QL
IMBRUVICA ORAL SUSPENSION	2	PA; QL
IMBRUVICA ORAL TABLET	2	PA; QL
JAYPIRCA ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
ERBITUX INTRAVENOUS SOLUTION	3	PA; SP
erlotinib hcl oral tablet	1 or 1b*	PA; LD; SP; QL
EXKIVITY ORAL CAPSULE	3	PA; QL
GILOTRIF ORAL TABLET	3	PA; QL
IRESSA ORAL TABLET	2	PA; SP; QL
PORTRAZZA INTRAVENOUS SOLUTION	3	SP
TAGRISSEO ORAL TABLET	3	PA; SP; QL
TARCEVA ORAL TABLET	3	PA; LD; SP; QL
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; SP
VIZIMPRO ORAL TABLET	3	PA; SP; QL
<b>*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***</b>		
BALVERSA ORAL TABLET	3	PA; QL
lytgobi (12 mg daily dose) oral tablet therapy pack	3	PA; QL
lytgobi (16 mg daily dose) oral tablet therapy pack	3	PA; QL
lytgobi (20 mg daily dose) oral tablet therapy pack	3	PA; QL
PEMAZYRE ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
DAURISMO ORAL TABLET	3	PA; SP; QL
ERIVEDGE ORAL CAPSULE	2	PA; SP; QL
ODOMZO ORAL CAPSULE	3	PA; LD; SP; QL

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

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS***</b>		
WELIREG ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
romidepsin intravenous solution reconstituted	1 or 1b*	PA; SP
ZOLINZA ORAL CAPSULE	2	PA; SP; QL
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS ***</b>		
POMALYST ORAL CAPSULE	3	PA; SP; QL
<b>*ANTINEOPLASTIC - KRAS INHIBITORS***</b>		
KRAZATI ORAL TABLET	3	PA; QL
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; QL
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
COTELLIC ORAL TABLET	3	PA; SP; QL
KOSELUGO ORAL CAPSULE	3	PA; QL
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL
MEKINIST ORAL TABLET 2 MG	3	PA; SP; QL
MEKTOVI ORAL TABLET	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - MET INHIBITORS***</b>		
TABRECTA ORAL TABLET	3	PA; SP; QL
TEPMETKO ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***</b>		
TAZVERIK ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA; SP
AFINITOR ORAL TABLET	3	PA; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1 or 1b*	PA; SP
everolimus oral tablet soluble	1 or 1b*	PA; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
temsirolimus intravenous solution	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION	3	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
CABOMETYX ORAL TABLET	2	PA; SP; QL
CAPRELSA ORAL TABLET	2	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; SP; QL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; SP; QL
FOTIVDA ORAL CAPSULE	3	PA; QL
lapatinib ditosylate oral tablet	1 or 1b*	PA; SP; 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
NERLYNX ORAL TABLET	3	PA; SP; QL
NEXAVAR ORAL TABLET	3	PA; SP; QL
QINLOCK ORAL TABLET	3	PA; QL
RYDAPT ORAL CAPSULE	3	PA; SP; QL
sorafenib tosylate oral tablet	1 or 1b*	PA; QL
STIVARGA ORAL TABLET	2	PA; SP; QL
sunitinib malate oral capsule	1 or 1b*	PA; SP; QL
SUTENT ORAL CAPSULE	3	PA; SP; QL
TURALIO ORAL CAPSULE 125 MG	3	PA; QL
TYKERB ORAL TABLET	3	PA; SP; QL
VOTRIENT ORAL TABLET	3	PA; SP; QL
XOSPATA ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES***</b>		
RYBREVANT INTRAVENOUS SOLUTION	3	PA; SP
<b>*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS***</b>		
AYVAKIT ORAL TABLET	3	PA; QL
<b>*ANTINEOPLASTIC - PROTEASOME INHIBITORS***</b>		
bortezomib injection solution reconstituted 1 mg, 2.5 mg	3	PA
bortezomib injection solution reconstituted 3.5 mg	1 or 1b*	PA; SP
bortezomib intravenous solution	3	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
NINLARO ORAL CAPSULE	3	PA; LD; SP; QL
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
<b>*ANTINEOPLASTIC - RET INHIBITORS***</b>		
GAVRETO ORAL CAPSULE	3	PA; SP; QL
RETEVMO ORAL CAPSULE	3	PA; SP; QL
<b>*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***</b>		
ROZLYTREK ORAL CAPSULE	3	PA; SP; QL
VITRAKVI ORAL CAPSULE	3	PA; LD; SP; QL
VITRAKVI ORAL SOLUTION	3	PA; LD; SP; QL
<b>*ANTINEOPLASTIC - XPO1 INHIBITORS***</b>		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL

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

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC ANTIBIOTICS***</b>		
adriamycin intravenous solution reconstituted 50 mg	1 or 1b*	SP
bleomycin sulfate injection solution reconstituted	1 or 1b*	SP
<b>COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	SP
dactinomycin intravenous solution reconstituted	1 or 1b*	SP
<b>DAUNORUBICIN HCL INTRAVENOUS SOLUTION 20 MG/4ML</b>	1 or 1b*	SP
<b>DAUNORUBICIN HCL INTRAVENOUS SOLUTION 50 MG/10ML</b>	3	SP
<b>DOXIL INTRAVENOUS INJECTABLE</b>	3	PA; SP
doxorubicin hcl intravenous solution	1 or 1b*	SP
doxorubicin hcl intravenous solution reconstituted	1 or 1b*	SP
doxorubicin hcl liposomal intravenous injectable	1 or 1b*	PA; SP
<b>ELLENC E INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>IDAMYCIN PFS INTRAVENOUS SOLUTION</b>	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
<b>JELMYTO SOLUTION RECONSTITUTED</b>	3	PA
mitomycin intravenous solution reconstituted	1 or 1b*	SP
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	SP
<b>VALSTAR INTRAVESICAL SOLUTION</b>	3	SP

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY***</b>		
<b>ZEVALIN Y-90 INTRAVENOUS KIT</b>	3	PA
<b>*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES***</b>		
<b>ELAHERE INTRAVENOUS SOLUTION</b>	3	PA
<b>ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*ANTINEOPLASTIC COMBINATIONS***</b>		
<b>DARZALEX FASPRO SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION</b>	3	LD; SP
<b>INQOVI ORAL TABLET</b>	3	PA; SP; QL
<b>KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK</b>	2	PA; SP; QL
<b>KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK</b>	2	PA; SP; QL
<b>KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK</b>	2	PA; SP; QL
<b>LONSURF ORAL TABLET</b>	3	PA; SP
<b>PHESGO SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>RITUXAN HYCELA SUBCUTANEOUS SOLUTION</b>	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
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	SP
<b>*ANTINEOPLASTIC ENZYMES***</b>		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; SP
ONCASPAR INJECTION SOLUTION	3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
<b>*ANTINEOPLASTIC RADIOPHARMACEUTIC ALS***</b>		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	3	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	3	PA
LUTATHERA INTRAVENOUS SOLUTION	3	PA
PLUVICTO INTRAVENOUS SOLUTION	3	PA
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML	3	PA
<b>*ANTINEOPLASTICS - INTERLEUKINS***</b>		
ELZONRIS INTRAVENOUS SOLUTION	3	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS***</b>		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	

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

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

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Drug Name	Tier	Notes
<b>*CARBOXYPEPTIDASE ENZYME AGENTS***</b>		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CARDIAC PROTECTIVE AGENTS***</b>		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted 250 mg	1 or 1b*	
<b>*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS***</b>		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***</b>		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE	2	PA; SP; QL
IBRANCE ORAL TABLET	2	PA; SP; QL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	2	PA; SP; QL
VERZENIO ORAL TABLET	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*ESTROGEN RECEPTOR ANTAGONIST***</b>		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP
fulvestrant intramuscular solution prefilled syringe	1 or 1b*	PA; SP
<b>*ESTROGENS-ANTINEOPLASTIC***</b>		
EMCYT ORAL CAPSULE	2	PA
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
leucovorin calcium injection solution	1 or 1b*	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	1 or 1b*	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1 or 1b*	PA
levoleucovorin calcium pf intravenous solution	1 or 1b*	
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA; SP; QL
ORGOVYX ORAL TABLET	3	PA; QL
<b>*IMIDAZOTETRAZINES ***</b>		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; SP
temozolomide oral capsule	1 or 1b*	PA; SP; QL
<b>*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***</b>		
REZLIDHIA 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
TIBSOVO ORAL TABLET	3	PA; QL
<b>*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***</b>		
IDHIFA ORAL TABLET	3	PA; SP; QL
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
INREBIC ORAL CAPSULE	3	PA; SP; QL
JAKAFI ORAL TABLET	2	PA; SP; QL
VONJO ORAL CAPSULE	3	PA; QL
<b>*LHRH ANALOGS***</b>		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA; QL
ELIGARD SUBCUTANEOUS KIT	3	PA; SP; QL
leuprolide acetate injection kit	1 or 1b*	PA; SP
leuprolide acetate intramuscular injectable	3	PA; QL
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA; SP; QL
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA; SP; QL
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; SP; QL
<b>*MITOTIC INHIBITORS***</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	1 or 1b*	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP
HALAVEN INTRAVENOUS SOLUTION	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION	3	PA; SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1 or 1b*	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1 or 1b*	SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution 10 mg/ml	1 or 1b*	

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

Drug Name	Tier	Notes
vinorelbine tartrate intravenous solution 50 mg/5ml	1 or 1b*	SP
<b>*MYELOPROTECTIVE AGENTS***</b>		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	1 or 1b*	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/2.5ML	1 or 1b*	SP
cyclophosphamide oral capsule	1 or 1b*	SP
CYCLOPHOSPHAMIDE ORAL TABLET	3	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET	2	

Drug Name	Tier	Notes
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
<b>*NITROSOUREAS***</b>		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
carmustine intravenous solution reconstituted 100 mg	1 or 1b*	SP
carmustine intravenous solution reconstituted 300 mg, 50 mg	3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
GLIADEL WAFER IMPLANT WAFER	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*OTOPROTECTIVE AGENTS***</b>		
PEDMARK INTRAVENOUS SOLUTION	3	PA
<b>*PHOSPHATIDYLINOSI TOL 3-KINASE (PI3K) INHIBITORS***</b>		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
COPIKTRA ORAL CAPSULE	3	PA; QL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; SP; QL
ZYDELIG ORAL TABLET	3	PA; SP; 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
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
LYNPARZA ORAL TABLET	3	PA; LD; SP; QL
TALZENNA ORAL CAPSULE	3	PA; SP; QL
ZEJULA ORAL CAPSULE	3	PA; LD; SP; QL
<b>*PROGESTINS-ANTINEOPLASTIC***</b>		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
<b>*RETINOIDS***</b>		
tretinoin oral capsule	1 or 1b*	
<b>*SELECTIVE ESTROGEN RECEPTOR DEGRADERS***</b>		
ORSERDU ORAL TABLET	3	PA; QL
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene oral capsule	1 or 1b*	PA; SP; QL
TARGRETIN ORAL CAPSULE	3	PA; SP; QL
<b>*TETRAHYDROISOQUINOLINES***</b>		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX***</b>		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<b>*TOPOISOMERASE I INHIBITORS***</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML	3	SP

Drug Name	Tier	Notes
CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2ML	3	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; SP
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 500 mg/25ml	1 or 1b*	SP
irinotecan hcl intravenous solution 40 mg/2ml	1 or 1b*	
ONIVYDE INTRAVENOUS INJECTABLE	3	
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
topotecan hcl intravenous solution reconstituted	1 or 1b*	SP
<b>*URINARY TRACT PROTECTIVE AGENTS***</b>		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
mesna intravenous solution	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION	3	PA
MESNEX ORAL TABLET	2	PA
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
ALYMSYS INTRAVENOUS SOLUTION	3	PA
AVASTIN INTRAVENOUS SOLUTION	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; SP
INLYTA ORAL TABLET	2	PA; SP; QL
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; 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
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
MVASI INTRAVENOUS SOLUTION	3	PA; SP
VEGZELMA INTRAVENOUS SOLUTION	3	PA
ZALTRAP INTRAVENOUS SOLUTION	3	PA; SP
ZIRABEV INTRAVENOUS SOLUTION	3	PA; SP
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<b>*ADENOSINE RECEPTOR ANTAGONIST***</b>		
NOURIANZ ORAL TABLET	3	PA; SP; QL
<b>*ANTIPARKINSON ANTICHOLINERGICS***</b>		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	

Drug Name	Tier	Notes
<b>*ANTIPARKINSON DOPAMINERGICS***</b>		
amantadine hcl oral capsule	1 or 1b*	QL
amantadine hcl oral solution	1 or 1b*	QL
amantadine hcl oral tablet	1 or 1b*	QL
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	3	PA; QL
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	3	PA; DO
INBRIJA INHALATION CAPSULE	3	PA; QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; DO
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	3	PA; QL
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
AZILECT ORAL TABLET	3	QL
rasagiline mesylate oral tablet	1 or 1b*	QL
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET DISPERSIBLE	3	PA; QL
<b>*CENTRAL/PERIPHERAL COMT INHIBITORS***</b>		
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	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
<b>*DECARBOXYLASE INHIBITORS***</b>		
carbidopa oral tablet	1 or 1b*	
<b>LODOSYN ORAL TABLET</b>	3	
<b>*LEVODOPA COMBINATIONS***</b>		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1 or 1b*	
<b>DHIVY ORAL TABLET 25-100 MG</b>	3	
<b>DUOPA ENTERAL SUSPENSION</b>	3	PA; SP
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE</b>	3	QL
<b>SINEMET ORAL TABLET 10-100 MG, 25-100 MG</b>	3	
<b>STALEVO 100 ORAL TABLET</b>	3	
<b>STALEVO 125 ORAL TABLET</b>	3	
<b>STALEVO 150 ORAL TABLET</b>	3	
<b>STALEVO 200 ORAL TABLET</b>	3	
<b>STALEVO 50 ORAL TABLET</b>	3	
<b>STALEVO 75 ORAL TABLET</b>	3	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	PA; SP; QL
apomorphine hcl subcutaneous solution cartridge	1 or 1b*	PA; SP; QL

Drug Name	Tier	Notes
<b>KYNMOBI SUBLINGUAL FILM</b>	3	PA; LD; SP; QL
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	3	QL
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL
pramipexole dihydrochloride oral tablet	1 or 1b*	QL
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
<b>*PERIPHERAL COMT INHIBITORS***</b>		
<b>COMTAN ORAL TABLET</b>	3	QL
entacapone oral tablet	1 or 1b*	QL
<b>ONGENTYS ORAL CAPSULE</b>	3	PA; QL
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS*</b>		
<b>*ANTIMANIC AGENTS***</b>		
lithium carbonate er oral tablet extended release	1 or 1a*	QL
lithium carbonate oral capsule 150 mg, 300 mg	1 or 1a*	DO
lithium carbonate oral capsule 600 mg	1 or 1a*	QL
lithium carbonate oral tablet	1 or 1a*	DO
<b>LITHOBID ORAL TABLET EXTENDED RELEASE</b>	3	QL
<b>*ANTIPSYCHOTICS - MISC.***</b>		
<b>CAPLYTA ORAL CAPSULE</b>	3	ST; QL
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	3	PA; QL
<b>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	QL
<b>GEODON ORAL CAPSULE 20 MG, 40 MG</b>	3	ST; DO

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

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Drug Name	Tier	Notes
GEODON ORAL CAPSULE 60 MG, 80 MG	3	ST; QL
LATUDA ORAL TABLET 120 MG, 80 MG	3	QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
lurasidone hcl oral tablet 120 mg, 80 mg	1 or 1b*	QL
lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg	1 or 1b*	DO
NUPLAZID ORAL CAPSULE	3	PA; SP; QL
NUPLAZID ORAL TABLET 10 MG	3	PA; SP; QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL
ziprasidone hcl oral capsule 20 mg, 40 mg	1 or 1b*	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	1 or 1b*	QL
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	QL
<b>*BENZISOXAZOLES***</b>		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 9 MG	3	ST; QL
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL

Drug Name	Tier	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	QL
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1 or 1b*	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	1 or 1b*	QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
RISPERDAL ORAL SOLUTION	3	ST; QL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG	3	ST; QL
risperidone oral solution	1 or 1b*	QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet dispersible 3 mg, 4 mg	1 or 1b*	QL
<b>*BUTYROPHENONES***</b>		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	QL
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
<b>*DIBENZODIAZEPINES*</b> <b>**</b>		
clozapine oral tablet 100 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	1 or 1b*	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
<b>CLOZARIL ORAL TABLET 100 MG, 200 MG</b>	3	QL
<b>CLOZARIL ORAL TABLET 25 MG, 50 MG</b>	3	DO
<b>VERSACLOZ ORAL SUSPENSION</b>	3	QL
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG</b>	3	ST; QL
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG</b>	3	ST; DO
<b>SECUADO TRANSDERMAL PATCH 24 HOUR</b>	3	ST; QL
<b>*DIBENZOTHIAZEPINE S***</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 150 mg, 200 mg, 300 mg, 400 mg	1 or 1b*	QL
<b>SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3	ST; DO

Drug Name	Tier	Notes
<b>SEROQUEL ORAL TABLET 200 MG, 300 MG, 400 MG</b>	3	ST; QL
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG</b>	3	ST; DO
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG</b>	3	ST; QL
<b>*DIBENZOAZEPINES**</b> <b>*</b>		
<b>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL
<b>*DIHYDROINDOLONES*</b> <b>**</b>		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL
<b>*PHENOTHIAZINES***</b>		
chlorpromazine hcl injection solution	1 or 1b*	
<b>CHLORPROMAZINE HCL ORAL CONCENTRATE</b>	1 or 1b*	QL
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL

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

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

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

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

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Drug Name	Tier	Notes
<b>*ANTISEPTICS &amp; DISINFECTANTS*</b>		
<b>*ANTISEPTICS &amp; DISINFECTANTS***</b>		
formaldehyde external solution 10 %	1 or 1b*	
<b>FORMALDEHYDE EXTERNAL SOLUTION 37 %</b>	3	
<b>*CHLORINE ANTISEPTICS***</b>		
<b>BENZALKONIUM CHLORIDE EXTERNAL SOLUTION</b>	3	
<b>*IODINE ANTISEPTICS***</b>		
<b>IODOFLEX EXTERNAL PAD</b>	3	
<b>LUGOLS STRONG IODINE EXTERNAL SOLUTION</b>	3	
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
<b>BIKTARVY ORAL TABLET</b>	2	QL
<b>CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE</b>	3	PA; QL
<b>CIMDUO ORAL TABLET</b>	3	QL
<b>COMBIVIR ORAL TABLET</b>	3	QL
<b>COMPLERA ORAL TABLET</b>	3	PA; QL
<b>DELSTRIGO ORAL TABLET</b>	3	QL
<b>DESCOVY ORAL TABLET 120-15 MG</b>	2	ST; QL
<b>DESCOVY ORAL TABLET 200-25 MG</b>	2	ST; \$0; QL
<b>DOVATO ORAL TABLET</b>	2	QL
efavirenz-emtricitab-tenofovir oral tablet	1 or 1b*	QL
efavirenz-lamivudine-tenofovir oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL
<b>EPZICOM ORAL TABLET</b>	3	QL
<b>EVOTAZ ORAL TABLET</b>	3	QL
<b>GENVOYA ORAL TABLET</b>	2	QL
<b>JULUCA ORAL TABLET</b>	3	PA; QL
<b>KALETRA ORAL SOLUTION</b>	3	QL
<b>KALETRA ORAL TABLET</b>	3	QL
lamivudine-zidovudine oral tablet	1 or 1b*	QL
lopinavir-ritonavir oral solution	1 or 1b*	QL
lopinavir-ritonavir oral tablet	1 or 1b*	QL
<b>ODEFSEY ORAL TABLET</b>	2	QL
<b>PREZCOBIX ORAL TABLET</b>	3	QL
<b>STRIBILD ORAL TABLET</b>	2	QL
<b>SYMFI LO ORAL TABLET</b>	3	QL
<b>SYMFI ORAL TABLET</b>	3	QL
<b>SYMTUZA ORAL TABLET</b>	2	QL
<b>TRIUMEQ ORAL TABLET</b>	2	QL
<b>TRIUMEQ PD ORAL TABLET SOLUBLE</b>	2	QL
<b>TRIZIVIR ORAL TABLET</b>	3	QL
<b>TRUVADA ORAL TABLET</b>	3	ST; QL
<b>*ANTIRETROVIRALS - CAPSID INHIBITORS***</b>		
<b>SUNLENCA ORAL TABLET THERAPY PACK</b>	3	PA; QL
<b>SUNLENCA SUBCUTANEOUS SOLUTION</b>	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
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
maraviroc oral tablet	1 or 1b*	QL
<b>SELZENTRY ORAL SOLUTION</b>	3	QL
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	3	QL
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	2	QL
<b>*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***</b>		
<b>TROGARZO INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	2	PA; QL
<b>*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR***</b>		
<b>RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	PA; QL
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
<b>APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE</b>	3	QL
<b>ISENTRESS HD ORAL TABLET</b>	3	QL
<b>ISENTRESS ORAL PACKET</b>	3	QL
<b>ISENTRESS ORAL TABLET</b>	2	QL
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	2	QL
<b>TIVICAY ORAL TABLET</b>	3	QL
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	3	QL

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
<b>APTIVUS ORAL CAPSULE</b>	2	PA; QL
atazanavir sulfate oral capsule	1 or 1b*	QL
fosamprenavir calcium oral tablet	1 or 1b*	QL
<b>LEXIVA ORAL SUSPENSION</b>	2	QL
<b>LEXIVA ORAL TABLET</b>	3	QL
<b>NORVIR ORAL PACKET</b>	3	QL
<b>NORVIR ORAL TABLET</b>	3	QL
<b>PREZISTA ORAL SUSPENSION</b>	2	QL
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	2	QL
<b>REYATAZ ORAL CAPSULE 200 MG, 300 MG</b>	3	QL
<b>REYATAZ ORAL PACKET</b>	2	QL
ritonavir oral tablet	1 or 1b*	QL
<b>VIRACEPT ORAL TABLET</b>	2	QL
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
<b>EDURANT ORAL TABLET</b>	2	PA; QL
efavirenz oral capsule	1 or 1b*	QL
efavirenz oral tablet	1 or 1b*	QL
etravirine oral tablet	1 or 1b*	PA; QL
<b>INTELENCE ORAL TABLET 100 MG, 200 MG</b>	3	PA; QL
<b>INTELENCE ORAL TABLET 25 MG</b>	2	PA; QL
nevirapine er oral tablet extended release 24 hour	1 or 1b*	QL
nevirapine oral suspension	1 or 1b*	QL
nevirapine oral tablet	1 or 1b*	QL
<b>PIFELTRO ORAL TABLET</b>	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
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
abacavir sulfate oral solution	1 or 1b*	QL
abacavir sulfate oral tablet	1 or 1b*	QL
<b>ZIAGEN ORAL SOLUTION</b>	3	QL
<b>ZIAGEN ORAL TABLET</b>	3	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
emtricitabine oral capsule	1 or 1b*	\$0; QL
<b>EMTRIVA ORAL CAPSULE</b>	3	QL
<b>EMTRIVA ORAL SOLUTION</b>	2	QL
<b>EPIVIR ORAL SOLUTION</b>	3	QL
<b>EPIVIR ORAL TABLET</b>	3	QL
lamivudine oral solution	1 or 1b*	QL
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
<b>RETROVIR INTRAVENOUS SOLUTION</b>	2	
<b>RETROVIR ORAL CAPSULE</b>	3	QL
<b>RETROVIR ORAL SYRUP</b>	3	QL
stavudine oral capsule	1 or 1b*	QL
zidovudine oral capsule	1 or 1b*	QL
zidovudine oral syrup	1 or 1b*	QL
zidovudine oral tablet	1 or 1b*	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
tenofovir disoproxil fumarate oral tablet	1 or 1b*	\$0; QL
<b>VIREAD ORAL POWDER</b>	2	QL
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	2	QL
<b>VIREAD ORAL TABLET 300 MG</b>	3	QL

Drug Name	Tier	Notes
<b>*ANTIRETROVIRALS ADJUVANTS***</b>		
<b>TYBOST ORAL TABLET</b>	3	QL
<b>*CMV AGENTS***</b>		
cidofovir intravenous solution	1 or 1b*	
foscarnet sodium intravenous solution 6000 mg/250ml	1 or 1b*	
<b>FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML</b>	3	
<b>GANCICLOVIR INTRAVENOUS SOLUTION</b>	3	SP
<b>GANCICLOVIR SODIUM INTRAVENOUS SOLUTION</b>	3	SP
ganciclovir sodium intravenous solution reconstituted	1 or 1b*	SP
<b>LIVTENCITY ORAL TABLET</b>	3	PA; QL
<b>PREVYMIS INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>PREVYMIS ORAL TABLET</b>	3	PA; SP; QL
<b>VALCYTE ORAL SOLUTION RECONSTITUTED</b>	3	
<b>VALCYTE ORAL TABLET</b>	3	
valganciclovir hcl oral solution reconstituted	1 or 1b*	
valganciclovir hcl oral tablet	1 or 1b*	
<b>*HEPATITIS B AGENTS***</b>		
adefovir dipivoxil oral tablet	1 or 1b*	SP; QL
<b>BARACLUDE ORAL SOLUTION</b>	2	QL
<b>BARACLUDE ORAL TABLET</b>	3	QL
entecavir oral tablet	1 or 1b*	QL
lamivudine oral tablet 100 mg	1 or 1b*	QL
<b>VEMLIDY ORAL TABLET</b>	3	SP; 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
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
EPCLUSA ORAL PACKET	3	PA; SP; QL
EPCLUSA ORAL TABLET	3	PA; SP; QL
HARVONI ORAL PACKET	3	PA; SP; QL
HARVONI ORAL TABLET	3	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; SP; QL
MAVYRET ORAL PACKET	3	PA; SP; QL
MAVYRET ORAL TABLET	3	PA; SP; QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET	3	PA; SP; QL
VOSEVI ORAL TABLET	3	PA; SP; QL
ZEPATIER ORAL TABLET	3	PA; SP; QL
<b>*HEPATITIS C AGENTS***</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	LD; SP; QL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD; SP; QL
ribavirin oral capsule	1 or 1b*	SP; QL
ribavirin oral tablet 200 mg	1 or 1b*	SP; QL
SOVALDI ORAL PACKET	3	PA; SP; QL
SOVALDI ORAL TABLET	3	PA; SP; QL
<b>*HERPES AGENTS - PURINE ANALOGUES***</b>		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET	3	PA; QL
valacyclovir hcl oral tablet	1 or 1b*	QL

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

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

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

Drug Name	Tier	Notes
<b>BREVIBLOC IN NACL INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML</b>	3	
<b>BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION</b>	3	
<b>BREVIBLOC PREMIXED INTRAVENOUS SOLUTION</b>	3	
<b>BYSTOLIC ORAL TABLET</b>	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
<b>ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML</b>	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
<b>KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE</b>	3	
<b>LOPRESSOR ORAL TABLET</b>	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
nebivolol hcl oral tablet	1 or 1b*	
<b>TENORMIN ORAL TABLET</b>	3	
<b>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
<b>BETAPACE AF ORAL TABLET</b>	3	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	3	QL
<b>CORGARD ORAL TABLET 20 MG, 40 MG</b>	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
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG	3	DO
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	3	QL
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	QL
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL
pindolol oral tablet 10 mg	1 or 1b*	QL
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	QL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1 or 1b*	DO
propranolol hcl oral tablet 80 mg	1 or 1b*	QL
sorine oral tablet	1 or 1b*	QL
sotalol hcl (af) oral tablet	1 or 1b*	
<b>SOTALOL HCL INTRAVENOUS SOLUTION</b>	3	
sotalol hcl oral tablet	1 or 1b*	QL
<b>SOTYLIZE ORAL SOLUTION</b>	3	
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
<b>*CALCIUM CHANNEL BLOCKERS*</b>		
<b>*CALCIUM CHANNEL BLOCKERS***</b>		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG</b>	3	DO
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	3	QL
<b>CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%</b>	3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG</b>	3	QL
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	3	QL
<b>CARDIZEM ORAL TABLET 120 MG</b>	3	QL
<b>CARDIZEM ORAL TABLET 30 MG, 60 MG</b>	3	DO
cartia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg	1 or 1b*	QL
<b>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML</b>	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
<b>CONJUPRI ORAL TABLET 2.5 MG</b>	3	ST; DO
<b>CONJUPRI ORAL TABLET 5 MG</b>	3	ST; QL
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl er oral capsule extended release 12 hour 60 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
diltiazem hcl er oral tablet extended release 24 hour 120 mg	1 or 1b*	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
diltiazem hcl intravenous solution	1 or 1b*	
<b>DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	QL
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL

Drug Name	Tier	Notes
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	DO
isradipine oral capsule 5 mg	1 or 1b*	QL
<b>KATERZIA ORAL SUSPENSION</b>	3	PA; QL
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	ST; DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	ST; QL
matzim la oral tablet extended release 24 hour	1 or 1b*	QL
<b>NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%</b>	3	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	QL
nifedipine er oral tablet extended release 24 hour	1 or 1b*	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL
nifedipine oral capsule 10 mg	1 or 1b*	DO
nifedipine oral capsule 20 mg	1 or 1b*	QL
nimodipine oral capsule	1 or 1b*	QL
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL
<b>NORLIQVA ORAL SOLUTION</b>	3	PA; QL
<b>NORVASC ORAL TABLET 10 MG</b>	3	QL
<b>NORVASC ORAL TABLET 2.5 MG, 5 MG</b>	3	DO

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

Drug Name	Tier	Notes
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	3	QL
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG</b>	3	DO
<b>PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG</b>	3	QL
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG</b>	3	DO
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG</b>	3	QL
taztia xt oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG</b>	3	DO
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	3	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg	3	DO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL

Drug Name	Tier	Notes
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
<b>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG</b>	3	DO
<b>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG</b>	3	QL
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG</b>	3	DO
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG</b>	3	QL
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
<b>LANOXIN INJECTION SOLUTION 0.25 MG/ML</b>	3	
<b>LANOXIN ORAL TABLET 125 MCG, 62.5 MCG</b>	3	DO
<b>LANOXIN ORAL TABLET 250 MCG</b>	3	QL
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
<b>*INOTROPES***</b>		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
<b>DOBUTAMINE IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML</b>	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
<b>DOPAMINE IN D5W INTRAVENOUS SOLUTION</b>	3	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	
<b>*CARDIOVASCULAR AGENTS - MISC.*</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB***</b>		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG</b>	3	QL
<b>CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG</b>	3	DO
<b>*CARDIAC MYOSIN INHIBITORS***</b>		
<b>CAMZYOS ORAL CAPSULE</b>	3	PA; SP; QL
<b>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
<b>ENTRESTO ORAL TABLET</b>	3	QL
<b>*NITRATE &amp; VASODILATOR COMBINATIONS***</b>		
<b>BIDIL ORAL TABLET</b>	3	QL
isosorb dinitrate-hydralazine oral tablet	1 or 1b*	QL
<b>*PROSTAGLANDIN - IMPOTENCE AGENTS***</b>		
<b>CAVERJECT IMPULSE INTRACAVERNOSAL KIT</b>	3	PA

Drug Name	Tier	Notes
<b>CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED</b>	3	PA
<b>EDEX INTRACAVERNOSAL KIT</b>	3	PA
<b>MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG</b>	3	PA
<b>*PROSTAGLANDIN VASODILATORS***</b>		
epoprostenol sodium intravenous solution reconstituted	1 or 1b*	PA; LD; SP
<b>FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	3	PA; QL
<b>ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	3	PA; QL
<b>ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK</b>	3	PA; QL
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE</b>	3	PA; SP
<b>REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML</b>	3	PA; SP
treprostinil injection solution	1 or 1b*	PA; SP
<b>TYVASO DPI MAINTENANCE KIT INHALATION POWDER</b>	3	PA; QL
<b>TYVASO DPI TITRATION KIT INHALATION POWDER</b>	3	PA; QL
<b>TYVASO INHALATION SOLUTION</b>	3	PA; SP; QL
<b>TYVASO REFILL INHALATION SOLUTION</b>	3	PA; SP; 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
<b>TYVASO STARTER INHALATION SOLUTION</b>	3	PA; SP; QL
<b>VELETRI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>VENTAVIS INHALATION SOLUTION</b>	3	PA; SP; QL
<b>*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***</b>		
<b>ADEMPAS ORAL TABLET</b>	3	PA; LD; SP; QL
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
ambrisentan oral tablet	1 or 1b*	PA; SP; QL
bosentan oral tablet	1 or 1b*	PA; LD; SP; QL
<b>LETAIRIS ORAL TABLET</b>	3	PA; SP; QL
<b>OPSUMIT ORAL TABLET</b>	3	PA; SP; QL
<b>TRACLEER ORAL TABLET</b>	3	PA; LD; SP; QL
<b>TRACLEER ORAL TABLET SOLUBLE</b>	3	PA; SP; QL
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
<b>ADCIRCA ORAL TABLET</b>	3	PA; SP; QL
alyq oral tablet	1 or 1b*	PA; SP; QL
<b>REVATIO INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	3	PA; SP; QL
<b>REVATIO ORAL TABLET</b>	3	PA; SP; QL
sildenafil citrate intravenous solution	1 or 1b*	PA; SP; QL
sildenafil citrate oral suspension reconstituted	1 or 1b*	PA; SP; QL

Drug Name	Tier	Notes
sildenafil citrate oral tablet 20 mg	1 or 1b*	PA; SP; QL
tadalafil (pah) oral tablet	1 or 1b*	PA; SP; QL
<b>TADLIQ ORAL SUSPENSION</b>	3	PA; QL
<b>*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***</b>		
<b>UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; QL
<b>UPTRAVI ORAL TABLET</b>	3	PA; SP; QL
<b>UPTRAVI ORAL TABLET THERAPY PACK</b>	3	PA; SP; QL
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***</b>		
<b>CIALIS ORAL TABLET 10 MG, 20 MG</b>	3	PA
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
<b>STENDRA ORAL TABLET</b>	3	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet	3	PA
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
<b>VIAGRA ORAL TABLET</b>	3	PA
<b>*SEPTAL AGENTS - ABLATION**</b>		
<b>ABLYSINOL INTRA-ARTERIAL SOLUTION</b>	3	
<b>*SINUS NODE INHIBITORS**</b>		
<b>CORLANOR ORAL SOLUTION</b>	3	PA; QL
<b>CORLANOR ORAL TABLET</b>	2	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
<b>*TRANSTHYRETIN STABILIZERS***</b>		
VYNDAMAX ORAL CAPSULE	3	PA; SP; QL
VYNDAQEL ORAL CAPSULE	3	PA; SP; QL
<b>*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***</b>		
VERQUVO ORAL TABLET	3	PA; QL
<b>*CEPHALOSPORINS*</b>		
<b>*CEPHALOSPORIN COMBINATIONS***</b>		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*CEPHALOSPORINS - 1ST GENERATION***</b>		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg	1 or 1b*	
<b>CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM</b>	3	
cefazolin sodium intravenous solution reconstituted 1 gm	1 or 1b*	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	3	
<b>CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%</b>	3	

Drug Name	Tier	Notes
<b>CEFAZOLIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)</b>	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
<b>*CEPHALOSPORINS - 2ND GENERATION***</b>		
<b>CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	
cefactor oral capsule	1 or 1b*	
cefactor oral suspension reconstituted	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
cefoxitin sodium intravenous solution reconstituted	1 or 1b*	
<b>CEFOXITIN SODIUM- DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</b>	3	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 750 mg	1 or 1b*	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1 or 1b*	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	1 or 1b*	
cefixime oral suspension reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	3	
cefpodoxime proxetil oral suspension reconstituted	1 or 1b*	
cefpodoxime proxetil oral tablet	1 or 1b*	
<b>CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)</b>	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1 or 1b*	
ceftazidime intravenous solution reconstituted	1 or 1b*	
ceftriaxone sodium in dextrose intravenous solution	1 or 1b*	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1 or 1b*	QL
<b>CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM</b>	3	QL
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	QL
<b>CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</b>	3	QL
<b>SUPRAX ORAL CAPSULE</b>	3	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML</b>	3	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	3	
tazicef injection solution reconstituted 1 gm	1 or 1b*	
<b>TAZICEF INTRAVENOUS SOLUTION</b>	3	
tazicef intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
<b>*CEPHALOSPORINS - 4TH GENERATION***</b>		
cefepime hcl injection solution reconstituted 1 gm	1 or 1b*	
<b>CEFEPIME HCL INTRAVENOUS SOLUTION</b>	3	
<b>CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM</b>	3	
cefepime hcl intravenous solution reconstituted 2 gm	1 or 1b*	
<b>CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)</b>	3	
<b>*CEPHALOSPORINS - 5TH GENERATION***</b>		
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CEPHALOSPORINS - SIDEROPHORES***</b>		
<b>FETROJA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*CONTRACEPTIVES*</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL***</b>		
azurette oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
kariva oral tablet	1 or 1b*	\$0
<b>LO LOESTRIN FE ORAL TABLET</b>	2	\$0
<b>MIRCETTE ORAL TABLET</b>	3	\$0
pimtrea oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
<b>*COMBINATION CONTRACEPTIVES - ORAL***</b>		
afirmelle oral tablet	1 or 1a*	\$0
altavera oral tablet	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
apri oral tablet	1 or 1a*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aurovela 1.5/30 oral tablet	1 or 1a*	\$0
aurovela 1/20 oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	\$0
aurovela fe 1/20 oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
<b>BALCOLTRA ORAL TABLET</b>	3	\$0
balziva oral tablet	1 or 1a*	\$0
<b>BEYAZ ORAL TABLET</b>	3	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
charlotte 24 fe oral tablet chewable	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
cryselle-28 oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 oral tablet	1 or 1a*	\$0
delyla oral tablet	1 or 1a*	\$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
estarylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina oral tablet	1 or 1a*	\$0
<b>FINZALA ORAL TABLET CHEWABLE</b>	1 or 1a*	\$0
gemmily oral capsule	1 or 1b*	\$0

Drug Name	Tier	Notes
<b>GENERESS FE ORAL TABLET CHEWABLE</b>	3	\$0
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey fe 1.5/30 oral tablet	1 or 1a*	\$0
hailey fe 1/20 oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kelnor 1/35 oral tablet	1 or 1a*	\$0
kelnor 1/50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
larin 1.5/30 oral tablet	1 or 1a*	\$0
larin 1/20 oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 oral tablet	1 or 1a*	\$0
larin fe 1/20 oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
loestrin 1.5/30 (21) oral tablet	1 or 1a*	\$0
loestrin 1/20 (21) oral tablet	1 or 1a*	\$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	\$0
loestrin fe 1/20 oral tablet	1 or 1a*	\$0
loryna oral tablet	1 or 1b*	\$0
low-ogestrel oral tablet	1 or 1a*	\$0
lo-zumandimine oral tablet	1 or 1b*	\$0
lutera oral tablet	1 or 1a*	\$0
marlissa oral tablet	1 or 1a*	\$0
merzee oral capsule	1 or 1b*	\$0
microgestin 1.5/30 oral tablet	1 or 1a*	\$0

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

Drug Name	Tier	Notes
<b>TAYTULLA ORAL CAPSULE</b>	3	\$0
<b>TYBLUME ORAL TABLET CHEWABLE</b>	3	\$0
tydemy oral tablet	1 or 1b*	\$0
vestura oral tablet	1 or 1b*	\$0
vienva oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
<b>YASMIN 28 ORAL TABLET</b>	3	\$0
<b>YAZ ORAL TABLET</b>	3	\$0
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		
<b>TWIRLA TRANSDERMAL PATCH WEEKLY</b>	3	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
zafemy transdermal patch weekly	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
<b>ANNOVERA VAGINAL RING</b>	3	\$0
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	\$0
<b>HALOETTE VAGINAL RING</b>	1 or 1b*	\$0
<b>NUVARING VAGINAL RING</b>	3	\$0
<b>*CONTINUOUS CONTRACEPTIVES - ORAL***</b>		
amethyst oral tablet	1 or 1b*	\$0
dolishale oral tablet	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0

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Drug Name	Tier	Notes
<b>*COPPER CONTRACEPTIVES - IUD***</b>		
<b>PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE</b>	3	\$0
<b>*EMERGENCY CONTRACEPTIVES***</b>		
aftera oral tablet	1 or 1b*	\$0
afterpill oral tablet	1 or 1b*	\$0
econtra one-step oral tablet	1 or 1b*	\$0
<b>ELLA ORAL TABLET</b>	3	\$0
<b>HER STYLE ORAL TABLET</b>	1 or 1b*	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	\$0
my choice oral tablet	1 or 1b*	\$0
my way oral tablet	1 or 1b*	\$0
new day oral tablet	1 or 1b*	\$0
opcicon one-step oral tablet	1 or 1b*	\$0
option 2 oral tablet	1 or 1b*	\$0
react oral tablet	1 or 1b*	\$0
take action oral tablet	1 or 1b*	\$0
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***</b>		
amethia oral tablet	1 or 1b*	\$0
ashlyna oral tablet	1 or 1b*	\$0
camrese lo oral tablet	1 or 1b*	\$0
camrese oral tablet	1 or 1b*	\$0
daysee oral tablet	1 or 1b*	\$0
fayosim oral tablet	1 or 1b*	\$0
iclevia oral tablet	1 or 1b*	\$0
introvale oral tablet	1 or 1b*	\$0
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimiess oral tablet	1 or 1b*	\$0
<b>LOSEASONIQUE ORAL TABLET</b>	3	\$0

Drug Name	Tier	Notes
<b>QUARTETTE ORAL TABLET</b>	3	\$0
rivelsa oral tablet	1 or 1b*	\$0
<b>SEASONIQUE ORAL TABLET</b>	3	\$0
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0
<b>*FOUR PHASE CONTRACEPTIVES - ORAL***</b>		
<b>NATAZIA ORAL TABLET</b>	3	\$0
<b>*PROGESTIN CONTRACEPTIVES - IMPLANTS***</b>		
<b>NEXPLANON SUBCUTANEOUS IMPLANT</b>	3	SP; \$0
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	3	\$0
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	3	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$0
<b>*PROGESTIN CONTRACEPTIVES - IUD***</b>		
<b>KYLEENA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	SP; \$0
<b>LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY</b>	3	SP; \$0

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

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Drug Name	Tier	Notes
<b>MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY</b>	3	LD; SP; \$0
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	SP; \$0
<b>*PROGESTIN CONTRACEPTIVES - ORAL***</b>		
camila oral tablet	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
errin oral tablet	1 or 1b*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
lyleq oral tablet	1 or 1b*	\$0
lyza oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
<b>SLYND ORAL TABLET</b>	3	\$0
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
dasetta 7/7/7 oral tablet	1 or 1a*	\$0
enpresse-28 oral tablet	1 or 1a*	\$0
leena oral tablet	1 or 1a*	\$0
levonest oral tablet	1 or 1a*	\$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*	\$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0
nortrel 7/7/7 oral tablet	1 or 1a*	\$0
nylia 7/7/7 oral tablet	1 or 1a*	\$0
pirmella 7/7/7 oral tablet	1 or 1a*	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-nymyo oral tablet	1 or 1b*	\$0
tri-sprintec oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
velivet oral tablet	1 or 1a*	\$0
<b>*CORTICOSTEROIDS*</b>		
<b>*GLUCOCORTICOSTEROIDS***</b>		
<b>ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE</b>	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL
budesonide oral capsule delayed release particles	1 or 1b*	QL
<b>CORTEF ORAL TABLET</b>	3	
cortisone acetate oral tablet	3	PA; QL
<b>DEPO-MEDROL INJECTION SUSPENSION</b>	3	
<b>DEXABLISS ORAL TABLET THERAPY PACK</b>	3	
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
<b>DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE</b>	3	
<b>DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML</b>	1 or 1b*	

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

Drug Name	Tier	Notes
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
<b>DXEVO 11-DAY ORAL TABLET THERAPY PACK</b>	3	
<b>EMFLAZA ORAL SUSPENSION</b>	3	PA
<b>EMFLAZA ORAL TABLET</b>	3	PA
<b>HEMADY ORAL TABLET</b>	3	PA; QL
<b>HEXATRIONE INTRA-ARTICULAR SUSPENSION</b>	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
<b>KENALOG INJECTION SUSPENSION</b>	3	
<b>KENALOG-80 INJECTION SUSPENSION</b>	3	
<b>MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG</b>	3	
<b>MEDROL ORAL TABLET 2 MG</b>	2	
<b>MEDROL ORAL TABLET THERAPY PACK</b>	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
<b>MILLIPRED ORAL TABLET</b>	1 or 1b*	
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG</b>	3	QL
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG</b>	3	DO
<b>ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	QL

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

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

Drug Name	Tier	Notes
<b>*MINERALOCORTICOID***</b>		
fludrocortisone acetate oral tablet	1 or 1b*	
<b>*STEROID COMBINATIONS***</b>		
BSP 0820 INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
benzonatate oral capsule	1 or 1b*	
<b>*ANTITUSSIVE - OPIOID***</b>		
HYCODAN ORAL SOLUTION	3	QL
HYCODAN ORAL TABLET	3	PA
hydrocodone bit-homatrop mbr oral solution	1 or 1a*	QL
hydrocodone bit-homatrop mbr oral tablet	1 or 1a*	PA
hydromet oral solution	1 or 1a*	QL
<b>*ANTITUSSIVE-EXPECTORANT***</b>		
CODITUSSIN AC ORAL LIQUID	3	
g tussin ac oral solution	1 or 1a*	
guaifenesin ac oral syrup	1 or 1a*	
guaifenesin-codeine oral solution	1 or 1a*	
MAR-COF CG EXPECTORANT ORAL LIQUID	2	
maxi-tuss ac oral solution	1 or 1a*	
M-CLEAR WC ORAL SOLUTION 100-6.33 MG/5ML	2	QL
NINJACOF-XG ORAL LIQUID	3	
<b>*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***</b>		
CODITUSSIN DAC ORAL LIQUID	3	

Drug Name	Tier	Notes
TUSNEL C ORAL SYRUP	2	PA
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine vc oral syrup	1 or 1b*	QL
<b>*MISC. RESPIRATORY INHALANTS***</b>		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	1 or 1b*	
PULMOSAL INHALATION NEBULIZATION SOLUTION	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
<b>*MUCOLYTICS***</b>		
acetylcysteine inhalation solution	1 or 1b*	
<b>*NON-NARC ANTIHISTAMINE-ANTITUSSIVE***</b>		
promethazine-dm oral syrup	1 or 1a*	QL
<b>*NON-NARC ANTIHISTAMINE-DECONGESTANT-ANTITUSSIVE***</b>		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
<b>*OPIOID ANTIHISTAMINE-ANTITUSSIVE***</b>		
hydrocod poli-chlorphe poli er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
promethazine-codeine oral syrup	1 or 1a*	QL
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	

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



Drug Name	Tier	Notes
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
CAPCOF ORAL SYRUP	3	
MAR-COF BP ORAL LIQUID	3	
MAXI-TUSS CD ORAL LIQUID	2	
M-END PE ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	
promethazine vc/codeine oral syrup	1 or 1b*	QL
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	PA
RYDEX ORAL LIQUID	2	
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
ACZONE EXTERNAL GEL	3	ST; QL
AMZEEQ EXTERNAL FOAM	3	ST; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	QL
CLINDACIN EXTERNAL FOAM	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
CLINDAGEL EXTERNAL GEL	3	ST; QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL

Drug Name	Tier	Notes
ERYGEL EXTERNAL GEL	3	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
<b>*ACNE COMBINATIONS***</b>		
ACANYA EXTERNAL GEL	3	ST; QL
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL
BENZAMYCIN EXTERNAL GEL	3	ST; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	PA; QL
EPIDUO EXTERNAL GEL	3	ST; QL
EPIDUO FORTE EXTERNAL GEL	3	ST; QL
neuac external gel	1 or 1b*	QL
ONEXTON EXTERNAL GEL	2	QL
TWYNEO EXTERNAL CREAM	3	ST; QL
VELTIN EXTERNAL GEL	3	ST; QL
ZIANA EXTERNAL GEL	3	ST; QL
<b>*ACNE PRODUCTS***</b>		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	PA
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel 0.3 %	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
ADAPALENE EXTERNAL SOLUTION	3	ST; QL

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

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Drug Name	Tier	Notes
AKLIEF EXTERNAL CREAM	3	ST; QL
ALTRENO EXTERNAL LOTION	3	ST; QL
amnestem oral capsule	2	PA
ARAZLO EXTERNAL LOTION	3	ST; QL
ATRALIN EXTERNAL GEL	3	ST; QL
avita external cream	1 or 1b*	ST; QL
avita external gel	1 or 1b*	ST; QL
AZELEX EXTERNAL CREAM	3	ST; QL
claravis oral capsule	2	PA
DIFFERIN EXTERNAL CREAM	3	ST; QL
DIFFERIN EXTERNAL GEL 0.3 %	3	ST; QL
DIFFERIN EXTERNAL LOTION	3	ST; QL
EPSOLAY EXTERNAL CREAM	3	QL
FABIOR EXTERNAL FOAM	3	ST; QL
isotretinoin oral capsule	2	PA
RETIN-A EXTERNAL CREAM	3	ST; QL
RETIN-A EXTERNAL GEL	3	ST; QL
RETIN-A MICRO EXTERNAL GEL	3	ST; QL
RETIN-A MICRO PUMP EXTERNAL GEL	3	ST; QL
TAZAROTENE EXTERNAL FOAM	3	ST; QL
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
WINLEVI EXTERNAL CREAM	3	ST; QL
zenatane oral capsule	2	PA

Drug Name	Tier	Notes
<b>*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS***</b>		
VEREGEN EXTERNAL OINTMENT	3	QL
<b>*AGENTS FOR FACIAL WRINKLES - RETINOIDS***</b>		
RENOVA EXTERNAL CREAM	3	PA; QL
RENOVA PUMP EXTERNAL CREAM	3	PA; QL
<b>*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***</b>		
NEO-SYNALAR EXTERNAL CREAM	3	
<b>*ANTIBIOTICS - TOPICAL***</b>		
ALTABAX EXTERNAL OINTMENT	2	QL
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin calcium external cream	3	ST; QL
mupirocin external ointment	1 or 1b*	QL
XEPI EXTERNAL CREAM	3	QL
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
FUNGIMEZ EXTERNAL SOLUTION	3	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	QL
nystatin-triamcinolone external cream	1 or 1b*	QL
nystatin-triamcinolone external ointment	1 or 1b*	QL
VUSION EXTERNAL OINTMENT	3	QL

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

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Drug Name	Tier	Notes
<b>*ANTIFUNGALS - TOPICAL***</b>		
ciclodan external solution	1 or 1b*	QL
ciclopirox external gel	1 or 1b*	QL
ciclopirox external shampoo	1 or 1b*	QL
ciclopirox external solution	1 or 1b*	QL
ciclopirox olamine external cream	1 or 1b*	QL
ciclopirox olamine external suspension	1 or 1b*	QL
<b>LOPROX EXTERNAL SHAMPOO</b>	3	QL
<b>LOPROX EXTERNAL SUSPENSION</b>	3	ST; QL
<b>MENTAX EXTERNAL CREAM</b>	3	ST; QL
naftifine hcl external cream	1 or 1b*	ST; QL
naftifine hcl external gel 2 %	1 or 1b*	ST; QL
<b>NAFTIN EXTERNAL GEL</b>	3	ST; QL
nyamyc external powder	1 or 1b*	QL
nystatin external cream	1 or 1b*	QL
nystatin external ointment	1 or 1b*	QL
nystatin external powder	1 or 1b*	QL
nystop external powder	1 or 1b*	QL
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL***</b>		
diclofenac epolamine external patch	3	ST; QL
diclofenac sodium external solution	3	ST; QL
<b>FLECTOR EXTERNAL PATCH</b>	3	ST; QL
<b>LICART EXTERNAL PATCH 24 HOUR</b>	3	ST; QL
<b>PENNSAID EXTERNAL SOLUTION</b>	3	ST; QL
<b>*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***</b>		
diclona+ external patch	3	
<b>*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL***</b>		
<b>VALCHLOR EXTERNAL GEL</b>	3	PA; LD; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
<b>CARAC EXTERNAL CREAM</b>	3	ST; QL
<b>EFUDEX EXTERNAL CREAM</b>	3	ST; QL
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	QL
fluorouracil external solution	1 or 1b*	QL
<b>*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***</b>		
diclofenac sodium external gel 3 %	1 or 1b*	PA; QL
<b>*ANTINEOPLASTIC RETINOIDS - TOPICAL***</b>		
<b>PANRETIN EXTERNAL GEL</b>	3	SP
<b>*ANTI-PRURITICS - TOPICAL***</b>		
doxepin hcl external cream	1 or 1b*	PA; QL
<b>PRUDOXIN EXTERNAL CREAM</b>	3	PA; QL
<b>ZONALON EXTERNAL CREAM</b>	3	PA; QL
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
acitretin oral capsule	1 or 1b*	
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	3	PA; SP; QL
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; 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
<b>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
methoxsalen rapid oral capsule	1 or 1b*	SP
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>SOTYKTU ORAL TABLET</b>	3	PA; QL
<b>SPEVIGO INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	3	PA; SP; QL
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; LD; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>*ANTIPSORIATICS***</b>		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	1 or 1b*	QL
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL

Drug Name	Tier	Notes
calcitriol external ointment	1 or 1b*	QL
<b>SORILUX EXTERNAL FOAM</b>	3	QL
tazarotene external cream	1 or 1b*	QL
tazarotene external gel	1 or 1b*	QL
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	2	QL
<b>TAZORAC EXTERNAL CREAM 0.1 %</b>	3	ST; QL
<b>TAZORAC EXTERNAL GEL</b>	3	QL
<b>VECTICAL EXTERNAL OINTMENT</b>	3	QL
<b>VTAMA EXTERNAL CREAM</b>	3	PA; QL
<b>ZORYVE EXTERNAL CREAM</b>	3	PA; QL
<b>*ANTISEBORRHEIC COMBINATIONS***</b>		
<b>PROMISEB EXTERNAL CREAM</b>	3	
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
selenium sulfide external lotion	1 or 1a*	QL
<b>*ANTIVIRAL TOPICAL COMBINATIONS***</b>		
<b>XERESE EXTERNAL CREAM</b>	3	PA; QL
<b>*ANTIVIRALS - TOPICAL***</b>		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
<b>DENA VIR EXTERNAL CREAM</b>	3	PA; QL
penciclovir external cream	1 or 1b*	PA; QL
<b>ZOVIRAX EXTERNAL CREAM</b>	3	PA; QL
<b>ZOVIRAX EXTERNAL OINTMENT</b>	3	QL
<b>*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS***</b>		
<b>CIBINQO ORAL TABLET</b>	3	PA; SP; QL
<b>OPZELURA EXTERNAL CREAM</b>	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
<b>*ATOPIIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; ST; SP
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	3	PA; SP; QL
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	3	PA; ST; SP
<b>*BURN PRODUCTS***</b>		
mafenide acetate external packet	1 or 1b*	
<b>SILVADENE EXTERNAL CREAM</b>	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
<b>SULFAMYLON EXTERNAL CREAM</b>	3	
<b>SULFAMYLON EXTERNAL PACKET</b>	3	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
<b>ALA SCALP EXTERNAL LOTION</b>	3	ST; QL
ala-cort external cream 1 %	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
amcinonide external lotion	3	ST; QL
<b>AMCINONIDE EXTERNAL OINTMENT</b>	3	ST; QL
<b>APEXICON E EXTERNAL CREAM</b>	3	ST; QL
betamethasone dipropionate aug external cream	1 or 1b*	QL

Drug Name	Tier	Notes
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL
betamethasone dipropionate aug external ointment	1 or 1b*	QL
betamethasone dipropionate external cream	1 or 1b*	QL
betamethasone dipropionate external lotion	1 or 1b*	QL
betamethasone dipropionate external ointment	1 or 1b*	QL
betamethasone valerate external cream	1 or 1b*	QL
betamethasone valerate external foam	3	ST; QL
betamethasone valerate external lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
<b>BRYHALI EXTERNAL LOTION</b>	3	ST; QL
<b>CAPEX EXTERNAL SHAMPOO</b>	3	ST; QL
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
<b>CLOBEX EXTERNAL LOTION</b>	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
<b>CLOBEX EXTERNAL SHAMPOO</b>	3	ST; QL
<b>CLOBEX SPRAY EXTERNAL LIQUID</b>	3	ST; QL
clocortolone pivalate external cream	3	ST; QL
clodan external shampoo	1 or 1b*	QL
<b>CLODERM EXTERNAL CREAM</b>	3	ST; QL
<b>CORDRAN EXTERNAL CREAM 0.05 %</b>	3	ST; QL
<b>CORDRAN EXTERNAL LOTION</b>	3	ST; QL
<b>CORDRAN EXTERNAL TAPE</b>	3	ST; QL
<b>DERMA-SMOOTH/FS BODY EXTERNAL OIL</b>	3	ST; QL
desonide external cream	1 or 1b*	QL
desonide external gel	1 or 1b*	QL
desonide external lotion	1 or 1b*	QL
desonide external ointment	1 or 1b*	QL
<b>DESOWEN EXTERNAL CREAM</b>	3	ST; QL
desoximetasone external cream	3	ST; QL
desoximetasone external gel	3	ST; QL
desoximetasone external liquid	3	ST; QL
desoximetasone external ointment	3	ST; QL
desrx external gel	1 or 1b*	QL
diflorasone diacetate external cream	3	ST; QL
diflorasone diacetate external ointment	3	ST; QL
<b>DIPROLENE EXTERNAL OINTMENT</b>	3	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	QL
fluocinolone acetonide external cream	1 or 1b*	QL
fluocinolone acetonide external ointment	1 or 1b*	QL
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL

Drug Name	Tier	Notes
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL
flurandrenolide external cream	3	ST; QL
flurandrenolide external lotion	3	ST; QL
fluticasone propionate external cream	1 or 1b*	QL
fluticasone propionate external lotion	1 or 1b*	QL
fluticasone propionate external ointment	1 or 1b*	QL
halcinonide external cream	3	ST; QL
halobetasol propionate external cream	1 or 1b*	QL
<b>HALOBETASOL PROPIONATE EXTERNAL FOAM</b>	3	ST; QL
halobetasol propionate external ointment	1 or 1b*	QL
<b>HALOG EXTERNAL CREAM</b>	3	ST; QL
<b>HALOG EXTERNAL OINTMENT</b>	3	ST; QL
<b>HALOG EXTERNAL SOLUTION</b>	3	ST; QL
hydrocortisone butyr lipo base external cream	3	ST; QL
hydrocortisone butyrate external cream	3	ST; QL
hydrocortisone butyrate external lotion	3	ST; QL
hydrocortisone butyrate external ointment	3	ST; QL
hydrocortisone butyrate external solution	3	ST; QL
hydrocortisone external cream 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	QL

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

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Drug Name	Tier	Notes
hydrocortisone valerate external cream	3	ST; QL
hydrocortisone valerate external ointment	3	ST; QL
<b>IMPEKLO EXTERNAL LOTION</b>	3	ST; QL
<b>IMPOYZ EXTERNAL CREAM</b>	3	ST; QL
<b>KENALOG EXTERNAL AEROSOL SOLUTION</b>	3	ST; QL
<b>LEXETTE EXTERNAL FOAM</b>	3	ST; QL
<b>LOCOID EXTERNAL LOTION</b>	3	ST; QL
<b>LOCOID LIPOCREAM EXTERNAL CREAM</b>	3	ST; QL
<b>LUXIQ EXTERNAL FOAM</b>	3	ST; QL
mometasone furoate external cream	1 or 1b*	QL
mometasone furoate external ointment	1 or 1b*	QL
mometasone furoate external solution	1 or 1b*	QL
<b>OLUX-E EXTERNAL FOAM</b>	3	ST; QL
<b>PANDEL EXTERNAL CREAM</b>	3	ST; QL
<b>SERNIVO EXTERNAL EMULSION</b>	3	ST; QL
<b>SYNALAR EXTERNAL CREAM</b>	3	ST; QL
<b>SYNALAR EXTERNAL OINTMENT</b>	3	ST; QL
<b>SYNALAR EXTERNAL SOLUTION</b>	3	ST; QL
<b>TEXACORT EXTERNAL SOLUTION</b>	3	ST; QL
<b>TOPICORT EXTERNAL CREAM</b>	3	ST; QL
<b>TOPICORT EXTERNAL GEL</b>	3	ST; QL
<b>TOPICORT EXTERNAL OINTMENT</b>	3	ST; QL
<b>TOPICORT SPRAY EXTERNAL LIQUID</b>	3	ST; QL
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external aerosol solution	3	ST; QL

Drug Name	Tier	Notes
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triamcinolone acetonide external ointment 0.05 %	3	ST; QL
triamcinolone in absorbbase external ointment	3	ST; QL
triderm external cream 0.5 %	1 or 1a*	QL
<b>TRIDESILON EXTERNAL CREAM</b>	3	ST; QL
tritocin external ointment	3	ST; QL
<b>ULTRAVATE EXTERNAL LOTION</b>	3	ST; QL
<b>VANOS EXTERNAL CREAM</b>	3	ST; QL
<b>VERDESO EXTERNAL FOAM</b>	3	ST; QL
<b>*DEPIGMENTING COMBINATIONS***</b>		
<b>TRI-LUMA EXTERNAL CREAM</b>	3	
<b>*EMOLLIENT/KERATOLYTIC AGENTS***</b>		
urea external cream 39.5 %	3	
<b>*ENZYMES - TOPICAL***</b>		
<b>NEXOBRID EXTERNAL GEL</b>	3	PA; QL
<b>SANTYL EXTERNAL OINTMENT</b>	3	PA; QL
<b>*GLABELLAR LINES (FROWN LINES) AGENTS***</b>		
<b>BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	PA
<b>JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
econazole nitrate external cream	1 or 1b*	QL

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

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Drug Name	Tier	Notes
<b>ECOZA EXTERNAL FOAM</b>	3	ST; QL
<b>ERTACZO EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL CREAM</b>	3	ST; QL
<b>EXELDERM EXTERNAL SOLUTION</b>	3	ST; QL
<b>JUBLIA EXTERNAL SOLUTION</b>	3	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
ketodan external foam	3	QL
luliconazole external cream	1 or 1b*	ST; QL
<b>LUZU EXTERNAL CREAM</b>	3	ST; QL
oxiconazole nitrate external cream	3	ST; QL
<b>OXISTAT EXTERNAL CREAM</b>	3	ST; QL
<b>OXISTAT EXTERNAL LOTION</b>	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
<b>*IMMUNOMODULATOR S IMIDAZOQUINOLINAMINES - TOPICAL***</b>		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL
imiquimod external cream 5 %	1 or 1b*	QL
imiquimod pump external cream	1 or 1b*	ST; QL
<b>ZYCLARA EXTERNAL CREAM</b>	3	ST; QL
<b>ZYCLARA PUMP EXTERNAL CREAM</b>	3	ST; QL
<b>*KERATOLYTIC/ANTIMITOTIC AGENTS***</b>		
<b>CONDYLOX EXTERNAL GEL</b>	3	QL
podofilox external solution	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*LINIMENTS***</b>		
<b>TURPENTINE EXTERNAL SPIRIT</b>	3	
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
glydo external prefilled syringe	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	PA; QL
lidocaine hcl external solution	1 or 1b*	QL
lidocaine hcl urethral/mucosal external prefilled syringe	1 or 1b*	
<b>LIDODERM EXTERNAL PATCH</b>	3	PA; QL
proxivol external gel	1 or 1b*	
<b>ZTLIDO EXTERNAL PATCH</b>	3	PA; QL
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***</b>		
<b>ELIDEL EXTERNAL CREAM</b>	3	ST; QL
<b>HYFTOR EXTERNAL GEL</b>	3	PA; QL
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
<b>*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***</b>		
<b>SCENESSE SUBCUTANEOUS IMPLANT</b>	3	PA; QL
<b>*MICROTUBULE INHIBITORS - TOPICAL***</b>		
<b>KLISYRI EXTERNAL OINTMENT</b>	3	ST; QL
<b>*MISC. DERMATOLOGICAL PRODUCTS***</b>		
<b>ILIDERM EXTERNAL EMULSION</b>	3	
<b>*MISC. TOPICAL***</b>		
<b>QBREXZA EXTERNAL PAD</b>	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
<b>*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL***</b>		
VANIQA EXTERNAL CREAM	3	
<b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
KERYDIN EXTERNAL SOLUTION	3	ST; QL
tavaborole external solution	1 or 1b*	ST; QL
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***</b>		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
<b>*PHOTODYNAMIC THERAPY AGENTS - TOPICAL***</b>		
AMELUZ EXTERNAL GEL	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
<b>*PROSTAGLANDINS - TOPICAL***</b>		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION	3	
<b>*ROSACEA AGENTS***</b>		
azelaic acid external gel	1 or 1b*	QL
brimonidine tartrate external gel	1 or 1b*	QL
doxycycline oral capsule delayed release	3	ST; QL
FINACEA EXTERNAL FOAM	2	QL
FINACEA EXTERNAL GEL	3	ST; QL
ivermectin external cream	1 or 1b*	QL
METROCREAM EXTERNAL CREAM	3	ST; QL
METROGEL EXTERNAL GEL	3	ST; QL
METROLOTION EXTERNAL LOTION	3	ST; QL
metronidazole external cream	1 or 1b*	QL

Drug Name	Tier	Notes
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
MIRVASO EXTERNAL GEL	3	QL
NORITATE EXTERNAL CREAM	3	ST; QL
ORACEA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
RHOFADE EXTERNAL CREAM	3	QL
SOOLANTRA EXTERNAL CREAM	2	QL
ZILXI EXTERNAL FOAM	2	QL
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
croton external lotion	1 or 1b*	QL
lindane external shampoo	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
NATROBA EXTERNAL SUSPENSION	3	QL
OVIDE EXTERNAL LOTION	3	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
<b>*SCAR TREATMENT PRODUCTS***</b>		
COPASIL EXTERNAL GEL	3	
<b>*SEBORRHEIC KERATOSIS PRODUCTS**</b>		
ESKATA EXTERNAL SOLUTION	3	
<b>*STEROID-LOCAL ANESTHETIC COMBINATIONS***</b>		
EPIFOAM EXTERNAL FOAM	3	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
<b>*TAR PRODUCTS***</b>		
coal tar external 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
<b>*TISSUE REPLACEMENTS***</b>		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMNIOTEXT EXTERNAL SHEET	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM	3	
EPIFIX EXTERNAL DISK	3	
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
STRATAGRAFT EXTERNAL SHEET	3	

Drug Name	Tier	Notes
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM	3	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
lidocaine-prilocaine external cream	1 or 1b*	QL
lidocaine-prilocaine external kit	1 or 1b*	QL
PLIAGLIS EXTERNAL CREAM	3	PA; QL
PLIAGLIS EXTERNAL KIT	3	PA; QL
SYNERA EXTERNAL PATCH	3	PA; QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
<b>*TOPICAL ANESTHETIC GASES***</b>		
CRYODOSE TA EXTERNAL AEROSOL	3	
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene external gel	1 or 1b*	PA; SP; QL
TARGRETIN EXTERNAL GEL	3	PA; SP; QL
<b>*TOPICAL STEROID COMBINATIONS***</b>		
calcipotriene-betameth diprop external ointment	2	ST; QL
calcipotriene-betameth diprop external suspension	2	ST; QL
DUOBRII EXTERNAL LOTION	3	PA; QL
ENSTILAR EXTERNAL FOAM	3	QL
TACLONEX EXTERNAL OINTMENT	3	ST; QL
TACLONEX EXTERNAL SUSPENSION	3	ST; QL
WYNZORA EXTERNAL CREAM	3	ST; QL
<b>*TYPE II 5-ALPHA REDUCTASE INHIBITORS***</b>		
finasteride oral tablet 1 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
PROPECIA ORAL TABLET	3	
<b>*WOUND CARE - GROWTH FACTOR AGENTS***</b>		
REGRANEX EXTERNAL GEL	3	QL
<b>*WOUND CARE COMBINATIONS***</b>		
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	3	
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	3	
<b>*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***</b>		
LAVARE WOUND WASH EXTERNAL GEL	3	
MICROCYN EXTERNAL GEL	3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	3	
<b>*WOUND DRESSINGS***</b>		
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD	3	
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD	3	
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD	3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	3	
TEGADERM AG MESH EXTERNAL PAD 2"X2"	2	
WOUNDGELHA MATRIX EXTERNAL GEL	3	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL

Drug Name	Tier	Notes
ACCU-CHEK GUIDE IN VITRO STRIP	2	QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ADVANCE INTUITION TEST IN VITRO STRIP	3	ST; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	3	ST; QL
ADVOCATE REDI-CODE IN VITRO STRIP	3	ST; QL
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP	3	ST; QL
ADVOCATE TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX AMP TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	3	ST; QL
ASSURE 3 TEST IN VITRO STRIP	3	ST; QL
ASSURE 4 TEST IN VITRO STRIP	3	ST; QL
ASSURE II CHECK IN VITRO STRIP	3	ST; QL
ASSURE II IN VITRO STRIP	3	ST; QL
ASSURE PLATINUM IN VITRO STRIP	3	ST; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	3	ST; QL
ASSURE PRO TEST IN VITRO STRIP	3	ST; QL
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
blood glucose test strips 333 in vitro strip	3	ST; QL
BLULINK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
CARESENS N GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CARETOUCH TEST IN VITRO STRIP	3	ST; QL
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	3	ST; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	3	ST; QL
CLEVER CHEK TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	3	ST; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	3	ST; QL
CONTOUR NEXT TEST IN VITRO STRIP	3	ST; QL
CONTOUR TEST IN VITRO STRIP	3	ST; QL
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATRUE PLUS TEST IN VITRO STRIP	3	ST; QL
DUO-CARE TEST IN VITRO STRIP	3	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY STEP TEST IN VITRO STRIP	3	ST; QL
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	3	ST; QL
EASY TOUCH TEST IN VITRO STRIP	3	ST; QL
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYGLUCO IN VITRO STRIP	3	ST; QL
EASYMAX 15 TEST IN VITRO STRIP	3	ST; QL
EASYMAX TEST IN VITRO STRIP	3	ST; QL
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYPRO PLUS IN VITRO STRIP	3	ST; QL
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL
ELEMENT TEST IN VITRO STRIP	3	ST; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	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
EVOLUTION AUTOCODE IN VITRO STRIP	3	ST; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	3	ST; QL
FORA 6 CONNECT IN VITRO STRIP	3	ST; QL
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GD20 TEST IN VITRO STRIP	3	ST; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA TN'G ADVANCE PRO IN VITRO STRIP	3	ST; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	3	ST; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORACARE GD40 TEST IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
FORACARE PREMIUM V10 TEST IN VITRO STRIP	3	ST; QL
FORACARE TEST N GO TEST IN VITRO STRIP	3	ST; QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	3	ST; QL
FORTISCARE TEST IN VITRO STRIP	3	ST; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	3	ST; QL
FREESTYLE LITE TEST IN VITRO STRIP	3	ST; QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	3	ST; QL
FREESTYLE TEST IN VITRO STRIP	3	ST; QL
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GENULTIMATE TEST IN VITRO STRIP	3	ST; QL
GHT TEST IN VITRO STRIP	3	ST; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	3	ST; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD VITAL TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD X-SENSOR IN VITRO STRIP	3	ST; QL
GLUCOCOM TEST IN VITRO STRIP	3	ST; QL
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL

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

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

Drug Name	Tier	Notes
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETEST TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	3	ST; QL
MICRODOT TEST IN VITRO STRIP	3	ST; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	3	ST; QL
MYGLUCOHEALTH TEST IN VITRO STRIP	3	ST; QL
NEUTEK 2TEK TEST IN VITRO STRIP	3	ST; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	3	ST; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
ONE DROP TEST IN VITRO STRIP	3	ST; QL
ONETOUCH ULTRA IN VITRO STRIP	2	QL
ONETOUCH VERIO IN VITRO STRIP	2	QL
OPTIUMEZ TEST IN VITRO STRIP	3	ST; QL
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	3	ST; QL
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	3	QL
POCKETCHEM EZ TEST IN VITRO STRIP	3	ST; QL
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	3	QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	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
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	3	ST; QL
PTS PANELS EGLU TEST IN VITRO STRIP	3	ST; QL
QUICKTEK TEST IN VITRO STRIP	3	ST; QL
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	3	ST; QL
RELION PREMIER TEST IN VITRO STRIP	3	ST; QL
RELION PRIME TEST IN VITRO STRIP	3	ST; QL
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	3	ST; QL
RELION ULTIMA TEST IN VITRO STRIP	3	ST; QL
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SMART SENSE PREMIUM TEST IN VITRO STRIP	3	ST; QL
SMART SENSE VALUE TEST IN VITRO STRIP	3	ST; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SOLUS V2 TEST IN VITRO STRIP	3	ST; QL
SUPREME TEST IN VITRO STRIP	3	ST; QL
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
TRUETEST TEST IN VITRO STRIP	3	ST; QL
TRUETRACK TEST IN VITRO STRIP	3	ST; QL
UNISTRIP1 GENERIC IN VITRO STRIP	3	ST; QL
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	3	ST; QL
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	QL
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800- 56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200- 14200 UNIT	3	ST; QL
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	ST; QL

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

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Drug Name	Tier	Notes
SUCRAID ORAL SOLUTION	3	PA; QL
VIOKACE ORAL TABLET	3	QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	QL
<b>*DIURETICS*</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS***</b>		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; QL
KEYEYIS ORAL TABLET	3	PA; QL
methazolamide oral tablet	1 or 1b*	
<b>*DIURETIC COMBINATIONS***</b>		
ALDACTAZIDE ORAL TABLET 25-25 MG	3	DO
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
spironolactone-hctz oral tablet	1 or 1b*	DO
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
<b>*LOOP DIURETICS***</b>		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET 0.5 MG	3	

Drug Name	Tier	Notes
EDECIN ORAL TABLET	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	PA; QL
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET	3	
SOANZ ORAL TABLET	3	ST
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torseamide oral tablet	1 or 1b*	
<b>*OSMOTIC DIURETICS***</b>		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	
<b>*POTASSIUM SPARING DIURETICS***</b>		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS***</b>		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DIURIL 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
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
<b>THALITONE ORAL TABLET</b>	3	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***</b>		
<b>MIFEPREX ORAL TABLET</b>	3	
mifepristone oral tablet	1 or 1b*	
<b>*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS***</b>		
<b>XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***</b>		
<b>REVCIVI INTRAMUSCULAR SOLUTION</b>	3	PA
<b>*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS***</b>		
<b>LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*BISPHOSPHONATES***</b>		
<b>ACTONEL ORAL TABLET 150 MG, 35 MG</b>	3	QL
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>ATELVIA ORAL TABLET DELAYED RELEASE</b>	3	QL
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	3	QL
<b>FOSAMAX ORAL TABLET 70 MG</b>	3	QL
<b>FOSAMAX PLUS D ORAL TABLET</b>	2	QL
ibandronate sodium intravenous solution 3 mg/3ml	1 or 1b*	
ibandronate sodium oral tablet	1 or 1b*	QL
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1 or 1b*	SP
<b>PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML</b>	3	SP
<b>RECLAST INTRAVENOUS SOLUTION</b>	3	PA; SP; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
zoledronic acid intravenous concentrate	1 or 1b*	PA; SP
<b>ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML</b>	3	PA; SP
zoledronic acid intravenous solution 5 mg/100ml	1 or 1b*	PA; SP; QL
<b>*CALCIMIMETIC AGENTS***</b>		
cinacalcet hcl oral tablet	1 or 1b*	PA; QL
<b>PARSABIV INTRAVENOUS SOLUTION</b>	3	PA
<b>SENSIPAR ORAL TABLET</b>	3	PA; QL
<b>*CALCITONINS***</b>		
calcitonin (salmon) injection solution	1 or 1b*	
calcitonin (salmon) nasal solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
MIACALCIN INJECTION SOLUTION	3	
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
<b>*CORTICOTROPIN***</b>		
ACTHAR INJECTION GEL	3	PA; SP
CORTROPHIN INJECTION GEL	3	PA; SP
<b>*CORTISOL SYNTHESIS INHIBITORS***</b>		
ISTURISA ORAL TABLET	3	PA; QL
RECORLEV ORAL TABLET	3	PA; QL
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
cabergoline oral tablet	1 or 1b*	QL
<b>*FABRY DISEASE - AGENTS***</b>		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
GALAFOLD ORAL CAPSULE	3	PA; QL
<b>*GAA DEFICIENCY TREATMENT - AGENTS***</b>		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

Drug Name	Tier	Notes
<b>*GNRH/LHRH ANTAGONISTS***</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; SP
fyremadel subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1 or 1b*	PA; SP
ORILISSA ORAL TABLET	2	PA; QL
<b>*GROWTH HORMONE RECEPTOR ANTAGONISTS***</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
<b>*GROWTH HORMONE RELEASING HORMONES (GHRH)***</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LD; QL
<b>*GROWTH HORMONES***</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; SP; QL
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; SP; QL
HUMATROPE INJECTION CARTRIDGE	3	PA; SP; QL
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL

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

Drug Name	Tier	Notes
<b>*HOMOCYSTINURIA TREATMENT - AGENTS***</b>		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER	3	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS***</b>		
CARBAGLU ORAL TABLET SOLUBLE	3	PA
carglumic acid oral tablet soluble	1 or 1b*	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	PA; QL
ROCALTROL ORAL CAPSULE	3	PA
ROCALTROL ORAL SOLUTION	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA
<b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>		
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA

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

Drug Name	Tier	Notes
<b>*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS***</b>		
<b>NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>*MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS***</b>		
<b>ALDURAZYME INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS***</b>		
<b>ELAPRASE INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***</b>		
<b>VIMIZIM INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***</b>		
<b>NAGLAZYME INTRAVENOUS SOLUTION</b>	3	PA; SP
<b>*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***</b>		
<b>MEPSEVII INTRAVENOUS SOLUTION</b>	3	PA
<b>*NATRIURETIC PEPTIDES***</b>		
<b>VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; SP; QL
<b>*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS***</b>		
<b>KERENDIA ORAL TABLET</b>	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
<b>*OVULATION STIMULANTS-GONADOTROPINS***</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED	3	PA; SP
GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	2	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE	3	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
<b>*OVULATION STIMULANTS-SYNTHETIC***</b>		
CLOMID ORAL TABLET	1 or 1b*	PA
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	3	SP; QL

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

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Drug Name	Tier	Notes
OSPHENA ORAL TABLET	3	PA; QL
raloxifene hcl oral tablet	1 or 1b*	\$0; QL
<b>*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS***</b>		
JYNARQUE ORAL TABLET	3	PA; SP; QL
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; QL
SAMSCA ORAL TABLET	3	PA; SP; QL
tolvaptan oral tablet	1 or 1b*	PA; SP; QL
<b>*SOMATOSTATIC AGENTS***</b>		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; SP; QL
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA; QL
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1 or 1b*	PA; SP
octreotide acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA; LD; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LD; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	PA; LD; SP; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*UREA CYCLE DISORDER - AGENTS***</b>		
AMMONUL INTRAVENOUS SOLUTION	3	
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; SP; QL
BUPHENYL ORAL TABLET	3	PA; SP; QL
PHEBURANE ORAL PELLETT	3	PA; QL
RAVICTI ORAL LIQUID	3	PA; SP; QL
sod benz-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder 3 gm/tsp	1 or 1b*	PA; SP; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; SP; QL
<b>*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS***</b>		
VAPRISOL INTRAVENOUS SOLUTION	3	
<b>*VASOPRESSIN***</b>		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP ORAL TABLET 0.1 MG	3	DO
DDAVP ORAL TABLET 0.2 MG	3	QL
DDAVP PF INJECTION SOLUTION	3	
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
DESMOPRESSIN ACETATE NASAL SOLUTION	3	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	

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Drug Name	Tier	Notes
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
vasopressin intravenous solution	1 or 1b*	
VASOSTRICT INTRAVENOUS SOLUTION	3	
<b>*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***</b>		
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; SP; QL
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREFEST ORAL TABLET	3	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	

Drug Name	Tier	Notes
<b>*ESTROGEN- PROGESTIN-GNRH ANTAGONIST***</b>		
MYFEMBREE ORAL TABLET	3	PA; QL
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA; QL
<b>*ESTROGENS***</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3	QL
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DIVIGEL TRANSDERMAL GEL	3	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
ELESTRIN TRANSDERMAL GEL	3	QL
ESTRACE ORAL TABLET	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal gel	1 or 1b*	QL
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil	1 or 1b*	
ESTROGEL TRANSDERMAL GEL	3	QL
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL

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Drug Name	Tier	Notes
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	QL
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	QL
<b>*ESTROGEN- SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***</b>		
DUAVEE ORAL TABLET	3	PA; QL
<b>*FLUOROQUINOLONES *</b>		
<b>*FLUOROQUINOLONES ***</b>		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet	1 or 1b*	
ciprofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	

Drug Name	Tier	Notes
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*5-HT4 RECEPTOR AGONISTS***</b>		
MOTEGRITY ORAL TABLET	3	ST; QL
<b>*BILE ACID SYNTHESIS DISORDER AGENTS***</b>		
CHOLBAM ORAL CAPSULE	3	PA; QL
<b>*CIC AGENTS - GUANYLATE CYCLASE- C (GC-C) AGONISTS***</b>		
TRULANCE ORAL TABLET	3	ST; QL
<b>*FARNESOID X RECEPTOR (FXR) AGONISTS***</b>		
OCALIVA ORAL TABLET	3	PA; SP; QL
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
CHENODAL ORAL TABLET	3	PA; LD; QL
RELTONE ORAL CAPSULE	3	PA
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
ursodiol oral capsule 300 mg	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS***</b>		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
AMITIZA ORAL CAPSULE	3	ST; QL
lubiprostone oral capsule	1 or 1b*	QL

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Drug Name	Tier	Notes
<b>*GASTROINTESTINAL STIMULANTS***</b>		
<b>GIMOTI NASAL SOLUTION</b>	3	PA; QL
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	QL
metoclopramide hcl oral tablet	1 or 1a*	QL
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	ST; QL
<b>REGLAN ORAL TABLET</b>	3	QL
<b>*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS***</b>		
<b>GATTEX SUBCUTANEOUS KIT</b>	3	PA; SP
<b>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
<b>LINZESS ORAL CAPSULE</b>	2	QL
<b>*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***</b>		
<b>VIBERZI ORAL TABLET</b>	3	PA; QL
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
alosetron hcl oral tablet	1 or 1b*	PA; QL
<b>LOTRONEX ORAL TABLET</b>	3	PA; QL
<b>*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR***</b>		
<b>IBSRELA ORAL TABLET</b>	3	ST; QL
<b>*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS***</b>		
<b>BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE</b>	3	PA; QL
<b>BYLVAY ORAL CAPSULE</b>	3	PA; QL
<b>LIVMARLI ORAL SOLUTION</b>	3	PA; QL

Drug Name	Tier	Notes
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
<b>AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE</b>	3	QL
<b>AZULFIDINE ORAL TABLET</b>	3	QL
balsalazide disodium oral capsule	1 or 1b*	QL
<b>CANASA RECTAL SUPPOSITORY</b>	3	QL
<b>COLAZAL ORAL CAPSULE</b>	3	QL
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE</b>	3	ST; QL
<b>DIPENTUM ORAL CAPSULE</b>	3	ST; QL
<b>LIALDA ORAL TABLET DELAYED RELEASE</b>	3	ST; QL
mesalamine er oral capsule extended release	1 or 1b*	QL
mesalamine er oral capsule extended release 24 hour	1 or 1b*	QL
mesalamine oral capsule delayed release	1 or 1b*	QL
mesalamine oral tablet delayed release	1 or 1b*	QL
mesalamine rectal enema	1 or 1b*	QL
mesalamine rectal suppository	1 or 1b*	QL
mesalamine-cleanser rectal kit	1 or 1b*	QL
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>	2	QL
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG</b>	3	ST; QL
<b>ROWASA RECTAL KIT</b>	3	QL
<b>SFROWASA RECTAL ENEMA</b>	3	QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL

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Drug Name	Tier	Notes
<b>*INTEGRIN RECEPTOR ANTAGONISTS***</b>		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
<b>*INTERLEUKIN ANTAGONISTS***</b>		
SKYRIZI INTRAVENOUS SOLUTION	3	PA; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
STELARA INTRAVENOUS SOLUTION	3	PA; SP; QL
<b>*INTESTINAL ACIDIFIERS***</b>		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
<b>*LIVE FECAL MICROBIOTA (HUMAN)**</b>		
REBYOTA RECTAL SUSPENSION	3	PA; QL
<b>*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***</b>		
alvimopan oral capsule	1 or 1b*	
ENTEREG ORAL CAPSULE	3	
MOVANTIK ORAL TABLET	2	QL
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
<b>*PHOSPHATE BINDER AGENTS***</b>		
AURYXIA ORAL TABLET	3	ST; QL
calcium acetate (phos binder) oral capsule	1 or 1b*	QL
calcium acetate oral tablet 667 mg	1 or 1b*	QL

Drug Name	Tier	Notes
FOSRENOL ORAL PACKET	3	ST; QL
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	ST; QL
lanthanum carbonate oral tablet chewable	1 or 1b*	QL
PHOSLYRA ORAL SOLUTION	3	ST; QL
RENAGEL ORAL TABLET 800 MG	3	ST; QL
RENVELA ORAL PACKET	3	ST; QL
RENVELA ORAL TABLET	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	QL
sevelamer carbonate oral tablet	1 or 1b*	QL
sevelamer hcl oral tablet	1 or 1b*	QL
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
<b>*TRYPTOPHAN HYDROXYLASE INHIBITORS***</b>		
XERMELO ORAL TABLET	3	PA; QL
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; SP; QL
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; SP; QL
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP

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Drug Name	Tier	Notes
<b>INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>*GENERAL ANESTHETICS*</b>		
<b>*ANESTHETICS - MISC.***</b>		
<b>AMIDATE INTRAVENOUS SOLUTION</b>	3	
<b>ANESTHESIA S/I-40A INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40H INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40S INTRAVENOUS KIT</b>	3	
<b>DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML</b>	3	
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
<b>KETALAR INJECTION SOLUTION</b>	3	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	
ketamine hcl-sodium chloride intravenous solution	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	

Drug Name	Tier	Notes
<b>*BARBITURATE ANESTHETICS***</b>		
<b>BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG</b>	3	
<b>*VOLATILE ANESTHETICS***</b>		
desflurane inhalation solution	1 or 1b*	
<b>FORANE INHALATION SOLUTION</b>	3	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
<b>SUPRANE INHALATION SOLUTION</b>	3	
terrell inhalation solution	1 or 1b*	
<b>ULTANE INHALATION SOLUTION</b>	3	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
<b>AVODART ORAL CAPSULE</b>	3	QL
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
<b>PROSCAR ORAL TABLET</b>	3	QL
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>FLOMAX ORAL CAPSULE</b>	3	QL
<b>RAPAFLO ORAL CAPSULE</b>	3	QL
silodosin oral capsule	1 or 1b*	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
<b>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL

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Drug Name	Tier	Notes
<b>*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***</b>		
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
<b>*CITRATES***</b>		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
<b>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE</b>	3	
<b>*CYSTINOSIS AGENTS***</b>		
<b>CYTAGON ORAL CAPSULE</b>	3	PA; LD; SP
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE</b>	3	PA; LD
<b>PROCYSBI ORAL PACKET</b>	3	PA; LD
<b>*GENITOURINARY IRRIGANTS***</b>		
acetic acid irrigation solution	1 or 1b*	
argyle sterile saline irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	1 or 1b*	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
<b>RENACIDIN IRRIGATION SOLUTION</b>	3	
sodium chloride irrigation solution 0.9 %	1 or 1b*	
<b>SORBITOL IRRIGATION SOLUTION 3 %</b>	3	
<b>SORBITOL-MANNITOL IRRIGATION SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>*IGAN AGENTS - ENDOTHELIN &amp; ANGIOTENSIN II RECEPTOR ANTAG***</b>		
<b>FILSPARI ORAL TABLET</b>	3	PA; QL
<b>*INTERSTITIAL CYSTITIS AGENTS***</b>		
<b>ELMIRON ORAL CAPSULE</b>	3	QL
<b>RIMSO-50 INTRAVESICAL SOLUTION</b>	3	
<b>*PHOSPHATES***</b>		
<b>K-PHOS NO 2 ORAL TABLET</b>	3	
<b>*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***</b>		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
<b>ENTADFI ORAL CAPSULE</b>	3	PA; QL
<b>JALYN ORAL CAPSULE</b>	3	QL
<b>*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)***</b>		
<b>OXLUMO SUBCUTANEOUS SOLUTION</b>	3	PA
<b>*URINARY STONE AGENTS***</b>		
<b>LITHOSTAT ORAL TABLET</b>	3	
<b>THIOLA EC ORAL TABLET DELAYED RELEASE</b>	3	PA; QL
<b>THIOLA ORAL TABLET</b>	3	PA; QL
tiopronin oral tablet	1 or 1b*	PA; QL
<b>*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS***</b>		
<b>DEFLUX INJECTION PREFILLED SYRINGE</b>	3	
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
colchicine-probenecid oral tablet	1 or 1b*	

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Drug Name	Tier	Notes
<b>*GOUT AGENTS***</b>		
allopurinol oral tablet 100 mg, 300 mg	1 or 1a*	QL
allopurinol oral tablet 200 mg	3	PA; QL
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
<b>ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
colchicine oral capsule	3	ST; QL
colchicine oral tablet	2	QL
<b>COLCRYS ORAL TABLET</b>	3	ST; QL
febuxostat oral tablet	1 or 1b*	ST; QL
<b>KRYSTEXXA INTRAVENOUS SOLUTION</b>	3	PA; LD; SP; QL
<b>MITIGARE ORAL CAPSULE</b>	3	ST; QL
<b>ULORIC ORAL TABLET</b>	3	ST; QL
<b>ZYLOPRIM ORAL TABLET</b>	3	QL
<b>*URICOSURICS***</b>		
probenecid oral tablet	1 or 1b*	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***</b>		
<b>GIVLAARI SUBCUTANEOUS SOLUTION</b>	3	PA
<b>*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***</b>		
<b>HEMLIBRA SUBCUTANEOUS SOLUTION</b>	3	PA; SP
<b>*ANTIHEMOPHILIC PRODUCTS***</b>		
<b>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP

Drug Name	Tier	Notes
<b>ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>AFSTYLA INTRAVENOUS KIT</b>	3	PA; SP
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ALTUVIHO INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>BENEFIX INTRAVENOUS KIT</b>	3	PA; SP
<b>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>CORIFACT INTRAVENOUS KIT</b>	3	PA; SP
<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; LD; SP
<b>ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>	3	PA; LD; SP
<b>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP

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

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Drug Name	Tier	Notes
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT	3	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
NUWIQ INTRAVENOUS KIT	3	PA; SP

Drug Name	Tier	Notes
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
obizur intravenous solution reconstituted	3	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	3	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	3	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
WILATE INTRAVENOUS KIT	3	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; SP

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

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Drug Name	Tier	Notes
<b>*ANTI-VON WILLEBRAND FACTOR AGENTS***</b>		
CABLIVI INJECTION KIT	3	PA
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL
sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL
<b>*C1 ESTERASE INHIBITORS***</b>		
BERINERT INTRAVENOUS KIT	3	PA; SP; QL
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP; QL
<b>*COMPLEMENT C1 INHIBITORS***</b>		
ENJAYMO INTRAVENOUS SOLUTION	3	PA; SP; QL
<b>*COMPLEMENT C3 INHIBITORS***</b>		
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA; QL
<b>*COMPLEMENT C5 INHIBITORS***</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	3	PA; SP; QL
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	3	PA; SP; QL

Drug Name	Tier	Notes
<b>*COMPLEMENT C5A RECEPTOR INHIBITORS***</b>		
TAVNEOS ORAL CAPSULE	3	PA; QL
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET	2	QL
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS***</b>		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
<b>*HEMATORHEOLOGIC AGENTS***</b>		
pentoxifylline er oral tablet extended release	1 or 1b*	
<b>*HEMIN***</b>		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
<b>*HUMAN PROTEIN C***</b>		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
cilostazol oral tablet	1 or 1b*	
<b>*PLASMA EXPANDERS***</b>		
HESPAN INTRAVENOUS SOLUTION	3	
hetastarch-nacl 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
<b>HEXTEND INTRAVENOUS SOLUTION</b>	3	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***</b>		
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	3	PA; SP; QL
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	3	PA; QL
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	3	PA; SP; QL
<b>*PLASMA KALLIKREIN INHIBITORS***</b>		
<b>KALBITOR SUBCUTANEOUS SOLUTION</b>	3	PA; SP; QL
<b>ORLADEYO ORAL CAPSULE</b>	3	PA; QL
<b>*PLASMA PROTEINS***</b>		
<b>ALBUKED 25 INTRAVENOUS SOLUTION</b>	3	
<b>ALBUKED 5 INTRAVENOUS SOLUTION</b>	3	
<b>ALBUMIN HUMAN INTRAVENOUS SOLUTION</b>	3	
<b>ALBUMINEX INTRAVENOUS SOLUTION</b>	3	
<b>ALBUMIN-ZLB INTRAVENOUS SOLUTION</b>	3	
<b>ALBURX INTRAVENOUS SOLUTION</b>	3	
<b>ALBUTEIN INTRAVENOUS SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>FLEXBUMIN INTRAVENOUS SOLUTION</b>	3	
<b>HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION</b>	3	
<b>KEDBUMIN INTRAVENOUS SOLUTION</b>	3	
<b>OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION</b>	3	
<b>OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION</b>	3	
<b>OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION</b>	3	
<b>OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION</b>	3	
<b>PLASBUMIN-25 INTRAVENOUS SOLUTION</b>	3	
<b>PLASBUMIN-5 INTRAVENOUS SOLUTION</b>	3	
<b>PLASMANATE INTRAVENOUS SOLUTION</b>	3	
<b>RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<b>THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS***</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
<b>YOSPRALA ORAL TABLET DELAYED RELEASE</b>	3	PA; QL

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

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

Drug Name	Tier	Notes
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED	3	
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT	3	
TNKASE INTRAVENOUS KIT	3	
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*AGENTS FOR GAUCHER DISEASE***</b>		
CERDELGA ORAL CAPSULE	2	PA; SP; QL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	3	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
miglustat oral capsule	1 or 1b*	PA; SP; QL
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ZAVESCA ORAL CAPSULE	3	PA; SP; QL
<b>*AMINO ACIDS***</b>		
ENDARI ORAL PACKET	3	PA
<b>*COBALAMIN COMBINATIONS***</b>		
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
<b>*COBALAMINS***</b>		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
dodex injection solution	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
NASCOBAL NASAL 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
<b>*CXCR4 RECEPTOR ANTAGONIST***</b>		
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; SP
<b>*CYTOTOXIC AGENTS***</b>		
DROXIA ORAL CAPSULE	2	
SIKLOS ORAL TABLET	3	PA; SP
<b>*ERYTHROID MATURATION AGENTS***</b>		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP; QL
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	PA; QL
PROCRIT INJECTION SOLUTION	3	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; SP; QL
<b>*FOLIC ACID/FOLATE COMBINATIONS***</b>		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	

Drug Name	Tier	Notes
foltabs 800 oral tablet	1 or 1b*	\$0
millguard oral tablet	1 or 1b*	\$0
<b>*FOLIC ACID/FOLATES***</b>		
cvs folic acid oral tablet 800 mcg	1 or 1a*	\$0
fa-8 oral capsule	1 or 1b*	\$0
folate oral tablet	1 or 1a*	\$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	\$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	\$0
gnp folic acid oral tablet	1 or 1a*	\$0
hm folic acid oral tablet	1 or 1a*	\$0
kp folic acid oral tablet 800 mcg	1 or 1a*	\$0
px folic acid oral tablet	1 or 1a*	\$0
qc folic acid oral tablet	1 or 1a*	\$0
ra folic acid oral tablet	1 or 1a*	\$0
sm folic acid oral tablet	1 or 1a*	\$0
yl folic acid oral tablet	1 or 1a*	\$0
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
GRANIX SUBCUTANEOUS SOLUTION	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; 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
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
NIVESTYM INJECTION SOLUTION	3	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
RELEUKO INJECTION SOLUTION	3	PA; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
<b>*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)***</b>		
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; SP
<b>*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***</b>		
OXBRYTA ORAL TABLET 300 MG	3	PA; QL

Drug Name	Tier	Notes
OXBRYTA ORAL TABLET 500 MG	3	PA; SP; QL
OXBRYTA ORAL TABLET SOLUBLE	3	PA; SP; QL
<b>*IRON COMBINATIONS***</b>		
foltrin oral capsule	1 or 1b*	
<b>*IRON***</b>		
ACCRUFER ORAL CAPSULE	3	
FERAHEME INTRAVENOUS SOLUTION	3	PA; SP; QL
FERRLECIT INTRAVENOUS SOLUTION	3	PA; SP; QL
ferumoxytol intravenous solution	3	PA; SP; QL
INFED INJECTION SOLUTION	3	PA; SP
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML	3	
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	3	PA; SP; QL
MONOFERRIC INTRAVENOUS SOLUTION	3	PA; SP; QL
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; SP; QL
TRIFERIC AVNU INTRAVENOUS SOLUTION	3	PA
TRIFERIC HEMODIALYSIS PACKET	3	PA
TRIFERIC HEMODIALYSIS SOLUTION	3	PA
VENOFER INTRAVENOUS SOLUTION	3	PA; SP; QL
<b>*SELECTIN BLOCKERS***</b>		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; SP

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

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Drug Name	Tier	Notes
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
DOPTELET ORAL TABLET 20 MG	3	PA; SP; QL
MUPLETA ORAL TABLET	3	PA; SP; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; SP
PROMACTA ORAL PACKET 12.5 MG	3	PA; DO; SP
PROMACTA ORAL PACKET 25 MG	3	PA; SP; QL
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	3	PA; SP; QL
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATIC COMBINATIONS - TOPICAL***</b>		
ARTISS EXTERNAL SOLUTION	3	
THROMBI-GEL 10 EXTERNAL PAD	3	
THROMBI-GEL 100 EXTERNAL PAD	3	
THROMBI-GEL 40 EXTERNAL PAD	3	
THROMBI-PAD EXTERNAL PAD	3	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
<b>*HEMOSTATICS - SYSTEMIC***</b>		
AMICAR ORAL SOLUTION	3	QL
AMICAR ORAL TABLET 1000 MG	3	
AMICAR ORAL TABLET 500 MG	3	QL
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	1 or 1b*	QL

Drug Name	Tier	Notes
aminocaproic acid oral tablet 1000 mg	1 or 1b*	
aminocaproic acid oral tablet 500 mg	1 or 1b*	QL
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	3	
tranexamic acid intravenous solution 1000 mg/10ml	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	QL
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
<b>*HEMOSTATICS - TOPICAL***</b>		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	3	
AVITENE EXTERNAL PAD	3	
AVITENE FLOUR EXTERNAL POWDER	3	
ENDO AVITENE EXTERNAL	3	
GELFILM EXTERNAL FILM	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	3	
GELFOAM MOUTH/THROAT POWDER	3	
GELFOAM SPONGE EXTERNAL	3	
GELFOAM SPONGE SIZE 100 EXTERNAL	3	
GELFOAM SPONGE SIZE 200 EXTERNAL	3	
GELFOAM SPONGE SIZE 50 EXTERNAL	3	
INSTAT EXTERNAL PAD	3	
INTERCEED (TC7) EXTERNAL PAD	3	

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

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Drug Name	Tier	Notes
INTERCEED EXTERNAL PAD	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	3	
SURGICEL FIBRILLAR EXTERNAL PAD	3	
SURGICEL NU-KNIT EXTERNAL PAD	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD	3	
SYRINGE AVITENE EXTERNAL	3	
TACHOSIL EXTERNAL PATCH	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL KIT	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	3	
THROMBOGEN EXTERNAL KIT	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	3	

Drug Name	Tier	Notes
<b>*HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS*</b>		
<b>*BARBITURATE HYPNOTICS***</b>		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	1 or 1b*	QL
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	1 or 1b*	DO
phenobarbital sodium injection solution	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED	3	
DORAL ORAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	QL
HALCION ORAL TABLET	3	QL
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%	3	
quazepam oral tablet	1 or 1b*	QL
RESTORIL ORAL CAPSULE	3	QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL
<b>*HYPNOTICS - TRICYCLIC AGENTS***</b>		
doxepin hcl oral tablet	1 or 1b*	ST; QL

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

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

Drug Name	Tier	Notes
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM	3	PA; QL
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
HETLIOZ LQ ORAL SUSPENSION	3	PA; QL
HETLIOZ ORAL CAPSULE	3	PA; QL
ramelteon oral tablet	1 or 1b*	ST; QL
ROZEREM ORAL TABLET	3	ST; QL
tasimelteon oral capsule	1 or 1b*	PA; QL
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	QL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1 or 1a*	\$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	\$0; QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	QL
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	QL
na sulfate-k sulfate-mg sulf oral solution	1 or 1b*	\$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL

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

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Drug Name	Tier	Notes
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
<b>PEG-PREP ORAL KIT</b>	3	QL
<b>PLENVU ORAL SOLUTION RECONSTITUTED</b>	3	QL
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION</b>	3	QL
<b>SUTAB ORAL TABLET</b>	2	QL
<b>*LAXATIVES - MISCELLANEOUS***</b>		
clearlax oral powder	1 or 1b*	\$0
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*	\$0
cvs purelax oral powder	1 or 1b*	\$0
eq clearlax oral powder	1 or 1b*	\$0
eql clearlax oral powder	1 or 1b*	\$0
gavilax oral powder	1 or 1b*	\$0
gentlelax oral powder	1 or 1b*	\$0
glycolax oral powder	1 or 1b*	\$0
gnp clearlax oral packet	1 or 1b*	\$0
gnp clearlax oral powder	1 or 1b*	\$0
goodsense clearlax oral powder	1 or 1b*	\$0
healthylax oral packet	1 or 1b*	\$0
hm clearlax oral powder	1 or 1b*	\$0
klax laxaclear oral powder	1 or 1b*	\$0
<b>KRISTALOSE ORAL PACKET</b>	3	
<b>LACTULOSE ORAL PACKET</b>	3	
lactulose oral solution	1 or 1b*	
mm clearlax oral powder	1 or 1b*	\$0
peg 3350 oral packet	1 or 1b*	\$0
peg 3350 oral powder	1 or 1b*	\$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	\$0
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
qc natura-lax oral powder	1 or 1b*	\$0
ra laxative oral powder	1 or 1b*	\$0

Drug Name	Tier	Notes
sb polyethylene glycol 3350 oral powder	1 or 1b*	\$0
sm clearlax oral powder	1 or 1b*	\$0
smooth lax oral packet	1 or 1b*	\$0
smooth lax oral powder	1 or 1b*	\$0
<b>*LUBRICANT LAXATIVES***</b>		
mineral oil heavy oral oil	1 or 1b*	
<b>*SALINE LAXATIVE MIXTURES***</b>		
<b>OSMOPREP ORAL TABLET</b>	3	QL
<b>*SALINE LAXATIVES***</b>		
citrate of magnesia oral solution	1 or 1a*	\$0
citroma oral solution	1 or 1a*	\$0
cvs magnesium citrate oral solution	1 or 1a*	\$0
cvs milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
dulcolax milk of magnesia oral suspension	1 or 1b*	\$0
dulcolax oral suspension	1 or 1b*	\$0
eq magnesium citrate oral solution	1 or 1a*	\$0
eql milk of magnesia oral suspension	1 or 1b*	\$0
gnp milk of magnesia oral suspension	1 or 1b*	\$0
goodsense magnesium citrate oral solution	1 or 1a*	\$0
goodsense milk of magnesia oral suspension	1 or 1b*	\$0
hm magnesium citrate oral solution	1 or 1a*	\$0
hm milk of magnesia oral suspension	1 or 1b*	\$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	\$0
milk of magnesia oral suspension	1 or 1b*	\$0
<b>ONELAX MAGNESIUM CITRATE ORAL SOLUTION</b>	1 or 1a*	\$0
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	\$0
px milk of magnesia oral suspension	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
qc magnesium citrate oral solution	1 or 1a*	\$0
qc milk of magnesia oral suspension	1 or 1b*	\$0
ra magnesium citrate oral solution	1 or 1a*	\$0
ra milk of magnesia oral suspension	1 or 1b*	\$0
sb magnesium citrate oral solution	1 or 1a*	\$0
sb milk of magnesia oral suspension	1 or 1b*	\$0
sm magnesium citrate oral solution	1 or 1a*	\$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	\$0
<b>*STIMULANT LAXATIVES***</b>		
alophen oral tablet delayed release	1 or 1a*	\$0
bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
bisacodyl oral tablet delayed release	1 or 1a*	\$0
correctol oral tablet delayed release	1 or 1a*	\$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	\$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
eq gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql gentle laxative oral tablet delayed release	1 or 1a*	\$0
eql laxative oral tablet delayed release	1 or 1a*	\$0
ex-lax ultra oral tablet delayed release	1 or 1a*	\$0
feenamint oral tablet delayed release	1 or 1a*	\$0
gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	\$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	\$0

Drug Name	Tier	Notes
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	\$0
goodsense womens laxative oral tablet delayed release	1 or 1a*	\$0
hm laxative oral tablet delayed release	1 or 1a*	\$0
kp bisacodyl oral tablet delayed release	1 or 1a*	\$0
laxative oral tablet delayed release	1 or 1a*	\$0
px laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative oral tablet delayed release	1 or 1a*	\$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	\$0
qc laxative oral tablet delayed release	1 or 1a*	\$0
ra laxative oral tablet delayed release	1 or 1a*	\$0
ra womens laxative oral tablet delayed release	1 or 1a*	\$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	\$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	\$0
sm gentle laxative oral tablet delayed release	1 or 1a*	\$0
womans laxative oral tablet delayed release	1 or 1a*	\$0
womens laxative oral tablet delayed release	1 or 1a*	\$0
<b>*LOCAL ANESTHETICS-PARENTERAL*</b>		
<b>*LOCAL ANESTHETIC &amp; SYMPATHOMIMETIC**</b>		
*		
articadent dental injection solution cartridge 4 %-1:100000	3	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	1 or 1b*	

\* 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-epinephrine injection solution 0.5 % - 1:200000, 1 % - 1:100000, 1.5 % - 1:200000, 2 % - 1:100000, 2 % - 1:200000, 2 % - 1:50000	1 or 1b*	
<b>MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000</b>	3	
<b>MARCAINE/EPINEPHRINE PF INJECTION SOLUTION</b>	3	
<b>ORABLOC INJECTION SOLUTION CARTRIDGE</b>	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.5% - 1:200000	3	
<b>SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %</b>	3	
<b>XYLOCAINE/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION</b>	3	
<b>*LOCAL ANESTHETIC COMBINATIONS***</b>		
<b>POINT OF CARE LM-2.5 INJECTION KIT</b>	3	
<b>*LOCAL ANESTHETICS - AMIDES***</b>		
<b>BUPIVACAINE FISIOPHARMA INJECTION SOLUTION</b>	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	

Drug Name	Tier	Notes
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
<b>MARCAINE INJECTION SOLUTION</b>	3	
<b>MARCAINE PRESERVATIVE FREE INJECTION SOLUTION</b>	3	
<b>MARCAINE SPINAL INTRATHECAL SOLUTION</b>	3	
<b>MONOJECT BONE MARROW BIOPSY INJECTION KIT</b>	3	
<b>NAROPIN INJECTION SOLUTION</b>	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
<b>POSIMIR INJECTION SOLUTION</b>	3	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
<b>XARACOLL IMPLANT IMPLANT</b>	3	
<b>XYLOCAINE INJECTION SOLUTION</b>	3	
<b>XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %</b>	3	
<b>ZINGO INTRADERMAL JET-INJECTOR</b>	3	
<b>*LOCAL ANESTHETICS - ESTERS***</b>		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
<b>CLOROTEKAL INTRATHECAL SOLUTION</b>	3	
<b>NESACAINE INJECTION SOLUTION</b>	3	
<b>NESACAINE-MPF INJECTION SOLUTION</b>	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
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
azithromycin intravenous solution reconstituted 500 mg	1 or 1b*	
azithromycin oral packet	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	
<b>ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>ZITHROMAX ORAL PACKET</b>	3	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	3	
<b>ZITHROMAX TRI-PAK ORAL TABLET</b>	3	
<b>ZITHROMAX Z-PAK ORAL TABLET</b>	3	
<b>*CLARITHROMYCIN***</b>		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
<b>*ERYTHROMYCINS***</b>		
e.e.s. 400 oral tablet	1 or 1b*	
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED</b>	3	
ery-tab oral tablet delayed release	1 or 1b*	
<b>ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	1 or 1b*	

Drug Name	Tier	Notes
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	1 or 1b*	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
<b>*FIDAXOMICIN***</b>		
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	3	QL
<b>DIFICID ORAL TABLET</b>	3	QL
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*CERVICAL CAPS***</b>		
<b>FEMCAP VAGINAL DEVICE</b>	2	\$0
<b>*CONDOMS - FEMALE***</b>		
<b>FC2 FEMALE CONDOM</b>	2	\$0; QL
<b>*CONDOMS - MALE***</b>		
aimsco lubricated	2	\$0
condoms	2	\$0
<b>DUREX REALFEEL DEVICE</b>	2	\$0
<b>FANTASY LUBRICATED</b>	2	\$0
<b>FANTASY LUBRICATED/SPERMIC IDE</b>	2	\$0
<b>KAMELEON LUBRICATED</b>	2	\$0
kimono	2	\$0
<b>KIMONO COLORS DEVICE</b>	2	\$0
kimono micro thin	2	\$0
kimono micro thin plus	2	\$0
kimono plus	2	\$0
kimono ps	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
kimono ps plus	2	\$0
kimono sensation	2	\$0
kimono sensation plus	2	\$0
<b>KIMONO SPECIAL DEVICE</b>	2	\$0
<b>K-Y ME &amp; YOU EXTRA LUBRICATED DEVICE</b>	2	\$0
<b>K-Y ME &amp; YOU INTENSE DEVICE</b>	2	\$0
maxx	2	\$0
maxx plus	2	\$0
<b>REALITY LATEX CONDOMS</b>	2	\$0
<b>REALITY LATEX/ULTRA TEXTURED DEVICE</b>	2	\$0
<b>REALITY LATEX/ULTRA THIN DEVICE</b>	2	\$0
<b>TRUSTEX COLOR CONDOMS + LUBE</b>	2	\$0
<b>TRUSTEX LUB/RIBBED/STUDED</b>	2	\$0
<b>TRUSTEX LUB/SPERMICIDE EX ST</b>	2	\$0
<b>TRUSTEX LUB/SPERMICIDE XL</b>	2	\$0
<b>TRUSTEX LUBRICATED</b>	2	\$0
<b>TRUSTEX LUBRICATED EX LARGE</b>	2	\$0
<b>TRUSTEX LUBRICATED EXTRA ST</b>	2	\$0
<b>TRUSTEX LUBRICATED/SPERMICIDE</b>	2	\$0
<b>TRUSTEX NATURAL CONDOMS + LUBE</b>	2	\$0
<b>TRUSTEX NON-LUBRICATED</b>	2	\$0
<b>TRUSTEX RIA LUB/SPERMICIDE</b>	2	\$0
<b>TRUSTEX RIA LUBRICATED</b>	2	\$0
<b>TRUSTEX RIA NON-LUBRICATED</b>	2	\$0
<b>TRUSTEX-NONOXYNOL-9/RIB/STUD</b>	2	\$0

Drug Name	Tier	Notes
<b>*DENTAL DESENSITIZING PRODUCTS***</b>		
<b>REMESENSE DENTAL</b>	3	
<b>*DENTIFRICES***</b>		
<b>MI PASTE DENTAL PASTE</b>	3	
<b>MI PASTE PLUS DENTAL PASTE</b>	3	
<b>*DIAPHRAGMS***</b>		
<b>CAYA VAGINAL DIAPHRAGM</b>	2	\$0
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>	3	
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	\$0
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
<b>1ST TIER UNILET COMFORTOUCH</b>	2	QL
<b>ACCU-CHEK FASTCLIX LANCET KIT</b>	2	QL
<b>ACCU-CHEK FASTCLIX LANCETS</b>	2	QL
<b>ACCU-CHEK SAFE-T PRO LANCETS</b>	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
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	QL
ACCU-CHEK SOFTCLIX LANCETS	2	QL
ACTI-LANCE 28G	2	QL
ACTI-LANCE LITE LANCETS 28G	2	QL
ACTI-LANCE SPECIAL LANCETS 17G	2	QL
ACTI-LANCE UNIVERSAL 23G	2	QL
adjustable lancing device	2	
ADVANCED MOBILE LANCET	2	QL
ADVOCATE LANCETS	2	QL
ADVOCATE LANCETS 30G	2	QL
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	QL
ADVOCATE SAFETY LANCETS 26G	2	QL
AGAMATRIX ULTRA-THIN LANCETS	2	QL
AIMSCO TWIST LANCETS 32G	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
ASSURE COMFORT LANCETS 28G	2	QL
ASSURE HAEMOLANCE PLUS HIGH	2	QL
ASSURE HAEMOLANCE PLUS LOW	2	QL
ASSURE HAEMOLANCE PLUS MICRO	2	QL
ASSURE HAEMOLANCE PLUS NORMAL	2	QL
ASSURE HAEMOLANCE PLUS PED	2	QL
ASSURE LANCE LANCETS	2	QL
ASSURE LANCE LANCETS 21G	2	QL

Drug Name	Tier	Notes
ASSURE LANCE PLUS SAFETY 25G	2	QL
ASSURE LANCE PLUS SAFETY 30G	2	QL
ASSURE LANCE SAFETY LANCET 28G	2	QL
AURORA LANCET SUPER THIN 30G	2	QL
AURORA LANCET THIN 23G	2	QL
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	QL
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	QL
AUTOLET LITE STARTER PACK KIT	2	QL
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	QL
AUTOLET PLUS	2	
BD LANCET ULTRAFINE 30G	2	QL
BD LANCET ULTRAFINE 33G	2	QL
BD MICROTAINER LANCETS	2	QL
CARDIOCOM LANCING DEVICE	2	
careone advanced lancing dev	2	
CAREONE LANCET SUPER THIN 30G	2	QL
CAREONE LANCET THIN 23G	2	QL
CARESENS LANCETS	2	QL
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL

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

Drug Name	Tier	Notes
CARETOUCH TWIST LANCETS 33G	2	QL
CARETOUCH TWIST MC LANCETS 30G	2	QL
CLEANLET LANCETS 28G	2	QL
CLEVER CHEK LANCETS	2	QL
CLEVER CHOICE LANCETS 21G	2	QL
CLEVER CHOICE LANCETS 23G	2	QL
CLEVER CHOICE LANCETS 28G	2	QL
COAGUCHEK LANCETS	2	QL
COMFORT ASSURED LANCETS 28G	2	QL
COMFORT ASSURED LANCETS 33G	2	QL
COMFORT LANCETS	2	QL
COMFORT TOUCH LANCETS 31G	2	QL
COMFORT TOUCH PLUS LANCETS 28G	2	QL
COMFORT TOUCH PLUS LANCETS 30G	2	QL
CVS LANCETS 21G	2	QL
CVS LANCETS MICRO THIN 33G	2	QL
CVS LANCETS ORIGINAL	2	QL
CVS LANCETS THIN 26G	2	QL
CVS LANCETS ULTRA THIN 30G	2	QL
CVS LANCETS ULTRA-THIN 30G	2	QL
cvs lancing device	2	
CVS ULTRA THIN LANCETS	2	QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
DEXCOM G7 RECEIVER DEVICE	2	PA; QL
DEXCOM G7 SENSOR	2	PA; QL

Drug Name	Tier	Notes
DIATHRIVE LANCET ULTRA THIN 30	2	QL
DIATHRIVE LANCETS	2	QL
DIATHRIVE LANCING DEVICE	2	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	QL
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	QL
DRUG MART LANCETS THIN 26G	2	QL
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	QL
DRUG MART UNILET LANCETS 28G	2	QL
DRUG MART UNILET LANCETS 30G	2	QL
DRUG MART UNILET LANCETS 33G	2	QL
EASY COMFORT LANCETS	2	QL
EASY COMFORT LANCETS TWIST TOP	2	QL
easy mini eject lancing device	2	
easy mini lancing device	2	
EASY TOUCH LANCETS 21G	2	QL
EASY TOUCH LANCETS 23G	2	QL
EASY TOUCH LANCETS 26G	2	QL
EASY TOUCH LANCETS 28G	2	QL
EASY TOUCH LANCETS 28G/TWIST	2	QL
EASY TOUCH LANCETS 30G	2	QL
EASY TOUCH LANCETS 30G/TWIST	2	QL
EASY TOUCH LANCETS 32G	2	QL

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

Drug Name	Tier	Notes
EZ-LETS LANCETS 26G	2	QL
EZ-LETS LANCETS 28G	2	QL
EZ-LETS LANCETS 30G	2	QL
FIFTY50 SAFETY SEAL LANCETS	2	QL
FIFTY50 UNILET LANCETS 33G	2	QL
FINE 30	2	QL
FINGERSTIX LANCETS	2	QL
FORA LANCETS	2	QL
FORA LANCING DEVICE	2	
freds pharmacy autolet lancing	2	
FREDS PHARMACY UNILET LANC 28G	2	QL
FREDS PHARMACY UNILET LANC 30G	2	QL
FREESTYLE LANCETS	2	QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR	2	PA; QL
freestyle libre 3 sensor	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTEEL BUTTERFLY TOUCH LANCET	2	QL
GENTEEL CONTACT TIPS (BLUE)	2	QL
GENTEEL CONTACT TIPS (CLEAR)	2	QL
GENTEEL CONTACT TIPS (GREEN)	2	QL
GENTEEL CONTACT TIPS (ORANGE)	2	QL
GENTEEL CONTACT TIPS (RAINBOW)	2	QL
GENTEEL CONTACT TIPS (VIOLET)	2	QL
GENTEEL CONTACT TIPS (YELLOW)	2	QL

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

Drug Name	Tier	Notes
GENTEEL LANCING KIT (BLUE) KIT	2	QL
GENTEEL NOZZLES	2	QL
GENTEEL PLUS LANCING (BLACK)	2	
GENTEEL PLUS LANCING (PURPLE)	2	
GENTEEL PLUS LANCING (WHITE)	2	
GENTEEL PLUS LANCING DEV(BLUE)	2	
GENTEEL PLUS LANCING DEV(PINK)	2	
GENTLE-LET GP LANCETS	2	QL
GENTLE-LET LANCETS	2	QL
GENTLE-LET PLATFORMS	2	QL
GLOBAL INJECT EASE LANCETS 28G	2	QL
GLOBAL INJECT EASE LANCETS 30G	2	QL
global lancing device	2	
GLUCOCOM LANCETS 28G	2	QL
GLUCOCOM LANCETS 30G	2	QL
GLUCOCOM LANCETS 33G	2	QL
GNP LANCETS 21G	2	QL
GNP LANCETS THIN 26G	2	QL
GNP LANCING SYSTEM DEVICE	2	
GNP STERILE LANCETS 28G	2	QL
GNP STERILE LANCETS 30G	2	QL
GNP STERILE LANCETS 33G	2	QL
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	QL
GOODSENSE COLOR LANCETS 33G	2	QL
GOODSENSE LANCETS 26G UNIV	2	QL

Drug Name	Tier	Notes
GOODSENSE LANCETS 30G	2	QL
GOODSENSE LANCETS 30G UNIV	2	QL
GOODSENSE LANCETS 33G	2	QL
GOODSENSE LANCETS 33G UNIV	2	QL
goodsense lancing device	2	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; QL
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE	3	PA; QL
GUARDIAN SENSOR (3)	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
HAEMOLANCE	2	QL
HAEMOLANCE LOW FLOW LANCETS	2	QL
HAEMOLANCE PLUS	2	QL
HAEMOLANCE PLUS HIGH FLOW	2	QL
HAEMOLANCE PLUS LOW FLOW	2	QL
HAEMOLANCE PLUS MAX FLOW	2	QL
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL
HEALTH CARE LANCING DEVICE	2	
healthy accents lancing device	2	
HEALTHY ACCENTS UNILET LANCETS	2	QL
h-e-b incontrol adv lancing	2	
H-E-B INCONTROL LANCETS 28G	2	QL
H-E-B INCONTROL LANCETS 30G	2	QL
H-E-B INCONTROL LANCETS 33G	2	QL
HYPOLANCE AST LANCING KIT	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
HY-VEE LANCETS	2	QL
HY-VEE THIN LANCETS	2	QL
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	QL
KINNEY LANCETS	2	QL
KINNEY THIN LANCETS	2	QL
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	QL
KROGER LANCETS	2	QL
KROGER LANCETS 21G	2	QL
KROGER LANCETS MICRO THIN 33G	2	QL
KROGER LANCETS SUPER THIN	2	QL
KROGER LANCETS THIN	2	QL
KROGER LANCETS THIN 26G	2	QL
KROGER LANCETS ULTRATHIN 30G	2	QL
kroger lancing device	2	
lancet device	2	
lancet device with ejector	2	
lancet transporter case	2	QL
LANCETS	2	QL
LANCETS 30G	2	QL
LANCETS 33G	2	QL
LANCETS MICRO THIN 33G	2	QL
LANCETS SUPER THIN 28G	2	QL
LANCETS THIN	2	QL
LANCETS ULTRA THIN	2	QL
LANCETS ULTRA THIN 30G	2	QL
lancing device	2	
LANZO	2	
leader advanced lancing device	2	
LIBERTY MEDICAL LANCETS	2	QL

Drug Name	Tier	Notes
LIBERTY MINI LANCING DEVICE	2	
LITE TOUCH LANCETS	2	QL
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	QL
live better adv lancing device	2	
LIVE BETTER LANCET SUPER THIN	2	QL
LIVE BETTER LANCET ULTRA THIN	2	QL
LONGS LANCETS STANDARD	2	QL
LONGS LANCETS THIN	2	QL
LONGS LANCETS ULTRA THIN	2	QL
MEDICHOICE SAFETY LANCET	2	QL
MEDICHOICE SAFETY LANCET EXTRA	2	QL
MEDICHOICE SAFETY LANCET NORM	2	QL
MEDLANCE EXTRA 21G	2	QL
MEDLANCE LITE 25G	2	QL
MEDLANCE PLUS EXTRA 21G	2	QL
MEDLANCE PLUS LANCETS	2	QL
MEDLANCE PLUS LITE 25G	2	QL
MEDLANCE PLUS SPECIAL 0.8MM	2	QL
MEDLANCE PLUS SUPERLITE 30G	2	QL
MEDLANCE PLUS UNIVERSAL 21G	2	QL
MEDLANCE UNIVERSAL 21G	2	QL
MEIJER LANCETS	2	QL
MEIJER LANCETS THIN	2	QL
MEIJER LANCETS UNIVERSAL 21G	2	QL
MEIJER LANCETS UNIVERSAL 30G	2	QL
MEIJER LANCETS UNIVERSAL 33G	2	QL
MEIJER SUPER THIN LANCETS	2	QL

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

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Drug Name	Tier	Notes
MICROLET LANCETS	2	QL
MICROLET NEXT LANCING DEVICE	2	
mini lancing device	2	
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM LANCING DEVICE	2	
MM TWIST LANCETS	2	QL
MONOLET LANCETS	2	QL
MONOLET OPD LANCETS	2	QL
MONOLETTOR SAFETY LANCETS	2	QL
MPD SAFETY LANCET 21G	2	QL
MPD SAFETY LANCET 23G	2	QL
MPD SAFETY LANCET 28G	2	QL
MPD SAFETY LANCET 30G	2	QL
multi-lancet device	2	
MULTI-LANCET DEVICE 2 KIT	2	QL
MYGLUCOHEALTH LANCETS 30G	2	QL
NOVA SAFETY LANCETS 23G	2	QL
NOVA SAFETY LANCETS 28G	2	QL
NOVA SUREFLEX LANCETS	2	QL
NOVA SUREFLEX LANCING DEVICE	2	
ONETOUCH DELICA PLUS LANCET30G	2	QL
ONETOUCH DELICA PLUS LANCET33G	2	QL
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
PARADIGM REAL-TIME TRANSMITTER	3	PA
PC LANCETS SUPER THIN 30G	2	QL

Drug Name	Tier	Notes
PERFECT LANCETS 28G	2	QL
PERFECT LANCETS 30G	2	QL
PHARMACIST CHOICE LANCETS	2	QL
PHARMACY COUNTER LANCETS	2	QL
PIP LANCETS 28G	2	QL
PIP LANCETS 30G	2	QL
PRECISION THINS GP LANCETS	2	QL
PREFERRED PLUS LANCETS COLORED	2	QL
PREFERRED PLUS LANCETS THIN	2	QL
PRO COMFORT LANCETS 30G	2	QL
PRO COMFORT LANCETS 31G	2	QL
pro comfort safety lancets 30g	2	QL
PRODIGY LANCETS 28G	2	QL
PRODIGY LANCING DEVICE	2	
PRODIGY SAFETY LANCETS 26G	2	QL
PRODIGY TWIST TOP LANCETS 28G	2	QL
PSS SELECT GP LANCETS	2	QL
PSS SELECT PLATFORMS	2	QL
PSS SELECT SAFETY LANCETS	2	QL
PURE COMFORT LANCETS 30G	2	QL
px advanced lancing device	2	
px lancet auto injector	2	
PX LANCETS MICROTHIN 33G	2	QL
PX LANCETS ULTRA THIN	2	QL
PX LANCETS ULTRA THIN 28G	2	QL
qc advanced lancing device	2	
QC LANCETS SUPER THIN 30G	2	QL
QC LANCETS ULTRA THIN	2	QL

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

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Drug Name	Tier	Notes
QC UNILET LANCETS 28G	2	QL
QC UNILET LANCETS MICRO THIN	2	QL
RA E-ZJECT LANCETS 28G	2	QL
RA E-ZJECT LANCETS THIN 26G	2	QL
RA E-ZJECT LANCETS THIN 28G	2	QL
RA E-ZJECT LANCETS ULTRA THIN	2	QL
READYLANCE SAFETY LANCETS	2	QL
REALITY LANCETS	2	QL
REALITY TRIGGER LANCETS	2	QL
RELION LANCET DEVICES 30G	2	
RELION LANCETS MICRO-THIN 33G	2	QL
RELION LANCETS THIN 26G	2	QL
RELION LANCETS ULTRA-THIN 30G	2	QL
RELION LANCING DEVICE	2	
RELION LANCING DEVICE KIT	2	QL
RELION ULTRA THIN LANCETS 30G	2	QL
RELION ULTRA THIN PLUS LANCETS	2	QL
REXALL LANCETS ULTRA THIN 30G	2	QL
RIGHTEST ALTERNATE SITE ADAPT	2	QL
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	QL
SAFE-T-LANCE	2	QL
SAFE-T-LANCE PLUS	2	QL
SAFETY LANCET 30G/PRESSURE ACT	2	QL
SAFETY LANCETS	2	QL
SAFETY LANCETS 21G	2	QL
SAFETY LANCETS 23G	2	QL

Drug Name	Tier	Notes
SAFETY LANCETS 28G	2	QL
saps health plus lancets	2	QL
SAPS HEALTH TWIST TOP LANCETS	2	QL
SAPS TWIST TOP LANCETS	2	QL
SAPSCARE TWIST TOP LANCETS	2	QL
SB LANCETS THIN	2	QL
SB LANCETS ULTRA THIN	2	QL
select-lite device/lancets kit	2	QL
select-lite lancing device	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	QL
SHOPKO UNILET LANCETS 28G	2	QL
SHOPKO UNILET LANCETS 30G	2	QL
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	QL
SM LANCETS 33G	2	QL
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	QL
SMART SENSE STANDARD LANCETS	2	QL
SMART SENSE SUPER THIN LANCETS	2	QL
SMART SENSE THIN LANCETS 26G	2	QL
SMARTTEST LANCETS 28G	2	QL
SOLUS V2 LANCETS 28G	2	QL
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	QL
STERILANCE PA	2	QL
STERILANCE TL	2	QL
SUPER THIN LANCETS	2	QL

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

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Drug Name	Tier	Notes
SURE COMFORT LANCETS 18G	2	QL
SURE COMFORT LANCETS 21G	2	QL
SURE COMFORT LANCETS 23G	2	QL
SURE COMFORT LANCETS 28G	2	QL
SURE COMFORT LANCETS 30G	2	QL
sure comfort lancing pen	2	
SURELITE LANCETS	2	QL
TECHLITE AST LANCETS	2	QL
TECHLITE LANCETS	2	QL
TECHLITE LANCETS 30G	2	QL
TGT LANCET MICRO THIN 33G	2	QL
TGT LANCET THIN 26G	2	QL
TGT LANCET ULTRA THIN 30G	2	QL
tgt lancing device	2	
THINLETS GP LANCETS	2	QL
todays health lancing device	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL
TODAYS HEALTH THIN LANCETS 30G	2	QL
TOPCARE LANCETS MICRO-THIN 33G	2	QL
TRAVEL LANCETS	2	QL
TRAVEL LANCETS ADVANCED 28G	2	QL
true comfort safety lancets	2	QL
TRUE COMFORT TWIST TOP LANCETS	2	QL
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL

Drug Name	Tier	Notes
TRUEPLUS SAFETY LANCETS 28G	2	QL
twist top lancets 30g	2	QL
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	QL
ULTILET LANCETS	2	QL
ULTILET SAFETY LANCETS	2	QL
ULTILET SAFETY LANCETS 23G	2	QL
ULTRA THIN LANCETS 31G	2	QL
ULTRA-CARE LANCETS 30G	2	QL
ULTRA-THIN II AUTO LANCET	2	QL
ULTRA-THIN II LANCETS	2	QL
UNILET COMFORTOUCH LANCET	2	QL
UNILET EXCELITE	2	QL
UNILET EXCELITE II	2	QL
UNILET G.P. LANCET	2	QL
UNILET G.P. SUPERLITE LANCET	2	QL
UNILET GP 28 ULTRA THIN	2	QL
UNILET LANCET	2	QL
UNILET MICRO-THIN 33G	2	QL
UNILET SUPERLITE LANCET	2	QL
UNILET SUPER-THIN 30G	2	QL
UNILET ULTRA-THIN 28G	2	QL
UNISTIK 1	2	QL
UNISTIK 2	2	QL
UNISTIK 2 COMFORT	2	QL
UNISTIK 2 EXTRA	2	QL
UNISTIK 2 NEONATAL	2	QL
UNISTIK 2 NORMAL	2	QL
UNISTIK 2 SUPER	2	QL
UNISTIK 3	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
UNISTIK 3 COMFORT	2	QL
UNISTIK 3 EXTRA	2	QL
UNISTIK 3 GENTLE	2	QL
UNISTIK 3 NEONATAL	2	QL
UNISTIK 3 NORMAL	2	QL
UNISTIK CZT COMFORT	2	QL
UNISTIK CZT NORMAL	2	QL
UNISTIK NORMAL	2	QL
UNISTIK PRO SAFETY LANCET	2	QL
UNISTIK SAFETY LANCETS 28G	2	QL
UNISTIK SAFETY LANCETS 30G	2	QL
UNISTIK TOUCH SAFETY LANC 21G	2	QL
UNISTIK TOUCH SAFETY LANC 23G	2	QL
UNISTIK TOUCH SAFETY LANC 28G	2	QL
UNISTIK TOUCH SAFETY LANC 30G	2	QL
UNIVERSAL 1 LANCETS THIN 26G	2	QL
UNIVERSAL 1 LANCETS THIN 33G	2	QL
UNIVERSAL 1 LANCETS ULTRA THIN	2	QL
VALUE PLUS LANCET STANDARD 21G	2	QL
VALUE PLUS LANCETS SUPER THIN	2	QL
VALUE PLUS LANCETS THIN 26G	2	QL
value plus lancing device	2	
VALUMARK LANCET SUPER THIN 30G	2	QL
VALUMARK LANCET ULTRA THIN 28G	2	QL
VERIFINE UNIVERSAL LANCETS 28G	2	QL
VERIFINE UNIVERSAL LANCETS 30G	2	QL
VERIFINE UNIVERSAL LANCETS 33G	2	QL
VIDA MIA AUTOLET LANCING DEV	2	

Drug Name	Tier	Notes
VIDA MIA UNILET LANCETS 28G	2	QL
VIDA MIA UNILET LANCETS 30G	2	QL
VIVAGUARD LANCETS	2	ST; QL
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	QL
WALGREENS LANCETS	2	QL
WALGREENS LANCETS MICRO THIN	2	QL
WALGREENS LANCETS SUPER THIN	2	QL
WALGREENS THIN LANCETS	2	QL
WALGREENS ULTRA THIN LANCETS	2	QL
ZEVRX TWIST TOP LANCETS 30G	2	QL
<b>*INSULIN ADMINISTRATION SUPPLIES***</b>		
OMNIPOD 5 G6 INTRO (GEN 5) KIT	2	PA; QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA; QL
OMNIPOD CLASSIC PODS (GEN 3)	2	PA; QL
OMNIPOD DASH INTRO (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PDM (GEN 4) KIT	2	PA; QL
OMNIPOD DASH PODS (GEN 4)	2	PA; QL
V-GO 20 KIT 20 UNIT/24HR	3	PA
V-GO 30 KIT 30 UNIT/24HR	3	PA
V-GO 40 KIT 40 UNIT/24HR	3	PA
<b>*NEEDLES &amp; SYRINGES***</b>		
1ST TIER UNIFINE PENTIPS	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL
ABOUTTIME PEN 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
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
aq insulin syringe	3	ST; QL
aqinject pen needle	3	ST; QL
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	3	QL
aum insulin safety pen needle	3	ST; QL
AUM MINI INSULIN PEN NEEDLE	3	ST; QL
aum pen needle	3	ST; QL
AUM READYGARD DUO PEN NEEDLE	3	ST; QL
AUM SAFETY PEN NEEDLE	3	ST; QL
AURORA PEN NEEDLES	3	ST; QL
AURORA UNIFINE PENTIPS	3	ST; QL
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	QL
BD AUTOSHIELD DUO	2	QL
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	QL
BD INSULIN SYRINGE HALF-UNIT	2	QL
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL
BD INSULIN SYRINGE U/F	2	QL
BD INSULIN SYRINGE U/F 1/2UNIT	2	QL
BD INSULIN SYRINGE U-500	2	QL

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	QL
BD PEN NEEDLE MICRO U/F	2	QL
BD PEN NEEDLE MINI U/F	2	QL
BD PEN NEEDLE NANO 2ND GEN	2	QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	QL
BD PEN NEEDLE SHORT U/F	2	QL
BD SAFETYGLIDE INSULIN SYRINGE	2	QL
BD SAFETY-LOK INSULIN SYRINGE	2	QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	QL
BD VEO INSULIN SYRINGE U/F	2	QL
CAREFINE PEN NEEDLES	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL
CAREONE UNIFINE PENTIPS	3	ST; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	3	QL
CARETOUCH PEN NEEDLES	3	ST; QL
CEQR SIMPLICITY 2U DEVICE	3	PA
CLEVER CHOICE COMFORT EZ	3	ST; QL

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

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

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

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

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Drug Name	Tier	Notes
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL
GLOBAL INSULIN SYRINGES	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	3	QL
GNP CLICKFINE PEN NEEDLES	3	ST; QL
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GNP INSULIN SYRINGES	3	ST; QL

Drug Name	Tier	Notes
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL
GNP ULTICARE PEN NEEDLES	3	ST; QL
GNP ULTIGUARD SAFEPAK NEEDLE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	QL
HEALTHWISE MICRON PEN NEEDLES	3	QL
HEALTHWISE MINI PEN NEEDLES	3	ST; QL
HEALTHWISE PEN NEEDLES	3	ST; QL
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL
HEALTHWISE UNIFINE PENTIPS	3	ST; QL
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE MINI PEN NEEDLES	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INCONTROL ULTICARE PEN NEEDLES	3	

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

Drug Name	Tier	Notes
<b>INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	3	ST; QL
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL
<b>INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	3	ST; QL
insulin syringes	3	ST; QL
<b>INSUPEN PEN NEEDLES</b>	3	ST; QL
<b>INSUPEN SENSITIVE</b>	3	ST; QL
<b>INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM</b>	3	ST; QL
<b>KINRAY INSULIN SYRINGE</b>	3	ST; QL
<b>KMART VALU INSULIN SYRINGE 29G</b>	3	ST; QL
<b>KMART VALU INSULIN SYRINGE 30G</b>	3	ST; QL
<b>KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	3	ST; QL
<b>KROGER PEN NEEDLES</b>	3	ST; QL
<b>LEADER INSULIN SYRINGE</b>	3	ST; QL
<b>LEADER UNIFINE PENTIPS</b>	3	ST; QL

Drug Name	Tier	Notes
<b>LEADER UNIFINE PENTIPS PLUS</b>	3	ST; QL
<b>LITETOUCH INSULIN SYRINGE</b>	3	ST; QL
<b>LITETOUCH PEN NEEDLES</b>	3	ST; QL
<b>LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML</b>	3	ST; QL
<b>MAGELLAN INSULIN SAFETY SYR</b>	3	ST; QL
<b>MARATHON MEDICAL PENTIPS</b>	3	ST; QL
<b>MAXICOMFORT II PEN NEEDLE</b>	3	ST; QL
<b>MAXI-COMFORT INSULIN SYRINGE</b>	3	ST; QL
<b>MAXI-COMFORT SAFETY PEN NEEDLE</b>	3	ST; QL
<b>MAXICOMFORT SYR 27G X 1/2"</b>	3	ST; QL
<b>MEDIC INSULIN SYRINGE</b>	3	ST; QL
<b>MEDICINE SHOPPE PEN NEEDLES</b>	3	ST; QL
<b>MEIJER PEN NEEDLES</b>	3	ST; QL
<b>MICRODOT PEN NEEDLE</b>	3	ST; QL
<b>MM INSULIN SYRINGE/NEEDLE</b>	3	ST; QL
<b>MM PEN NEEDLES</b>	3	ST; QL
<b>MONOJECT INSULIN SYRINGE</b>	3	ST; QL
<b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	3	ST; QL
<b>MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>	3	ST; QL
<b>NOVOFINE AUTOCOVER PEN NEEDLE</b>	3	ST; QL
<b>NOVOFINE PEN NEEDLE</b>	3	ST; QL

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

Drug Name	Tier	Notes
NOVOFINE PLUS PEN NEEDLE	3	ST; QL
PC UNIFINE PENTIPS	3	ST; QL
PEN NEEDLES	3	ST; QL
PEN NEEDLES 5/16" 31G X 8 MM	3	ST; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
pip pen needles 31g x 5mm	3	ST; QL
pip pen needles 32g x 4mm	3	ST; QL
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; QL
PREVENT SAFETY PEN NEEDLES	3	ST; QL
PRO COMFORT INSULIN SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL
PRODIGY INSULIN SYRINGE	3	ST; QL
PURE COMFORT PEN NEEDLE	3	ST; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
PX MINI PEN NEEDLES	3	ST; QL
PX PEN NEEDLE	3	ST; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; QL
QC PEN NEEDLES	3	ST; QL
QC UNIFINE PENTIPS	3	ST; QL
RA INSULIN SYRINGE	3	ST; QL
RA PEN NEEDLES	3	ST; QL
raya sure pen needle	3	ST; QL

Drug Name	Tier	Notes
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
safety pen needles	3	ST; QL
SB INSULIN SYRINGE	3	ST; QL
SECURESAFE INSULIN SYRINGE	3	ST; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; QL
SHOPKO UNIFINE PENTIPS	3	ST; QL
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL
SURE COMFORT INSULIN SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
sure comfort pen needles 31g x 6 mm	3	ST; QL
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL

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

Drug Name	Tier	Notes
TECHLITE PEN NEEDLES	3	ST; QL
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL
TODAYS HEALTH PEN NEEDLES	3	ST; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL
TRUE COMFORT INSULIN SYRINGE	3	QL
TRUE COMFORT PEN NEEDLES	3	ST; QL
TRUE COMFORT PRO INSULIN SYR	3	ST; QL
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	3	QL
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM	3	ST; QL
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM	3	QL
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYR 1/2 UNIT	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL

Drug Name	Tier	Notes
ULTICARE SHORT PEN NEEDLES	3	ST; QL
ULTIGUARD SAFEPAK PEN NEEDLE	3	ST; QL
ULTIGUARD SAFEPAK SYR/NEEDLE	3	ST; QL
ULTILET PEN NEEDLE	3	ST; QL
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; QL
ULTRA FLO INSULIN SYRINGE	3	ST; QL
ULTRA THIN PEN NEEDLES	3	ST; QL
ULTRACARE INSULIN SYRINGE	3	QL
ULTRACARE PEN NEEDLES	3	ST; QL
ULTRA-THIN II INS SYR SHORT	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL
ULTRA-THIN II PEN NEEDLES	3	ST; QL
UNIFINE PEN NEEDLES	3	ST; QL
UNIFINE PENTIPS	3	ST; QL
UNIFINE PENTIPS PLUS	3	ST; QL
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL
UNIFINE ULTRA PEN NEEDLE	3	ST; QL
VALUE HEALTH INSULIN SYRINGE	3	ST; QL
VALUMARK PEN NEEDLES	3	ST; QL

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

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Drug Name	Tier	Notes
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	QL
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	3	QL
VIDA MIA UNIFINE PENTIPS	3	ST; QL
VP INSULIN SYRINGE	3	ST; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
ZEVXR INSULIN SYRINGE	3	ST; QL
ZEVXR PEN NEEDLES	3	ST; QL
<b>*MIGRAINE PRODUCTS*</b>		
<b>*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***</b>		
NURTEC ORAL TABLET DISPERSIBLE	2	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
UBRELVY ORAL TABLET	3	ST; QL
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL

Drug Name	Tier	Notes
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	3	PA; QL
<b>*ERGOT COMBINATIONS***</b>		
CAFERGOT ORAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
<b>*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
ELYXYB ORAL SOLUTION	3	ST; QL
<b>*MIGRAINE PRODUCTS - NSAIDS***</b>		
CAMBIA ORAL PACKET	3	ST; QL
diclofenac potassium(migraine) oral packet	3	ST; QL
<b>*MIGRAINE PRODUCTS***</b>		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate nasal solution	3	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
MIGRANAL NASAL SOLUTION	3	ST; QL
TRUDHESA NASAL AEROSOL SOLUTION	3	ST; QL
<b>*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***</b>		
sumatriptan-naproxen sodium 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
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***</b>		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
FROVA ORAL TABLET	3	ST; QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
IMITREX NASAL SOLUTION	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL
RELPAK ORAL TABLET	3	ST; QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1 or 1b*	QL

Drug Name	Tier	Notes
TOSYMRA NASAL SOLUTION	3	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
zolmitriptan nasal solution 5 mg	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
ZOMIG NASAL SOLUTION	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***</b>		
REYVOW ORAL TABLET	3	ST; QL
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*BICARBONATES***</b>		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
THAM INTRAVENOUS SOLUTION	3	
<b>*CALCIUM COMBINATIONS***</b>		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
<b>*CALCIUM***</b>		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	

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



Drug Name	Tier	Notes
<b>*ELECTROLYTES &amp; DEXTROSE***</b>		
<b>DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION</b>	3	
dextrose in lactated ringers intravenous solution	1 or 1b*	
<b>DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %</b>	3	
dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
<b>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %</b>	1 or 1b*	
<b>DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.3 %</b>	3	
<b>ELLIOTTS B INTRATHECAL SOLUTION</b>	3	
<b>IONOSOL-MB IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>ISOLYTE-P IN D5W INTRAVENOUS SOLUTION</b>	3	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
<b>KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%</b>	3	
<b>KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>NORMOSOL-M IN D5W INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-R IN D5W INTRAVENOUS SOLUTION</b>	3	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1 or 1b*	
<b>*ELECTROLYTES PARENTERAL***</b>		
<b>ISOLYTE-S INTRAVENOUS SOLUTION</b>	3	
<b>ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION</b>	3	
lactated ringers intravenous solution	1 or 1b*	
<b>NORMOSOL-R INTRAVENOUS SOLUTION</b>	3	
<b>NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION</b>	3	
<b>PLASMA-LYTE 148 INTRAVENOUS SOLUTION</b>	3	
<b>PLASMA-LYTE A INTRAVENOUS SOLUTION</b>	3	
<b>POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%</b>	3	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
<b>POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 40-0.9 MEQ/L-%</b>	1 or 1b*	
ringers intravenous solution	1 or 1b*	
<b>TPN ELECTROLYTES INTRAVENOUS CONCENTRATE</b>	3	
<b>*FLUORIDE COMBINATIONS***</b>		
<b>FLORIVA ORAL LIQUID</b>	3	
<b>*FLUORIDE***</b>		
fluoritab oral solution	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
nafrinse drops oral solution	1 or 1a*	\$0
nafrinse oral tablet chewable	1 or 1a*	\$0
sodium fluoride oral solution 0.5 mg/ml	1 or 1b*	\$0
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*	\$0
sodium fluoride oral tablet	1 or 1a*	\$0
sodium fluoride oral tablet chewable	1 or 1a*	\$0
<b>*MAGNESIUM***</b>		
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%</b>	1 or 1b*	
<b>MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML</b>	1 or 1b*	
<b>MAGNESIUM SULFATE INTRAVENOUS SOLUTION 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML</b>	3	
<b>*MANGANESE***</b>		
manganese chloride intravenous solution	1 or 1b*	
<b>*PHOSPHATE***</b>		
<b>GLYCOPHOS INTRAVENOUS SOLUTION</b>	3	
<b>K-PHOS ORAL TABLET</b>	2	
<b>K-PHOS-NEUTRAL ORAL TABLET</b>	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
<b>POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML</b>	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	

Drug Name	Tier	Notes
<b>POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION</b>	3	
sodium phosphates intravenous solution	1 or 1b*	
<b>*POTASSIUM***</b>		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ</b>	3	
<b>POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</b>	1 or 1b*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
<b>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML, 40 MEQ/100ML</b>	1 or 1b*	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
<b>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 20 MEQ/100ML</b>	3	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
<b>*SODIUM***</b>		
aquastat intravenous solution	1 or 1b*	

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

Drug Name	Tier	Notes
bd posiflush intravenous solution	1 or 1b*	
monoject flush syringe intravenous solution	1 or 1b*	
monoject sodium chloride flush intravenous solution	1 or 1b*	
normal saline flush intravenous solution	1 or 1b*	
sodium chloride (pf) injection solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1 or 1b*	
<b>*TRACE MINERAL COMBINATIONS***</b>		
<b>MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>MULTRYS INTRAVENOUS SOLUTION</b>	3	
<b>THE LIQUILIFT TRACE INTRAVENOUS KIT</b>	3	
<b>TRALEMENT INTRAVENOUS SOLUTION</b>	3	
<b>*TRACE MINERALS***</b>		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
<b>SELENIOS ACID INTRAVENOUS SOLUTION</b>	3	
<b>*ZINC***</b>		
<b>GALZIN ORAL CAPSULE</b>	3	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT***</b>		
<b>JOENJA ORAL TABLET</b>	3	PA; QL
<b>*ALLOGENEIC THYMUS TISSUE***</b>		
<b>RETHYMIC INTRAMUSCULAR IMPLANT</b>	3	
<b>*ANTILEPROTICS***</b>		
<b>THALOMID ORAL CAPSULE</b>	2	PA; LD; SP; QL
<b>*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS***</b>		
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA; SP
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	PA; SP; QL
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; SP; QL
<b>*CHELATING AGENTS***</b>		
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	3	PA; SP; QL
<b>CUVRIOR ORAL TABLET</b>	3	PA; QL
<b>DEPEN TITRATABS ORAL TABLET</b>	3	PA; SP; QL
penicillamine oral capsule	3	PA; SP; QL
penicillamine oral tablet	1 or 1b*	PA; SP; QL
<b>SYPRINE ORAL CAPSULE</b>	3	PA; SP; QL
trientine hcl oral capsule	1 or 1b*	PA; SP; 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
<b>*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***</b>		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	3	
<b>*CYCLOSPORINE ANALOGS***</b>		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	
cyclosporine modified oral solution	1 or 1b*	
cyclosporine oral capsule	1 or 1b*	
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE	3	PA; QL
NEORAL ORAL CAPSULE	3	
NEORAL ORAL SOLUTION	3	

Drug Name	Tier	Notes
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	3	
<b>*ENZYMES***</b>		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA
<b>*FARNESYLTRANSFERASE INHIBITORS***</b>		
ZOKINVY ORAL CAPSULE	3	PA; QL
<b>*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***</b>		
SOLESTA INJECTION GEL	3	
<b>*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS***</b>		
ATGAM INTRAVENOUS INJECTABLE	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***</b>		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1 or 1b*	PA; SP; QL
lenalidomide oral capsule 2.5 mg, 20 mg	1 or 1b*	PA; QL
REVLIMID ORAL CAPSULE	2	PA; SP; 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
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	
CELLCEPT ORAL TABLET	3	
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	
mycophenolate mofetil oral tablet	1 or 1b*	
mycophenolate sodium oral tablet delayed release	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE	3	
<b>*INTERLEUKIN-6 (IL-6) ANTAGONISTS***</b>		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*IRRIGATION SOLUTIONS***</b>		
argyle sterile water irrigation solution	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	

Drug Name	Tier	Notes
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
<b>*MACROLIDE IMMUNOSUPPRESSANT S***</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	3	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	3	
<b>*MONOCLONAL ANTIBODIES***</b>		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
GAMIFANT INTRAVENOUS SOLUTION	3	PA; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
UPLIZNA INTRAVENOUS 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
<b>*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS***</b>		
VYVGART INTRAVENOUS SOLUTION	3	PA; SP
<b>*PERITONEAL DIALYSIS SOLUTIONS***</b>		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	

Drug Name	Tier	Notes
EXTRANEAL INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION	3	
<b>*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB***</b>		
VIJOICE ORAL TABLET THERAPY PACK	3	PA; SP; QL
<b>*POTASSIUM REMOVING AGENTS***</b>		
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	
<b>*PROSTAGLANDINS***</b>		
alprostadil injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
<b>*PURINE ANALOGS***</b>		
azasan oral tablet	1 or 1b*	
azathioprine 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
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET	3	
<b>*ROCK INHIBITORS***</b>		
REZUROCK ORAL TABLET	3	PA; QL
<b>*SCLEROSING AGENTS***</b>		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 %	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
<b>*SELECTIVE T-CELL COSTIMULATION BLOCKERS***</b>		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS***</b>		
SAPHNELO INTRAVENOUS SOLUTION	3	PA; QL
<b>*UREMIC PRURITUS AGENTS***</b>		
KORSUVA INTRAVENOUS SOLUTION	3	PA
<b>*MOUTH/THROAT/DEN TAL AGENTS*</b>		
<b>*ANESTHETICS TOPICAL ORAL***</b>		
lidocaine hcl mouth/throat solution	1 or 1a*	QL
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL

Drug Name	Tier	Notes
<b>*ANTI-INFECTIVES - THROAT***</b>		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	1 or 1b*	QL
ORAVIG BUCCAL TABLET	3	
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
PERIDEX MOUTH/THROAT SOLUTION	3	QL
perigard mouth/throat solution	1 or 1a*	QL
<b>*DENTAL PRODUCTS - COMBINATIONS***</b>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
clinpro 5000 dental paste	1 or 1b*	QL
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	QL
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL
fluoridex enhanced whitening dental paste	1 or 1b*	QL
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	

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

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Drug Name	Tier	Notes
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	QL
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	QL
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	QL
PREVIDENT 5000 PLUS DENTAL CREAM	3	QL
PREVIDENT DENTAL GEL	3	QL
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL
sodium fluoride dental cream	1 or 1b*	QL
<b>*SALIVA STIMULANTS***</b>		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	QL
SALAGEN ORAL TABLET	3	QL
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetone mouth/throat paste	1 or 1b*	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX VITAMINS***</b>		
b-complex plus b-12 oral tablet	1 or 1b*	\$0
b-complex/b-12 oral tablet	1 or 1b*	\$0
ra b-complex oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
ra b-complex with b-12 oral tablet	1 or 1b*	\$0
vitamin b complex oral tablet	1 or 1b*	\$0
vitamin-b complex oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C &amp; CALCIUM***</b>		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	\$0
qc b-complex/vitamin c oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
b complex-c-folic acid oral tablet	1 or 1b*	\$0
b-complex balanced oral tablet	1 or 1b*	\$0
b-complex/vitamin c oral tablet	1 or 1b*	\$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	\$0
dialyvite 800 oral tablet	1 or 1b*	\$0
eql super b complex/vitamin c oral tablet	1 or 1b*	\$0
<b>FULL SPECTRUM B/VITAMIN C ORAL TABLET</b>	2	\$0
kp b complex-c oral tablet	1 or 1b*	\$0
nephro vitamins oral tablet	1 or 1b*	\$0
<b>NEPHRO-VITE ORAL TABLET</b>	2	\$0
px b complex/vitamin c oral tablet	1 or 1b*	\$0
renal vitamin oral tablet	1 or 1b*	\$0
rena-vite oral tablet	1 or 1b*	\$0
sm b super vitamin complex oral tablet	1 or 1b*	\$0
<b>SM B-COMPLEX/VITAMIN C ORAL TABLET</b>	2	\$0
stress formula (folic acid) oral tablet	1 or 1b*	\$0
super b complex/fa/vit c oral tablet	1 or 1b*	\$0
super b-complex/vit c/fa oral tablet	1 or 1b*	\$0
<b>*B-COMPLEX W/ C***</b>		
allbee/c oral tablet	1 or 1b*	\$0
b complex-c oral tablet	1 or 1b*	\$0

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

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

Drug Name	Tier	Notes
balanced b complex oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet	1 or 1b*	\$0
balanced b-100 oral tablet extended release	1 or 1b*	\$0
balanced b-50/fa oral tablet	1 or 1b*	\$0
b-compleet-100 oral tablet	1 or 1b*	\$0
b-compleet-50 oral tablet	1 or 1b*	\$0
b-complex oral tablet	1 or 1b*	\$0
big 100 (biotin) oral tablet	1 or 1b*	\$0
complex b-100 oral tablet extended release	1 or 1b*	\$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	\$0
endur-b oral tablet extended release	1 or 1b*	\$0
eql b complex 50 oral tablet	1 or 1b*	\$0
eql b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-100 complex oral tablet extended release	1 or 1b*	\$0
gnp b-50 complex oral tablet extended release	1 or 1b*	\$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	\$0
quin b strong b-25 oral tablet	1 or 1b*	\$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	\$0
ra balanced b-100 oral tablet	1 or 1b*	\$0
ra balanced b-50 oral tablet	1 or 1b*	\$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	\$0
sm b100 complex oral tablet	1 or 1b*	\$0
sm b-complex oral tablet	1 or 1b*	\$0
super b-100 oral tablet	1 or 1b*	\$0
super b-50 oral tablet	1 or 1b*	\$0
super b-complex oral tablet	1 or 1b*	\$0
super dec b-100 oral tablet	1 or 1b*	\$0
super quints b-50 oral tablet	1 or 1b*	\$0
yl balanced b-100 oral tablet	1 or 1b*	\$0
<b>*MULTIPLE VITAMINS W/ IRON***</b>		
daily vite multivitamin/iron oral tablet	1 or 1b*	\$0
daily-vitamin/iron oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
multiple vitamins/iron oral tablet	1 or 1b*	\$0
multivitamin plus iron adult oral tablet	1 or 1b*	\$0
multi-vitamin/iron oral tablet	1 or 1b*	\$0
nat-rul daily-vite+iron oral tablet	1 or 1b*	\$0
one daily multivitamin/iron oral tablet	1 or 1b*	\$0
one-daily multi-vitamin/iron oral tablet	1 or 1b*	\$0
one-daily/iron oral tablet	1 or 1b*	\$0
qc daily multivitamins/iron oral tablet	1 or 1b*	\$0
sm multiple vitamins/iron oral tablet	1 or 1b*	\$0
stress b complex/iron oral tablet	1 or 1b*	\$0
stress formula/iron oral tablet	1 or 1b*	\$0
tab-a-vite/iron oral tablet	1 or 1b*	\$0
<b>TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET</b>	2	\$0
<b>*MULTIPLE VITAMINS W/ MINERALS &amp; CALCIUM-FOLIC ACID***</b>		
<b>FOLGARD OS ORAL TABLET</b>	3	
<b>*MULTIPLE VITAMINS W/ MINERALS &amp; FLUORIDE-IRON-FOLIC ACID***</b>		
<b>QUFLORA FE ORAL TABLET CHEWABLE</b>	3	
<b>*MULTIVITAMINS***</b>		
<b>AMLADEX ORAL TABLET</b>	3	
anti-oxidant oral tablet	1 or 1b*	\$0
daily multiple vitamins oral tablet	1 or 1b*	\$0
daily value multivitamin oral tablet	1 or 1b*	\$0
daily vitamins oral tablet	1 or 1b*	\$0
daily vite oral tablet	1 or 1b*	\$0
daily vites oral tablet	1 or 1b*	\$0
daily-vitamin oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
daily-vite multivitamin oral tablet	1 or 1b*	\$0
daily-vite oral tablet	1 or 1b*	\$0
<b>ESTROFACTORS ORAL TABLET</b>	2	\$0
gnp essential one daily oral tablet	1 or 1b*	\$0
healthy hair/skin/nails oral tablet	1 or 1b*	\$0
<b>HIGH POTENCY MULTIVITAMIN ORAL TABLET</b>	2	\$0
<b>INFUVITE ADULT INTRAVENOUS INJECTABLE</b>	3	
multi vitamin oral tablet	1 or 1b*	\$0
<b>MULTI VITAMIN W/D-3 ORAL TABLET</b>	2	\$0
multiple vitamin-folic acid oral tablet	1 or 1b*	\$0
multiple vitamins essential oral tablet	1 or 1b*	\$0
multiple vitamins oral tablet	1 or 1b*	\$0
multivitamin adult oral tablet	1 or 1b*	\$0
multivitamin iron-free oral tablet	1 or 1b*	\$0
<b>MULTIVITAMIN ORAL TABLET</b>	2	\$0
multi-vitamin oral tablet	1 or 1b*	\$0
<b>NEOMULTIVITE ORAL TABLET</b>	2	\$0
<b>OMNICAP ORAL TABLET</b>	2	\$0
once daily oral tablet	1 or 1b*	\$0
one daily essential oral tablet	1 or 1b*	\$0
one daily multivitamin adult oral tablet	1 or 1b*	\$0
one daily oral tablet	1 or 1b*	\$0
<b>ONE VITE DAILY MULTIVITAMIN ORAL TABLET</b>	2	\$0
<b>ONE-A-DAY ESSENTIAL ORAL TABLET</b>	2	\$0
<b>ONE-A-DAY MENS ORAL TABLET</b>	2	\$0
one-daily multi vitamins oral tablet	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
one-daily multi-vitamin oral tablet	1 or 1b*	\$0
qc essentials oral tablet	1 or 1b*	\$0
<b>QUINTABS ORAL TABLET</b>	2	\$0
sm multiple vitamins essential oral tablet	1 or 1b*	\$0
stress formula oral tablet	1 or 1b*	\$0
stresstabs energy oral tablet	1 or 1b*	\$0
tab-a-vite oral tablet	1 or 1b*	\$0
tab-a-vite/beta carotene oral tablet	1 or 1b*	\$0
<b>THERA ORAL TABLET</b>	2	\$0
thera-mill oral tablet	1 or 1b*	\$0
thera-tabs oral tablet	1 or 1b*	\$0
<b>THEREMS ORAL TABLET</b>	2	\$0
vit e-vit c-beta carotene oral tablet	1 or 1b*	\$0
vitalee oral tablet	1 or 1b*	\$0
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
<b>POLY-VI-FLOR/IRON ORAL SUSPENSION</b>	3	
<b>POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE</b>	3	
<b>QUFLORA FE PEDIATRIC ORAL LIQUID</b>	3	
<b>*PED MV W/ FLUORIDE***</b>		
<b>FLORIVA PLUS ORAL SOLUTION</b>	3	
multivitamin/fluoride oral solution	1 or 1b*	\$0
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	1 or 1b*	\$0
<b>MULTI-VIT-FLOR ORAL TABLET CHEWABLE</b>	3	
<b>POLY-VI-FLOR ORAL SUSPENSION</b>	3	

Drug Name	Tier	Notes
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE</b>	3	
<b>QUFLORA GUMMIES ORAL TABLET CHEWABLE</b>	2	
<b>QUFLORA PEDIATRIC ORAL SOLUTION</b>	3	
<b>QUFLORA PEDIATRIC ORAL TABLET CHEWABLE</b>	3	
<b>*PED VITAMINS ACD &amp; FA W/ FLUORIDE***</b>		
<b>TRI-VI-FLOR ORAL SUSPENSION</b>	3	
<b>TRI-VI-FLORO ORAL SUSPENSION</b>	3	
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
multivitamin select/fluoride oral solution	1 or 1b*	\$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acid-fluoride oral solution	1 or 1b*	\$0
<b>*PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE***</b>		
<b>FLORIVA ORAL TABLET CHEWABLE</b>	3	
<b>*PEDIATRIC MULTIPLE VITAMINS***</b>		
<b>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>*PRENATAL MV &amp; MIN W/FE-FA ***</b>		
<b>ATABEX EC ORAL TABLET DELAYED RELEASE</b>	2	QL
<b>ATABEX OB ORAL TABLET</b>	2	QL
<b>AZESCO ORAL TABLET</b>	3	ST; QL
<b>CITRANATAL B-CALM ORAL</b>	2	QL
<b>CITRANATAL BLOOM ORAL TABLET</b>	3	ST; QL
<b>CLASSIC PRENATAL ORAL TABLET</b>	2	\$0; QL

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

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Drug Name	Tier	Notes
C-NATE DHA ORAL CAPSULE	2	QL
COMPLETENATE ORAL TABLET CHEWABLE	2	QL
CO-NATAL FA ORAL TABLET	2	QL
CONCEPT DHA ORAL CAPSULE	2	QL
CONCEPT OB ORAL CAPSULE	2	QL
CVS PRENATAL ORAL TABLET 27-0.8 MG	2	ST; \$0; QL
DUET DHA 400 ORAL	3	ST; QL
DUET DHA BALANCED ORAL 25-1 & 267 MG	3	ST; QL
elite-ob oral tablet	1 or 1b*	QL
ENBRACE HR ORAL CAPSULE	3	ST; QL
EQL PRENATAL FORMULA ORAL TABLET	2	\$0; QL
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL
GNP PRENATAL ORAL TABLET	2	\$0; QL
inatal gt oral tablet	1 or 1b*	QL
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL
KP PRENATAL MULTIVITAMINS ORAL TABLET	2	\$0; QL
KPN PRENATAL ORAL TABLET	2	\$0; QL
MASONATAL ORAL TABLET	2	\$0; QL
M-NATAL PLUS ORAL TABLET	2	QL
MULTI PRENATAL ORAL TABLET	2	ST; \$0; QL
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	ST; QL
natal pnv oral tablet	3	ST
NATALVIT ORAL TABLET	2	QL

Drug Name	Tier	Notes
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	ST; QL
NEONATAL COMPLETE ORAL TABLET	3	ST; QL
NEONATAL FE ORAL TABLET	3	ST; QL
NEONATAL PLUS ORAL TABLET	2	QL
neonatal prenatal oral tablet	2	\$0; QL
NEONATAL VITAMIN ORAL TABLET	2	ST; \$0; QL
NESTABS DHA ORAL	3	ST; QL
NESTABS ORAL TABLET	3	ST; QL
NIVA-PLUS ORAL TABLET	2	QL
OB COMPLETE ONE ORAL CAPSULE	3	ST; QL
OB COMPLETE ORAL TABLET	3	ST; QL
OB COMPLETE PETITE ORAL CAPSULE	3	ST; QL
OB COMPLETE PREMIER ORAL TABLET	3	ST; QL
OB COMPLETE/DHA ORAL CAPSULE	3	ST; QL
OBSTETRIX DHA ORAL	2	QL
OBSTETRIX EC ORAL TABLET	2	QL
ONE VITE WOMENS ORAL TABLET	2	ST; \$0; QL
ONE VITE WOMENS PLUS ORAL TABLET	2	QL
ONE-A-DAY WOMENS PRENATAL ORAL	2	\$0; QL
pnv prenatal plus multivit+dha oral	3	QL
PNV TABS 20-1 ORAL TABLET	3	ST; QL
PNV-OMEGA ORAL CAPSULE	3	ST; QL
pnv-select oral tablet	1 or 1b*	ST; QL
PREGENNA ORAL TABLET	3	ST; QL
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL

\* 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 (W/IRON & FA) ORAL TABLET	2	ST; \$0; QL
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL
PRENATAL COMPLETE ORAL TABLET	2	ST; \$0; QL
PRENATAL FORTE ORAL TABLET	2	ST; \$0; QL
PRENATAL ONE DAILY ORAL TABLET	2	ST; \$0; QL
PRENATAL ORAL TABLET 27-0.8 MG	2	ST; \$0; QL
PRENATAL ORAL TABLET 27-1 MG	2	QL
PRENATAL ORAL TABLET 28-0.8 MG	2	\$0; QL
PRENATAL PLUS ORAL TABLET	2	QL
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	\$0; QL
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2	\$0; QL
PRENATAL/IRON ORAL TABLET	2	ST; \$0; QL
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2	\$0; QL
PRENATAL-U ORAL CAPSULE	2	QL
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	ST; QL
PRENATRIX ORAL TABLET	3	ST; QL
PRENATRYL ORAL TABLET	3	ST; QL
PRENATVITE COMPLETE ORAL TABLET	3	ST; QL
PRENATVITE PLUS ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
PRENATVITE RX ORAL TABLET	3	ST; QL
PRIMACARE ORAL CAPSULE	3	ST; QL
PROVIDA OB ORAL CAPSULE	2	QL
PX PRENATAL MULTIVITAMINS ORAL TABLET	2	\$0; QL
QC PRENATAL ORAL TABLET	2	\$0; QL
RA PRENATAL FORMULA ORAL TABLET	2	\$0; QL
RA PRENATAL ORAL TABLET	2	\$0; QL
RELNATE DHA ORAL CAPSULE	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG	3	ST; QL
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	2	QL
SE-NATAL 19 ORAL TABLET	2	QL
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL
SM ONE DAILY PRENATAL ORAL	2	\$0; QL
SM PRENATAL VITAMINS ORAL TABLET	2	\$0; QL
TARON-C DHA ORAL CAPSULE 35-1 MG	2	QL
THRIVITE RX ORAL TABLET	2	ST; QL
TRICARE ORAL TABLET	2	QL
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL
VINATE DHA RF ORAL CAPSULE	3	ST; QL
VINATE II ORAL TABLET	2	QL
VINATE ONE ORAL TABLET	2	QL
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL

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

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Drug Name	Tier	Notes
VITAFOL GUMMIES ORAL TABLET CHEWABLE	2	QL
VITAFOL-NANO ORAL TABLET	3	ST; QL
VITAFOL-OB ORAL TABLET	3	ST; QL
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL
VITATHELY WITH GINGER ORAL TABLET	3	ST; QL
VIVA DHA ORAL CAPSULE	3	ST; QL
WESTAB PLUS ORAL TABLET	2	QL
ZALVIT ORAL TABLET	3	ST; QL
ZIPHEX ORAL TABLET	3	ST; QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL***</b>		
COMPLETE NATAL DHA ORAL 29-1-200 & 200 MG	2	QL
wesnatal dha complete oral	2	ST; QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	ST; QL
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	ST; QL
CITRANATAL DHA ORAL	3	ST; QL
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	ST; QL
ENFAMIL EXPECTA ORAL	2	\$0; QL
NEONATAL + DHA ORAL	3	ST; QL
NESTABS ONE ORAL CAPSULE	3	ST; QL
OBSTETRIX ONE ORAL CAPSULE	2	QL
pnv-dha oral capsule	1 or 1b*	QL
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL

Drug Name	Tier	Notes
PREGEN DHA ORAL CAPSULE	3	ST; QL
PRENA 1 TRUE ORAL	2	QL
PRENAISSANCE ORAL CAPSULE	3	ST; QL
PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL
PRENATAL MULTIVITAMIN + DHA ORAL	2	\$0; QL
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE ENHANCE ORAL CAPSULE	3	ST; QL
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	ST; QL
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	ST; QL
PRENATE PIXIE ORAL CAPSULE	3	ST; QL
PRENATE RESTORE ORAL CAPSULE	3	ST; QL
SELECT-OB+DHA ORAL	3	ST; QL
TRISTART DHA ORAL CAPSULE	3	ST; QL
VIRT-PN DHA ORAL CAPSULE	3	ST; QL
VITAFOL FE+ ORAL CAPSULE	3	ST; QL
VITAFOL ULTRA ORAL CAPSULE	3	ST; QL
VITAFOL-OB+DHA ORAL	3	ST; QL
VITAFOL-ONE ORAL CAPSULE	3	ST; QL
VITATRUE ORAL	3	ST; QL
WESTGEL DHA ORAL CAPSULE	3	ST; QL
<b>*PRENATAL MV &amp; MINERALS W/FA WITHOUT IRON***</b>		
PRENATE ORAL TABLET CHEWABLE	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
<b>*PRENATAL VITAMINS***</b>		
NEONATAL 19 ORAL TABLET	3	ST; QL
PREMESISRX ORAL TABLET	3	ST; QL
PRENA1 ORAL TABLET CHEWABLE	3	ST; QL
PRENATE AM ORAL TABLET	3	ST; QL
VITAFOL STRIPS ORAL FILM	2	ST; QL
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	ST; QL
<b>*VITAMINS A &amp; D***</b>		
COD LIVER OIL ORAL OIL	3	
<b>*VITAMINS W/ LIPOTROPICS***</b>		
ACTIFLOVIT EAR HEALTH ORAL TABLET	2	\$0
b complex (lipotropics) oral tablet	1 or 1b*	\$0
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	\$0
balance b-100 oral tablet	1 or 1b*	\$0
balanced b-50 complex oral tablet	1 or 1b*	\$0
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2	\$0
cvs balanced b50 oral tablet	1 or 1b*	\$0
cvs inner ear plus oral tablet	1 or 1b*	\$0
ear health formula oral tablet	1 or 1b*	\$0
ear health plus oral tablet	1 or 1b*	\$0
lipo flavonoid plus oral tablet	1 or 1b*	\$0
lipoflavovit oral tablet	1 or 1b*	\$0
LIPOTRIAD ORAL TABLET	2	\$0
mega multiple/chelated mineral oral tablet	1 or 1b*	\$0
nat-rul b-50 oral tablet	1 or 1b*	\$0
px b-50 oral tablet	1 or 1b*	\$0
risanoid plus oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
ultra b-100 complex oral tablet	1 or 1b*	\$0
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
baclofen intrathecal solution	1 or 1b*	
BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	
baclofen oral solution	3	QL
baclofen oral suspension	3	QL
baclofen oral tablet	1 or 1b*	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 250 mg	3	ST; QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 7.5 mg	3	ST; QL
fexmid oral tablet	3	ST; QL
FLEQSUVY ORAL SUSPENSION	3	QL
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	3	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	3	
LIORESAL INTRATHECAL 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
lorzone oral tablet	1 or 1b*	ST; QL
<b>LYVISPAH ORAL PACKET</b>	3	QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet 1000 mg	3	ST; QL
methocarbamol oral tablet 500 mg, 750 mg	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
<b>OZOBAX ORAL SOLUTION</b>	3	QL
<b>ROBAXIN INJECTION SOLUTION 1000 MG/10ML</b>	3	
<b>SOMA ORAL TABLET</b>	3	ST; QL
tizanidine hcl oral capsule 2 mg, 4 mg	3	ST; QL
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
vanadom oral tablet	1 or 1b*	QL
<b>ZANAFLEX ORAL CAPSULE</b>	3	ST; QL
<b>ZANAFLEX ORAL TABLET</b>	3	ST; QL
<b>*DIRECT MUSCLE RELAXANTS***</b>		
<b>DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
<b>DANTRIUM ORAL CAPSULE 25 MG</b>	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
<b>RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED</b>	3	
<b>*MUSCLE RELAXANT COMBINATIONS***</b>		
norgesic oral tablet	1 or 1b*	ST; QL
<b>ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG</b>	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
<b>*VISCOSUPPLEMENTS**</b>		
<b>DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE</b>	3	PA
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE</b>	3	PA
<b>GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION</b>	3	PA
<b>HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA
<b>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	3	PA

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

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

Drug Name	Tier	Notes
PROPEL NASAL IMPLANT	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST; QL
QNASL NASAL AEROSOL SOLUTION	3	ST; QL
XHANCE NASAL EXHALER SUSPENSION	3	PA; QL
ZETONNA NASAL AEROSOL SOLUTION	3	ST; QL
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*ALS AGENT COMBINATIONS***</b>		
RELYVRIO ORAL PACKET	3	PA; ST; QL
<b>*ALS AGENTS - ANTISENSE OLIGONUCLEOTIDES**</b>		
*		
QALSODY INTRATHECAL SOLUTION	3	PA; QL
<b>*ALS AGENTS - MISCELLANEOUS***</b>		
RADICAVA ORS ORAL SUSPENSION	3	PA; QL
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA; QL
<b>*BENZATHIAZOLES***</b>		
EXSERVAN ORAL FILM	3	QL
RILUTEK ORAL TABLET	3	SP; QL
riluzole oral tablet	1 or 1b*	SP; QL
TIGLUTIK ORAL SUSPENSION	3	QL
<b>*DEPOLARIZING MUSCLE RELAXANTS***</b>		
ANECTINE INJECTION SOLUTION	3	
QUELICIN 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
<b>*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
SKYCLARYS ORAL CAPSULE	3	PA; QL
<b>*MUSCULAR DYSTROPHY AGENTS***</b>		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA
VILTEPSO INTRAVENOUS SOLUTION	3	PA
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA
<b>*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
<b>*NONDEPOLARIZING MUSCLE RELAXANTS***</b>		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	

Drug Name	Tier	Notes
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML	3	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
<b>*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS***</b>		
DAYBUE ORAL SOLUTION	3	PA; QL
<b>*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS***</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA; QL
<b>*NUTRIENTS*</b>		
<b>*AMINO ACID MIXTURES***</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	
aminosyn ii intravenous solution 15 %	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROSOL INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	
<b>*AMINO ACIDS-SINGLE***</b>		
ELCYS INTRAVENOUS SOLUTION	3	
<b>*CARBOHYDRATES***</b>		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	

Drug Name	Tier	Notes
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
<b>*LIPIDS***</b>		
CLINOLIPID INTRAVENOUS EMULSION	3	
DOJOLVI ORAL LIQUID	3	PA; SP; QL
INTRALIPID INTRAVENOUS EMULSION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
<b>*LIPOTROPIC COMBINATIONS***</b>		
LECITHIN ORAL GRANULES	3	
<b>*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***</b>		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB***</b>		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
<b>*ARTIFICIAL TEAR INSERTS***</b>		
LACRISERT OPHTHALMIC INSERT	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
<b>*BETA-BLOCKERS - OPTHALMIC COMBINATIONS***</b>		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
COMBIGAN OPTHALMIC SOLUTION	2	QL
COSOPT OPTHALMIC SOLUTION	3	QL
COSOPT PF OPTHALMIC SOLUTION 2-0.5 %	3	QL
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1 or 1b*	QL
<b>*BETA-BLOCKERS - OPTHALMIC***</b>		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
BETIMOL OPTHALMIC SOLUTION	3	QL
BETOPTIC-S OPTHALMIC SUSPENSION	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPTHALMIC SOLUTION	3	QL
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION	3	QL
TIMOPTIC OPTHALMIC SOLUTION	3	QL

Drug Name	Tier	Notes
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION	3	QL
<b>*CHOLINERGIC AGONISTS***</b>		
TYRVAYA NASAL SOLUTION	3	PA; QL
<b>*CYCLOPLEGIC MYDRIATIC COMBINATIONS***</b>		
CYCLOMYDRIL OPTHALMIC SOLUTION	3	
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
atropine sulfate ophthalmic ointment	1 or 1b*	
ATROPINE SULFATE OPTHALMIC SOLUTION 1 %	1 or 1b*	QL
CYCLOGYL OPTHALMIC SOLUTION 0.5 %, 2 %	3	
CYCLOGYL OPTHALMIC SOLUTION 1 %	3	QL
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
ISOPTO ATROPINE OPTHALMIC SOLUTION	3	QL
MYDRIACYL OPTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***</b>		
XIIDRA OPTHALMIC SOLUTION	2	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
<b>*MIOTICS - CHOLINESTERASE INHIBITORS***</b>		
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED</b>	3	
<b>*MIOTICS - DIRECT ACTING***</b>		
<b>MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED</b>	3	
<b>MIOSTAT INTRAOCULAR SOLUTION</b>	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
<b>VUITY OPHTHALMIC SOLUTION</b>	3	PA; QL
<b>*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS***</b>		
<b>VABYSMO INTRAVITREAL SOLUTION</b>	3	PA; SP
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
<b>ALOCRILOPHTHALMIC SOLUTION</b>	3	ST; QL
<b>ALOMIDOPHTHALMIC SOLUTION</b>	3	ST; QL
azelastine hcl ophthalmic solution	1 or 1b*	QL
bepotastine besilate ophthalmic solution	3	ST; QL
<b>BEPREVE OPHTHALMIC SOLUTION</b>	3	ST; QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
olopatadine hcl ophthalmic solution 0.2 %	3	ST; QL
<b>ZERVIAE OPHTHALMIC SOLUTION</b>	3	ST; QL

Drug Name	Tier	Notes
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
<b>AZASITE OPHTHALMIC SOLUTION</b>	3	QL
bacitracin ophthalmic ointment	1 or 1b*	QL
<b>BESIVANCE OPHTHALMIC SUSPENSION</b>	3	QL
<b>CILOXAN OPHTHALMIC OINTMENT</b>	3	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	QL
erythromycin ophthalmic ointment	1 or 1a*	QL
gatifloxacin ophthalmic solution	1 or 1b*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution 1.5 %	1 or 1b*	QL
<b>MITOSOL OPHTHALMIC KIT</b>	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacin hcl ophthalmic solution	1 or 1b*	QL
<b>OCUFLOX OPHTHALMIC SOLUTION</b>	3	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
<b>TOBREX OPHTHALMIC OINTMENT</b>	3	QL
<b>VIGAMOX OPHTHALMIC SOLUTION</b>	3	QL
<b>ZYMAXID OPHTHALMIC SOLUTION</b>	3	QL
<b>*OPHTHALMIC ANTIFUNGAL***</b>		
<b>NATACYN OPHTHALMIC SUSPENSION</b>	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
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	QL
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL
polycin ophthalmic ointment	1 or 1a*	QL
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
<b>POLYTRIM OPHTHALMIC SOLUTION</b>	3	QL
<b>*OPHTHALMIC ANTISEPTICS***</b>		
<b>BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION</b>	3	
<b>*OPHTHALMIC ANTIVIRALS***</b>		
trifluridine ophthalmic solution	1 or 1b*	QL
<b>ZIRGAN OPHTHALMIC GEL</b>	3	QL
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
<b>AZOPT OPHTHALMIC SUSPENSION</b>	3	QL
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC COMPLEMENT C3 INHIBITORS***</b>		
<b>SYFOVRE INTRAVITREAL SOLUTION</b>	3	PA

Drug Name	Tier	Notes
<b>*OPHTHALMIC DIAGNOSTIC PRODUCTS***</b>		
altafluor benox ophthalmic solution	1 or 1b*	
<b>FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION</b>	3	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
<b>FLUORESCITE INTRAVENOUS SOLUTION</b>	3	
fluor-i-strips a.t. ophthalmic strip	3	
<b>FLURA-SAFE OPHTHALMIC SOLUTION</b>	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC IMMUNOMODULATORS ***</b>		
<b>CEQUA OPHTHALMIC SOLUTION</b>	3	PA; QL
cyclosporine ophthalmic emulsion	1 or 1b*	PA; QL
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	2	PA; QL
<b>RESTASIS OPHTHALMIC EMULSION</b>	2	PA; QL
<b>VERKAZIA OPHTHALMIC EMULSION</b>	3	PA; QL
<b>*OPHTHALMIC IRRIGATION SOLUTIONS***</b>		
<b>BSS INTRAOCULAR SOLUTION</b>	3	
<b>BSS PLUS INTRAOCULAR SOLUTION</b>	3	
<b>*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***</b>		
<b>ROCKLATAN OPHTHALMIC SOLUTION</b>	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
<b>*OPHTHALMIC LOCAL ANESTHETICS***</b>		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
IHEEZO OPHTHALMIC GEL	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC NERVE GROWTH FACTORS***</b>		
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
ACULAR LS OPHTHALMIC SOLUTION	3	QL
ACULAR OPHTHALMIC SOLUTION	3	QL
ACUVAIL OPHTHALMIC SOLUTION	3	QL
bromfenac sodium (once-daily) ophthalmic solution	1 or 1b*	QL
BROMSITE OPHTHALMIC SOLUTION	3	QL
diclofenac sodium ophthalmic solution	1 or 1b*	QL
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
ILEVRO OPHTHALMIC SUSPENSION	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
NEVANAC OPHTHALMIC SUSPENSION	3	QL
PROLENSA OPHTHALMIC SOLUTION	3	QL

Drug Name	Tier	Notes
<b>*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS***</b>		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	SP; QL
<b>*OPHTHALMIC PHOTOENHANCER COMBINATIONS***</b>		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
<b>*OPHTHALMIC RHO KINASE INHIBITORS***</b>		
RHOPRESSA OPHTHALMIC SOLUTION	3	QL
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	QL
MAXITROL OPHTHALMIC OINTMENT	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	QL
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	QL

\* 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-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	QL
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	QL
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
<b>TOBRADEX OPTHALMIC OINTMENT</b>	2	
<b>TOBRADEX OPTHALMIC SUSPENSION</b>	3	QL
<b>TOBRADEX ST OPTHALMIC SUSPENSION</b>	3	QL
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
<b>ZYLET OPTHALMIC SUSPENSION</b>	2	QL
<b>*OPHTHALMIC STEROIDS***</b>		
<b>ALREX OPTHALMIC SUSPENSION</b>	3	
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
<b>DEXTENZA OPTHALMIC INSERT</b>	3	
<b>DEXYCU INTRAOCULAR SUSPENSION</b>	3	
difluprednate ophthalmic emulsion	1 or 1b*	QL
<b>DUREZOL OPTHALMIC EMULSION</b>	3	QL
<b>EYSUVIS OPTHALMIC SUSPENSION</b>	3	PA; QL
<b>FLAREX OPTHALMIC SUSPENSION</b>	3	
fluorometholone ophthalmic suspension	1 or 1b*	
<b>FML FORTE OPTHALMIC SUSPENSION</b>	3	

Drug Name	Tier	Notes
<b>FML LIQUIFILM OPTHALMIC SUSPENSION</b>	3	
<b>ILUVIEN INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>INVELTYS OPTHALMIC SUSPENSION</b>	3	QL
<b>LOTEMAX OPTHALMIC GEL</b>	3	QL
<b>LOTEMAX OPTHALMIC OINTMENT</b>	3	QL
<b>LOTEMAX OPTHALMIC SUSPENSION</b>	3	QL
<b>LOTEMAX SM OPTHALMIC GEL</b>	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL
<b>MAXIDEX OPTHALMIC SUSPENSION</b>	3	
<b>OZURDEX INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>PRED FORTE OPTHALMIC SUSPENSION</b>	3	QL
<b>PRED MILD OPTHALMIC SUSPENSION</b>	3	
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
<b>PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION</b>	3	QL
<b>RETISERT INTRAVITREAL IMPLANT</b>	3	PA; SP
<b>TRIESENCE INTRAOCULAR SUSPENSION</b>	3	
<b>XIPERE INTRAOCULAR SUSPENSION</b>	3	PA
<b>YUTIQ INTRAVITREAL IMPLANT</b>	3	PA

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

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Drug Name	Tier	Notes
<b>*OPHTHALMIC SULFONAMIDES***</b>		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC SURGICAL AIDS - COMBINATIONS***</b>		
DISCOVISC INTRAOCULAR SOLUTION	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML	3	
OMIDRIA INTRAOCULAR SOLUTION	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>*OPHTHALMIC SURGICAL AIDS***</b>		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
CELLUGEL INTRAOCULAR SOLUTION	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	

Drug Name	Tier	Notes
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	3	
<b>*OPHTHALMICS - BLEPHAROPTOSIS AGENTS**</b>		
UPNEEQ OPHTHALMIC SOLUTION	3	PA; QL
<b>*OPHTHALMICS - CYSTINOSIS AGENTS**</b>		
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL
<b>*PROSTAGLANDINS - OPHTHALMIC***</b>		
bimatoprost ophthalmic solution	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT	3	PA; SP; QL
latanoprost ophthalmic solution	1 or 1b*	QL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	QL
tafluprost (pf) ophthalmic solution	1 or 1b*	QL
TRAVATAN Z OPHTHALMIC SOLUTION	3	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
VYZULTA OPHTHALMIC SOLUTION	3	QL
XALATAN OPHTHALMIC SOLUTION	3	QL
XELPROS OPHTHALMIC EMULSION	3	QL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	QL

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

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Drug Name	Tier	Notes
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***</b>		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
BYOOVIZ INTRAVITREAL SOLUTION	3	PA
CIMERLI INTRAVITREAL SOLUTION	3	PA
EYLEA INTRAVITREAL SOLUTION	3	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	3	SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	3	SP
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
acetic acid otic solution	1 or 1b*	
<b>*OTIC ANALGESIC COMBINATIONS***</b>		
PRAMOTIC OTIC LIQUID	3	
<b>*OTIC ANTI-INFECTIVES***</b>		
CETRAXAL OTIC SOLUTION	3	QL
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***</b>		
CIPRO HC OTIC SUSPENSION	3	QL

Drug Name	Tier	Notes
<b>CIPRODEX OTIC SUSPENSION</b>	3	QL
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
<b>CORTISPORIN-TC OTIC SUSPENSION</b>	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	QL
<b>OTOVEL OTIC SOLUTION</b>	3	QL
<b>*OTIC STEROIDS***</b>		
<b>DERMOTIC OTIC OIL</b>	3	
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL
<b>*OXYTOCICS*</b>		
<b>*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***</b>		
carboprost tromethamine intramuscular solution	1 or 1b*	
<b>CERVIDIL VAGINAL INSERT</b>	3	
<b>HEMABATE INTRAMUSCULAR SOLUTION</b>	3	
<b>PREPIDIL VAGINAL GEL</b>	3	
<b>*OXYTOCICS***</b>		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
<b>PITOCIN INJECTION SOLUTION</b>	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
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTITOXINS-ANTIVENINS***</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*ANTIVIRAL MONOCLONAL ANTIBODIES***</b>		
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; SP
<b>*BACTERIAL MONOCLONAL ANTIBODIES***</b>		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA
<b>*IMMUNE SERUMS***</b>		
ASCENIV INTRAVENOUS SOLUTION	3	PA; SP
BIVIGAM INTRAVENOUS SOLUTION	3	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL	3	
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION	3	PA; SP

Drug Name	Tier	Notes
CYTOGAM INTRAVENOUS INJECTABLE	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	3	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; LD; SP
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	3	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	3	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML	3	PA; SP

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

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

Drug Name	Tier	Notes
PANZYGA INTRAVENOUS SOLUTION	3	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	3	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML, 40 GM/400ML	3	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	LD; SP; QL
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	SP; QL
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	SP; QL
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; SP
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***</b>		
HYQVIA SUBCUTANEOUS KIT	3	PA; SP
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS**</b>		
*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	

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

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Drug Name	Tier	Notes
<b>*NATURAL PENICILLINS***</b>		
<b>BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
<b>*PENICILLIN COMBINATIONS***</b>		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
<b>AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED</b>	3	
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	2	
<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	3	
<b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION</b>	3	

Drug Name	Tier	Notes
<b>BICILLIN C-R INTRAMUSCULAR SUSPENSION</b>	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1 or 1b*	
<b>UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM</b>	3	
<b>UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM</b>	3	
<b>ZOSYN INTRAVENOUS SOLUTION</b>	3	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
dicloxacillin sodium oral capsule	1 or 1b*	
<b>NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
nafcillin sodium intravenous solution reconstituted	1 or 1b*	
<b>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION</b>	3	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1 or 1b*	
oxacillin sodium intravenous solution reconstituted	1 or 1b*	
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
<b>AYGESTIN ORAL TABLET</b>	3	
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	

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

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Drug Name	Tier	Notes
progesterone oral capsule	1 or 1b*	QL
<b>PROMETRIUM ORAL CAPSULE</b>	3	QL
<b>PROVERA ORAL TABLET</b>	3	QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*AGENTS FOR OPIOID WITHDRAWAL***</b>		
<b>LUCEMYRA ORAL TABLET</b>	3	QL
<b>*ALCOHOL DETERRENTS***</b>		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL
disulfiram oral tablet	1 or 1b*	
<b>*ANTI-CATAPLECTIC AGENTS***</b>		
sodium oxybate oral solution	3	PA; QL
<b>XYREM ORAL SOLUTION</b>	3	PA; QL
<b>*ANTI-CATAPLECTIC COMBINATIONS***</b>		
<b>XYWAV ORAL SOLUTION</b>	3	PA; QL
<b>*ANTIDEMENTIA AGENT COMBINATIONS***</b>		
<b>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK</b>	2	
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	2	QL
<b>*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***</b>		
<b>TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; QL
<b>*BENZODIAZEPINES &amp; TRICYCLIC AGENTS***</b>		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>*CHOLINOMIMETICS - ACHE INHIBITORS***</b>		
<b>ADLARITY TRANSDERMAL PATCH WEEKLY</b>	3	QL
<b>ARICEPT ORAL TABLET 10 MG, 23 MG</b>	3	QL
<b>ARICEPT ORAL TABLET 5 MG</b>	3	DO
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	QL
<b>EXELON TRANSDERMAL PATCH 24 HOUR</b>	3	ST; QL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	1 or 1b*	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	1 or 1b*	DO
galantamine hydrobromide oral solution	1 or 1b*	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	1 or 1b*	QL
galantamine hydrobromide oral tablet 4 mg	1 or 1b*	DO
<b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 24 MG</b>	3	QL
<b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG</b>	3	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	1 or 1b*	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	1 or 1b*	QL
rivastigmine transdermal patch 24 hour	1 or 1b*	QL
<b>*FIBROMYALGIA AGENT - SNRIS***</b>		
<b>SAVELLA ORAL TABLET</b>	2	QL
<b>SAVELLA TITRATION PACK ORAL</b>	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
<b>*MELANOCORTIN RECEPTOR AGONISTS***</b>		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
AUSTEDO ORAL TABLET	3	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG	3	PA; DO; LD; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; LD; SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LD; SP; QL
tetrabenazine oral tablet	1 or 1b*	PA; SP; QL
XENAZINE ORAL TABLET	3	PA; SP; QL
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
AUBAGIO ORAL TABLET	3	PA; SP; QL
teriflunomide oral tablet	1 or 1b*	PA; QL
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL

Drug Name	Tier	Notes
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA; LD; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	3	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT	3	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL

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

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

Drug Name	Tier	Notes
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	3	PA; LD; SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	3	PA; LD; SP; QL
glatopa subcutaneous solution prefilled syringe	3	PA; LD; SP; QL
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***</b>		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	1 or 1b*	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	1 or 1b*	QL
memantine hcl oral solution 2 mg/ml	1 or 1b*	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	1 or 1b*	QL
memantine hcl oral tablet 5 mg	1 or 1b*	DO
<b>NAMENDA ORAL TABLET 10 MG</b>	3	QL
<b>NAMENDA ORAL TABLET 5 MG</b>	3	DO
<b>NAMENDA TITRATION PAK ORAL TABLET</b>	3	QL
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 7 MG</b>	3	DO
<b>NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG</b>	3	QL
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS***</b>		
perphenazine-amitriptyline 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
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***</b>		
GRALISE ORAL TABLET 300 MG, 450 MG, 750 MG	2	PA; DO
GRALISE ORAL TABLET 600 MG, 900 MG	2	PA; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	3	PA; QL
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1 or 1b*	PA; DO
pregabalin er oral tablet extended release 24 hour 330 mg	1 or 1b*	PA; QL
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
<b>*PSEUDOBULBAR AFFECT AGENT COMBINATIONS***</b>		
NUDEXTA ORAL CAPSULE	3	PA; QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
ergoloid mesylates oral tablet	1 or 1b*	QL
pimozide oral tablet	1 or 1b*	QL
<b>*RESTLESS LEG SYNDROME (RLS) AGENTS***</b>		
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL

Drug Name	Tier	Notes
<b>*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***</b>		
ADDYI ORAL TABLET	3	PA; QL
<b>*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***</b>		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
ONPATTRO INTRAVENOUS SOLUTION	3	PA; QL
<b>*SMOKING DETERRENTS***</b>		
APO-VARENICLINE ORAL TABLET	3	PA; \$0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	\$0
cvs nicotine mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
eq nicotine mouth/throat lozenge	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
gnp nicotine mouth/throat gum 4 mg	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	\$0
goodsense nicotine mouth/throat gum	1 or 1b*	\$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	\$0
habitrol transdermal patch 24 hour	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
hm nicotine polacrilex mouth/throat lozenge 2 mg	1 or 1b*	\$0
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1 or 1b*	\$0
kls quit2 mouth/throat gum	1 or 1b*	\$0
kls quit2 mouth/throat lozenge	1 or 1b*	\$0
kls quit4 mouth/throat gum	1 or 1b*	\$0
kls quit4 mouth/throat lozenge	1 or 1b*	\$0
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR</b>	2	\$0
<b>NICORETTE MINI MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE MOUTH/THROAT GUM</b>	2	\$0
<b>NICORETTE MOUTH/THROAT LOZENGE</b>	2	\$0
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b>	2	\$0
nicotine mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	\$0
nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0

Drug Name	Tier	Notes
nicotine step 1 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	\$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	\$0
<b>NICOTINE TRANSDERMAL KIT</b>	2	\$0
nicotine transdermal patch 24 hour	1 or 1b*	\$0
<b>NICOTROL INHALATION INHALER</b>	3	PA; \$0; QL
<b>NICOTROL NS NASAL SOLUTION</b>	3	PA; \$0; QL
px stop smoking aid mouth/throat gum	1 or 1b*	\$0
px stop smoking aid mouth/throat lozenge	1 or 1b*	\$0
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	\$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	\$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	\$0
ra nicotine mouth/throat gum	1 or 1b*	\$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	\$0
sm nicotine mouth/throat gum	1 or 1b*	\$0
sm nicotine mouth/throat lozenge	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	\$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	\$0
sm nicotine transdermal patch 24 hour	1 or 1b*	\$0
thrive mouth/throat gum 2 mg	1 or 1b*	\$0
varenicline tartrate oral tablet	1 or 1b*	PA; \$0; QL
varenicline tartrate oral tablet therapy pack	1 or 1b*	\$0; QL

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

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Drug Name	Tier	Notes
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***</b>		
fingolimod hcl oral capsule	1 or 1b*	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	3	PA; SP; QL
MAYZENT ORAL TABLET	3	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA; SP; QL
PONVORY ORAL TABLET	3	PA; SP; QL
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	PA; SP; QL
TASCENSO ODT ORAL TABLET DISPERSIBLE	3	PA; QL
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
ZEPOSIA ORAL CAPSULE	3	PA; SP; QL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA; SP; QL
<b>*THIENBENZODIAZEPINES &amp; OPIOID ANTAGONISTS***</b>		
LYBALVI ORAL TABLET	3	ST; QL
<b>*THIENBENZODIAZEPINES &amp; SSRIS***</b>		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	DO
<b>*VASOMOTOR SYMPTOM AGENTS - SSRIS***</b>		
paroxetine mesylate oral capsule	1 or 1b*	

Drug Name	Tier	Notes
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*ALPHA-PROTEINASE INHIBITOR (HUMAN)***</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	3	PA; SP
GLASSIA INTRAVENOUS SOLUTION	3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
<b>*CFTR POTENTIATORS***</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	3	PA; LD; QL
KALYDECO ORAL TABLET	3	PA; LD; QL
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
ORKAMBI ORAL PACKET	3	PA; QL
ORKAMBI ORAL TABLET	3	PA; QL
SYMDEKO ORAL TABLET THERAPY PACK	3	PA; QL
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL
<b>*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS***</b>		
BRONCHITOL INHALATION CAPSULE	3	PA; SP; QL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE	3	PA; SP; 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
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	SP; QL
<b>*PLEURAL SCLEROSING AGENTS***</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE	3	PA; SP; QL
<b>*PULMONARY FIBROSIS AGENTS***</b>		
ESBRIET ORAL CAPSULE	3	PA; LD; SP; QL
ESBRIET ORAL TABLET	3	PA; LD; SP; QL
pirfenidone oral capsule	1 or 1b*	PA; QL
pirfenidone oral tablet 267 mg, 801 mg	1 or 1b*	PA; LD; SP; QL
pirfenidone oral tablet 534 mg	1 or 1b*	PA; QL
<b>*RESPIRATORY AGENTS - MISC.***</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
sulfadiazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
<b>*TETRACYCLINES*</b>		
<b>*AMINOMETHYLCYCLINES***</b>		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET 150 MG	3	PA; QL
<b>*FLUOROCYCLINES***</b>		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*GLYCYLCYCLINES***</b>		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	1 or 1b*	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<b>*TETRACYCLINES***</b>		
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3	ST; QL
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	ST
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	3	ST; QL
doxy 100 intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL
doxycycline hyclate oral tablet 150 mg, 75 mg	3	ST; QL
doxycycline hyclate oral tablet delayed release	3	ST; QL

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

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Drug Name	Tier	Notes
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
<b>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	
minocycline hcl er (biphasic) oral tablet extended release 24 hour	3	QL
minocycline hcl er oral capsule extended release 24 hour	3	ST; QL
minocycline hcl er oral tablet extended release 24 hour	3	ST; QL
minocycline hcl oral capsule	1 or 1b*	QL
minocycline hcl oral tablet	1 or 1b*	QL
<b>MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
mondoxylene nl oral capsule 100 mg	1 or 1b*	QL
<b>SEYSARA ORAL TABLET</b>	3	ST; QL
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	3	ST; QL
targadox oral tablet	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	
<b>VIBRAMYCIN ORAL CAPSULE</b>	3	ST; QL
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	3	ST; QL
<b>XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b>	3	ST; QL

Drug Name	Tier	Notes
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS***</b>		
<b>SODIUM IODIDE I-131 ORAL SOLUTION</b>	3	
<b>*ANTITHYROID AGENTS***</b>		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
<b>*THYROID HORMONES***</b>		
<b>ADTHYZA ORAL TABLET</b>	3	
<b>ARMOUR THYROID ORAL TABLET</b>	3	
<b>CYTOMEL ORAL TABLET</b>	3	
<b>ERMEZA ORAL SOLUTION</b>	3	
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
<b>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML</b>	3	
<b>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG</b>	3	
<b>LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG, 500 MCG</b>	1 or 1a*	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
unithroid oral tablet	1 or 1a*	
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	\$0
INFANRIX INTRAMUSCULAR SUSPENSION	3	\$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0

Drug Name	Tier	Notes
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	\$0
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	\$0
VAXELIS INTRAMUSCULAR SUSPENSION	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC S*</b>		
<b>*ANTICHOLINERGIC COMBINATIONS***</b>		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE	3	
<b>*ANTISPASMODICS***</b>		
BENTYL INTRAMUSCULAR SOLUTION	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
<b>*BELLADONNA ALKALOIDS***</b>		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML	1 or 1b*	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*H-2 ANTAGONISTS***</b>		
cimetidine oral tablet	1 or 1b*	QL
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL
famotidine oral tablet 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL
<b>PEPCID ORAL TABLET</b>	3	QL
<b>*MISC. ANTI-ULCER***</b>		
<b>CARAFATE ORAL SUSPENSION</b>	3	
<b>CARAFATE ORAL TABLET</b>	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	
<b>*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***</b>		
<b>KONVOMEK ORAL SUSPENSION RECONSTITUTED</b>	3	ST; QL
omeprazole-sodium bicarbonate oral capsule	3	ST; QL
omeprazole-sodium bicarbonate oral packet	3	ST; QL
<b>ZEGERID ORAL CAPSULE</b>	3	ST; QL
<b>ZEGERID ORAL PACKET</b>	3	ST; QL
<b>*PROTON PUMP INHIBITORS***</b>		
<b>ACIPHEX ORAL TABLET DELAYED RELEASE</b>	3	ST; QL
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE</b>	3	ST; QL
dexlansoprazole oral capsule delayed release	3	ST; QL
esomeprazole magnesium oral capsule delayed release	3	ST; QL
esomeprazole magnesium oral packet	3	ST; QL

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

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

Drug Name	Tier	Notes
TALICIA ORAL CAPSULE DELAYED RELEASE	3	ST; QL
<b>*ULCER ANTI-INFECTIVE-PCAB COMBINATIONS***</b>		
VOQUEZNA DUAL PAK ORAL THERAPY PACK	3	PA; QL
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	3	PA; QL
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1 or 1a*	
<b>*URINARY ANTISPASMODICS*</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**</b>		
*		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	QL
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	3	ST; QL
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral solution	3	ST; QL
oxybutynin chloride oral syrup	1 or 1b*	QL
oxybutynin chloride oral tablet	1 or 1b*	QL
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST; QL

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Drug Name	Tier	Notes
solifenacin succinate oral tablet	1 or 1b*	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	ST; QL
tropium chloride er oral capsule extended release 24 hour	1 or 1b*	QL
tropium chloride oral tablet	1 or 1b*	QL
<b>VESICARE LS ORAL SUSPENSION</b>	3	PA; QL
<b>VESICARE ORAL TABLET</b>	3	ST; QL
<b>*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***</b>		
<b>GEMTESA ORAL TABLET</b>	3	ST; QL
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	3	QL
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***</b>		
bethanechol chloride oral tablet	1 or 1b*	
<b>*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***</b>		
flavoxate hcl oral tablet	1 or 1b*	
<b>*VACCINES*</b>		
<b>*BACTERIAL VACCINES***</b>		
<b>ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	\$0
<b>BCG VACCINE INJECTION SOLUTION RECONSTITUTED</b>	3	\$0

Drug Name	Tier	Notes
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>BIOTHRAX INTRAMUSCULAR SUSPENSION</b>	3	
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	3	\$0
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	3	\$0
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	3	\$0
<b>MENVEO INTRAMUSCULAR SOLUTION</b>	3	\$0
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	3	\$0
<b>PEDVAX HIB INTRAMUSCULAR SUSPENSION</b>	3	\$0
<b>PNEUMOVAX 23 INJECTION INJECTABLE</b>	2	\$0
<b>PREVNAR 13 INTRAMUSCULAR SUSPENSION</b>	2	\$0
<b>PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	2	\$0
<b>TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	3	\$0
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	3	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	3	
<b>VAXCHORA ORAL SUSPENSION RECONSTITUTED</b>	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
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
<b>*VIRAL VACCINE COMBINATIONS***</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0
<b>*VIRAL VACCINES***</b>		
ACAM2000 INJECTION SOLUTION RECONSTITUTED	3	\$0
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	\$0; QL
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	\$0
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0; QL

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

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Drug Name	Tier	Notes
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOL INJECTION INJECTABLE	3	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	\$0
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3	\$0
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	\$0
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	\$0
ROTARIX ORAL SUSPENSION	3	\$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	\$0
ROTATEQ ORAL SOLUTION	3	\$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	\$0

Drug Name	Tier	Notes
VARIVAX SUBCUTANEOUS INJECTABLE	3	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	3	
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
GYNAZOLE-1 VAGINAL CREAM	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL
<b>*MISCELLANEOUS VAGINAL PRODUCTS***</b>		
INTRAROSA VAGINAL INSERT	3	ST; QL
<b>*SPERMICIDES***</b>		
ENCARE VAGINAL SUPPOSITORY	2	\$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	\$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	\$0
TODAY SPONGE VAGINAL	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	\$0
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	\$0
<b>*VAGINAL ANTI-INFECTIVES***</b>		
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
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
<b>CLINDESSE VAGINAL CREAM</b>	3	
metronidazole vaginal gel	1 or 1b*	
<b>NUVESSA VAGINAL GEL</b>	3	
<b>VANDAZOLE VAGINAL GEL</b>	1 or 1b*	
<b>XACIATO VAGINAL GEL</b>	3	PA; QL
<b>*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS***</b>		
<b>PHEXXI VAGINAL GEL</b>	3	
<b>*VAGINAL ESTROGENS***</b>		
<b>ESTRACE VAGINAL CREAM</b>	3	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL
<b>ESTRING VAGINAL RING</b>	3	QL
<b>FEMRING VAGINAL RING</b>	3	QL
<b>IMVEXXY MAINTENANCE PACK VAGINAL INSERT</b>	3	QL
<b>IMVEXXY STARTER PACK VAGINAL INSERT</b>	3	QL
<b>PREMARIN VAGINAL CREAM</b>	2	QL
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	3	QL
yuvaferm vaginal tablet	1 or 1b*	QL
<b>*VAGINAL PROGESTINS***</b>		
<b>CRINONE VAGINAL GEL 4 %</b>	3	SP
<b>CRINONE VAGINAL GEL 8 %</b>	3	PA; SP; QL
<b>ENDOMETRIN VAGINAL INSERT</b>	3	PA
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
<b>ADRENALIN INJECTION SOLUTION</b>	3	

Drug Name	Tier	Notes
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR</b>	3	ST; QL
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
<b>EPINEPHRINESNAP INJECTION KIT</b>	3	
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	ST; QL
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	3	ST; QL
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE</b>	3	ST; QL
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***</b>		
droxidopa oral capsule	1 or 1b*	PA; SP; QL
<b>NORTHERA ORAL CAPSULE</b>	3	PA; SP; QL
<b>*VASOPRESSORS***</b>		
<b>AKOVAZ INTRAVENOUS SOLUTION</b>	3	
<b>AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE</b>	3	
<b>BIORPHEN INTRAVENOUS SOLUTION</b>	3	
<b>EMERPHED INTRAVENOUS SOLUTION</b>	3	
<b>EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE</b>	3	
<b>EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION 5 MG/ML</b>	3	
<b>EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION 50 MG/ML</b>	1 or 1b*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
epinephrine injection solution 1 mg/ml	3	
<b>EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML</b>	3	
<b>EPINEPHRINE PF INJECTION SOLUTION</b>	3	
<b>GIAPREZA INTRAVENOUS SOLUTION</b>	3	
<b>LEVOPHED INTRAVENOUS SOLUTION</b>	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
<b>PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML</b>	1 or 1b*	
<b>VAZCULEP INTRAVENOUS SOLUTION</b>	3	
<b>*VITAMINS*</b>		
<b>*VITAMIN A***</b>		
<b>AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML</b>	3	
<b>*VITAMIN B-1***</b>		
thiamine hcl injection solution	1 or 1b*	
<b>*VITAMIN C***</b>		
<b>ASCOR INTRAVENOUS SOLUTION</b>	3	
<b>*VITAMIN D***</b>		
<b>DRISDOL ORAL CAPSULE</b>	3	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1 or 1a*	
<b>*VITAMIN K***</b>		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	1 or 1b*	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

Effective 05152023

La mayoría de los planes incluyen nuestro práctico programa de envío a domicilio sin costos adicionales para el afiliado. Puedes obtener más información en [empireblue.com](http://empireblue.com) o llamando al 866-297-0984.

## **Para obtener información sobre tu beneficio de farmacia, inicia sesión en [empireblue.com](http://empireblue.com).**

Encontrarás la lista de medicamentos y los detalles más actualizados sobre tus beneficios. Si tienes alguna pregunta, estamos aquí para ayudarte. Llámanos al número de Servicios para Afiliados que aparece en tu tarjeta de identificación.

Usuarios con problemas de habla o audición (TDD/TTY):  
Llamar al 1-800-221-6915, de lunes a viernes, de 8:30 a. m. a 5 p. m., hora del Este.



An Anthem Company

Los servicios son proporcionados por Empire HealthChoice HMO, Inc. y/o Empire HealthChoice Assurance, Inc., licenciatarios de Blue Cross and Blue Shield Association, una asociación de los planes independientes de Blue Cross y Blue Shield.

Rev. 1/19

# Get help in your language

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

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

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

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

## Tagalog

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

## Russian

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

## Arabic

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

## Armenian

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

## Farsi

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

## French

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



#### Japanese

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

#### Haitian

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

#### Italian

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

#### Polish

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

#### Punjabi

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

#### Navajo

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

#### It's important we treat you fairly

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