

# Essential Drug List

## Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

## Essential Drug List Formulary

### What is a drug list?

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

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

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

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

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

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

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

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

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

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

### How will I know how much my drug will cost?

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

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

Here are a few things to think about:

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

### **Who decides what drugs are on the list?**

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

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

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

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

### **Online Pharmacy Resources**

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

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

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

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

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

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

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

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

## **KEY**

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

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

Generic drugs are in lower case, plain type.

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

**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.

# Essential Drug List

## Four-Tier

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Four-Tier

CURRENT AS OF 8/1/2022

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>*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>*AMPHETAMINE MIXTURES***</b>		
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>*AMPHETAMINES***</b>		
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO
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
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	2	
caffeine citrate oral solution	2	
<b>*ANOREXIANTS NON-AMPHETAMINE***</b>		
benzphetamine hcl oral tablet	1 or 1b*	PA
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA
diethylpropion hcl oral tablet	1 or 1b*	PA
phendimetrazine tartrate oral tablet	1 or 1b*	PA
phentermine hcl oral capsule	1 or 1b*	PA
phentermine hcl oral tablet	1 or 1b*	PA

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

Drug Name	Tier	Notes
<b>*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***</b>		
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA
<b>WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	2	PA
<b>*STIMULANTS - MISC.***</b>		
armodafinil oral tablet	2	PA; QL
dexamethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1 or 1b*	PA; DO
dexamethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexamethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexamethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
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 (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO

Drug Name	Tier	Notes
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg	1 or 1b*	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; DO
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST; DO
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA; DO
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr	2	ST; DO
methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr	2	ST; QL
modafinil oral tablet 100 mg	2	PA; DO
modafinil oral tablet 200 mg	2	PA; QL
<b>*AMINOGLYCOSIDES*</b>		
<b>*AMINOGLYCOSIDES**</b>		
*		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	2	
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-%	2	
gentamicin sulfate injection solution	2	
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
tobramycin inhalation nebulization solution	4	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
tobramycin sulfate injection solution	2	QL
tobramycin sulfate injection solution reconstituted	2	QL
<b>*ANALGESICS - ANTI-INFLAMMATORY*</b>		
<b>*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; SP; QL
XELJANZ ORAL SOLUTION	4	PA; SP; QL
XELJANZ ORAL TABLET	4	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; SP; QL
<b>*ANTIRHEUMATIC ANTIMETABOLITES***</b>		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; SP; QL
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***</b>		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL

Drug Name	Tier	Notes
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; SP; QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***</b>		
celecoxib oral capsule	2	ST; QL
<b>*GOLD COMPOUNDS***</b>		
RIDAURA ORAL CAPSULE	2	QL
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***</b>		
diclofenac-misoprostol oral tablet delayed release	2	ST; QL
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***</b>		
cataflam oral tablet	1 or 1b*	
diclofenac potassium oral tablet 50 mg	1 or 1b*	
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL
diclofenac sodium oral tablet delayed release	1 or 1b*	QL
ec-naproxen oral tablet delayed release	1 or 1b*	

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

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Drug Name	Tier	Notes
etodolac er oral tablet extended release 24 hour	1 or 1b*	QL
etodolac oral capsule	1 or 1b*	QL
etodolac oral tablet	1 or 1b*	QL
flurbiprofen oral tablet	1 or 1b*	QL
ibu oral tablet	1 or 1a*	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	QL
indomethacin er oral capsule extended release	1 or 1b*	QL
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	QL
indomethacin sodium intravenous solution reconstituted	2	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	
ketorolac tromethamine injection solution 15 mg/ml	2	QL
<b>KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML</b>	2	
ketorolac tromethamine intramuscular solution 60 mg/2ml	2	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
meclofenamate sodium oral capsule	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	QL
meloxicam oral tablet	1 or 1b*	QL
nabumetone oral tablet	1 or 1b*	QL
naproxen oral tablet	1 or 1b*	
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	QL
oxaprozin oral tablet	1 or 1b*	QL
piroxicam oral capsule	1 or 1b*	QL
relafen oral tablet	1 or 1b*	QL
sulindac oral tablet	1 or 1b*	QL
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***</b>		
<b>OTEZLA ORAL TABLET</b>	4	PA; SP; QL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	4	PA; SP; QL

Drug Name	Tier	Notes
<b>*PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
leflunomide oral tablet	2	QL
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***</b>		
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	4	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	4	PA; SP; QL
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	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*	
<b>*ANALGESICS-SEDATIVES***</b>		
bac oral tablet	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	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 tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL
tencon oral tablet 50-325 mg	1 or 1b*	QL
<b>*SALICYLATE COMBINATIONS***</b>		
sm aspirin tri-buffered oral tablet	1 or 1b*	OTC; \$0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	OTC; \$0

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

Effective 08012022

Drug Name	Tier	Notes
<b>*SALICYLATES***</b>		
adult aspirin regimen oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin 81 oral tablet chewable	1 or 1a*	OTC; \$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin childrens oral tablet chewable	1 or 1a*	OTC; \$0
aspirin ec adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
aspirin oral tablet chewable	1 or 1a*	OTC; \$0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	OTC; \$0
bayer advanced aspirin reg st oral tablet	1 or 1a*	OTC; \$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
bayer aspirin oral tablet	1 or 1a*	OTC; \$0
bayer aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
bayer low dose oral tablet chewable	1 or 1a*	OTC; \$0
bayer low dose oral tablet delayed release	1 or 1a*	OTC; \$0
childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0

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

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

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

Drug Name	Tier	Notes
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
sm aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin oral tablet	1 or 1a*	OTC; \$0
sm childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
st joseph aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
st joseph low dose oral tablet chewable	1 or 1a*	OTC; \$0
st joseph low dose oral tablet delayed release	1 or 1a*	OTC; \$0
<b>*ANALGESICS - OPIOID*</b>		
<b>*CODEINE COMBINATIONS***</b>		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL
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>*DIHYDROCODEINE COMBINATIONS***</b>		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
trexix oral capsule 320.5-30-16 mg	1 or 1b*	QL
<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

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

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Drug Name	Tier	Notes
hydrocodone-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>		
codeine sulfate oral tablet 30 mg	2	QL
duramorph injection solution	1 or 1b*	QL
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL
fentanyl citrate buccal tablet	2	PA; QL
fentanyl transdermal patch 72 hour	2	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	2	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
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
levorphanol tartrate oral tablet	2	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
meperidine hcl oral tablet 50 mg	1 or 1b*	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

Drug Name	Tier	Notes
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
mitigo injection solution	2	QL
morphine sulfate (concentrate) oral solution 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
morphine sulfate er beads oral capsule extended release 24 hour	2	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	2	PA; QL
morphine sulfate er oral tablet extended release	2	PA; QL
morphine sulfate intravenous solution 10 mg/ml, 4 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
oxycodone hcl oral capsule	2	QL
oxycodone hcl oral concentrate 100 mg/5ml	2	QL
oxycodone hcl oral solution	2	QL
oxycodone hcl oral tablet	2	QL
oxymorphone hcl er oral tablet extended release 12 hour	2	PA; QL
oxymorphone hcl oral tablet	2	QL
remifentanyl hcl intravenous solution reconstituted	1 or 1b*	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	PA; QL
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	2	PA; QL
tramadol hcl er oral tablet extended release 24 hour	2	PA; QL
tramadol hcl oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
<b>*OPIOID COMBINATIONS***</b>		
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
<b>*OPIOID PARTIAL AGONISTS***</b>		
buprenorphine hcl injection solution 0.3 mg/ml	2	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	2	PA; QL
butorphanol tartrate injection solution	2	QL
butorphanol tartrate nasal solution	1 or 1b*	QL
nalbuphine hcl injection solution	2	QL
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
<b>*TRAMADOL COMBINATIONS***</b>		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
<b>*ANDROGENS-ANABOLIC*</b>		
<b>*ANABOLIC STEROIDS***</b>		
oxandrolone oral tablet	2	PA; QL
<b>*ANDROGENS***</b>		
danazol oral capsule	2	QL
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA

Drug Name	Tier	Notes
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/act (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA; QL
testosterone transdermal solution	2	PA; QL
<b>*ANORECTAL AND RELATED PRODUCTS*</b>		
<b>*INTRARECTAL STEROIDS***</b>		
hydrocortisone rectal enema	1 or 1b*	
<b>*RECTAL ANESTHETIC/STEROIDS ***</b>		
hydrocortisone ace-pramoxine external cream 1-1 %	1 or 1b*	
<b>*RECTAL STEROIDS***</b>		
hydrocortisone (perianal) external cream	1 or 1b*	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
<b>*ANTHELMINTICS*</b>		
<b>*ANTHELMINTICS***</b>		
albendazole oral tablet	1 or 1b*	PA; QL
ivermectin oral tablet	1 or 1b*	PA; QL
praziquantel oral tablet	2	
<b>*ANTIANGINAL AGENTS*</b>		
<b>*ANTIANGINALS-OTHER***</b>		
ranolazine er oral tablet extended release 12 hour	2	QL
<b>*NITRATES***</b>		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1 or 1b*	
isosorbide dinitrate oral tablet 40 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour	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
isosorbide mononitrate oral tablet	1 or 1b*	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	2	
<b>*ANTIANSXIETY AGENTS*</b>		
<b>*ANTIANSXIETY AGENTS - MISC.***</b>		
bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	DO
bupirone hcl oral tablet 30 mg	1 or 1b*	QL
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	QL
hydroxyzine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
hydroxyzine hcl oral tablet 50 mg	1 or 1b*	QL
hydroxyzine pamoate oral capsule 100 mg	1 or 1a*	QL
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1 or 1a*	DO
meprobamate oral tablet 200 mg	3	DO
meprobamate oral tablet 400 mg	3	QL
<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
alprazolam oral tablet	1 or 1b*	QL
alprazolam oral tablet dispersible	1 or 1b*	QL

Drug Name	Tier	Notes
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
chlordiazepoxide hcl oral capsule	1 or 1b*	QL
clorazepate dipotassium oral tablet	1 or 1b*	QL
diazepam intensol oral concentrate	1 or 1a*	QL
diazepam oral concentrate	1 or 1a*	QL
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL
lorazepam oral concentrate 2 mg/ml	1 or 1b*	QL
lorazepam oral tablet	1 or 1b*	QL
oxazepam oral capsule	2	QL
<b>*ANTIARRHYTHMICS*</b>		
<b>*ANTIARRHYTHMICS - MISC.***</b>		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
<b>*ANTIARRHYTHMICS TYPE I-A***</b>		
disopyramide phosphate oral capsule	2	
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	2	
procainamide hcl injection solution	2	
quinidine gluconate er oral tablet extended release	2	
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*	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	2	
<b>*ANTIARRHYTHMICS TYPE I-C***</b>		
flecainide acetate oral tablet	2	QL
propafenone hcl er oral capsule extended release 12 hour	2	
propafenone hcl oral tablet	2	
<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
dofetilide oral capsule	4	
ibutilide fumarate intravenous solution	1 or 1b*	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>		
<b>*ADRENERGIC COMBINATIONS***</b>		
ADVAIR HFA INHALATION AEROSOL	2	QL
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL

Drug Name	Tier	Notes
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	1 or 1b*	QL
ipratropium-albuterol inhalation solution	1 or 1b*	QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL
SYMBICORT INHALATION AEROSOL	2	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1 or 1b*	QL
<b>*ANTI-IGE MONOCLONAL ANTIBODIES***</b>		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	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

\* 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>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	2	QL
formoterol fumarate inhalation nebulization solution	2	QL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	QL
levalbuterol tartrate inhalation aerosol	1 or 1b*	QL
<b>PROAIR HFA INHALATION AEROSOL SOLUTION</b>	2	ST; QL
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
<b>*BRONCHODILATORS - ANTICHOLINERGICS***</b>		
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION</b>	2	QL
ipratropium bromide inhalation solution	1 or 1b*	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>*LEUKOTRIENE RECEPTOR ANTAGONISTS***</b>		
montelukast sodium oral packet	1 or 1b*	QL

Drug Name	Tier	Notes
montelukast sodium oral tablet	1 or 1b*	QL
montelukast sodium oral tablet chewable	1 or 1b*	QL
zafirlukast oral tablet	1 or 1b*	QL
<b>*STEROID INHALANTS***</b>		
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
budesonide inhalation suspension	1 or 1b*	QL
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
<b>FLOVENT HFA INHALATION AEROSOL</b>	2	QL
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED</b>	2	QL
<b>*XANTHINES***</b>		
aminophylline intravenous solution	1 or 1b*	
<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 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>XARELTO ORAL SUSPENSION RECONSTITUTED</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
XARELTO ORAL TABLET	2	QL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL
<b>*HEPARINS AND HEPARINOID-LIKE AGENTS***</b>		
bd heparin posiflush intravenous solution	2	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/1-%	2	
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	2	
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	2	
heparin sodium lock flush intravenous solution 100 unit/ml	2	
<b>*LOW MOLECULAR WEIGHT HEPARINS***</b>		
enoxaparin sodium injection solution	4	QL
enoxaparin sodium injection solution prefilled syringe	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	QL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS***</b>		
fondaparinux sodium subcutaneous solution	4	QL

Drug Name	Tier	Notes
<b>*ANTICONVULSANTS*</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES***</b>		
clobazam oral suspension	2	QL
clobazam oral tablet	2	QL
clonazepam oral tablet	1 or 1b*	QL
clonazepam oral tablet dispersible	1 or 1b*	QL
diazepam rectal gel	1 or 1b*	QL
<b>*ANTICONVULSANTS - MISC.***</b>		
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
epitol oral tablet	1 or 1b*	QL
gabapentin oral capsule	2	QL
gabapentin oral solution	2	QL
gabapentin oral tablet 600 mg, 800 mg	2	QL
lacosamide intravenous solution	2	
lacosamide oral solution	2	QL
lacosamide oral tablet	2	QL
lamotrigine er oral tablet extended release 24 hour	1 or 1b*	QL
lamotrigine oral kit 25 & 50 & 100 mg	1 or 1b*	QL
lamotrigine oral tablet	1 or 1b*	QL
lamotrigine oral tablet chewable	1 or 1b*	QL
lamotrigine oral tablet dispersible	1 or 1b*	QL
lamotrigine starter kit-blue oral kit	1 or 1b*	QL
lamotrigine starter kit-green oral kit	1 or 1b*	QL
lamotrigine starter kit-orange oral kit	1 or 1b*	QL
levetiracetam er oral tablet extended release 24 hour	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
levetiracetam intravenous solution	2	
levetiracetam oral solution	2	QL
levetiracetam oral tablet	2	QL
oxcarbazepine oral suspension	1 or 1b*	QL
oxcarbazepine oral tablet	1 or 1b*	QL
pregabalin oral capsule	2	QL
pregabalin oral solution	2	QL
primidone oral tablet	1 or 1b*	QL
roweepra oral tablet 500 mg	2	QL
rufinamide oral suspension	2	QL
rufinamide oral tablet	2	QL
subvenite oral tablet	1 or 1b*	QL
subvenite starter kit-blue oral kit	1 or 1b*	QL
subvenite starter kit-green oral kit	1 or 1b*	QL
subvenite starter kit-orange oral kit	1 or 1b*	QL
topiramate er oral capsule er 24 hour sprinkle	1 or 1b*	QL
topiramate oral capsule sprinkle	1 or 1b*	QL
topiramate oral tablet	1 or 1b*	QL
zonisamide oral capsule	2	QL
<b>*CARBAMATES***</b>		
felbamate oral suspension	2	QL
felbamate oral tablet	2	QL
<b>*GABA MODULATORS***</b>		
tiagabine hcl oral tablet	2	QL
vigabatrin oral packet	4	LD; SP; QL
vigabatrin oral tablet	4	LD; SP; QL
vigadrone oral packet	4	LD; SP; QL
<b>*HYDANTOINS***</b>		
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2	
fosphenytoin sodium injection solution	2	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	

Drug Name	Tier	Notes
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
<b>*SUCCINIMIDES***</b>		
ethosuximide oral capsule	1 or 1b*	QL
ethosuximide oral solution	1 or 1b*	QL
<b>*VALPROIC ACID***</b>		
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 15 mg, 7.5 mg	1 or 1b*	DO
mirtazapine oral tablet 30 mg, 45 mg	1 or 1b*	QL
mirtazapine oral tablet dispersible 15 mg	1 or 1b*	DO
mirtazapine oral tablet dispersible 30 mg, 45 mg	1 or 1b*	QL
<b>*ANTIDEPRESSANTS - MISC.***</b>		
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

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

Drug Name	Tier	Notes
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)***</b>		
phenelzine sulfate oral tablet	1 or 1b*	QL
tranylcypromine sulfate oral tablet	1 or 1b*	QL
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***</b>		
citalopram hydrobromide oral solution	1 or 1b*	QL
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	QL
escitalopram oxalate oral solution	1 or 1b*	QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	QL
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	QL
fluoxetine hcl oral capsule delayed release	1 or 1b*	QL
fluoxetine hcl oral solution	1 or 1b*	QL
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	QL
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	QL
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	QL
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	QL
paroxetine hcl oral suspension	2	ST; QL

Drug Name	Tier	Notes
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	QL
sertraline hcl oral concentrate	1 or 1b*	QL
sertraline hcl oral tablet 100 mg	1 or 1b*	QL
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
<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>	3	DO
<b>TRINTELLIX ORAL TABLET 20 MG</b>	3	QL
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***</b>		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 30 mg	2	DO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	QL
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1 or 1b*	QL
venlafaxine hcl oral tablet	1 or 1b*	QL

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

Drug Name	Tier	Notes
<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
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	2	DO
desipramine hcl oral tablet 100 mg, 150 mg	2	QL
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg, 150 mg	1 or 1b*	QL
doxepin hcl oral concentrate	1 or 1b*	QL
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL
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
protriptyline hcl oral tablet 10 mg	2	QL
protriptyline hcl oral tablet 5 mg	2	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

Drug Name	Tier	Notes
<b>*ANTIDIABETIC - AMYLIN ANALOGS***</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
<b>*BIGUANIDES***</b>		
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, 850 mg	1 or 1b*	QL
<b>*DIABETIC OTHER***</b>		
diazoxide oral suspension	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	QL
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***</b>		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	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
<b>*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***</b>		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL

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

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

Drug Name	Tier	Notes
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN LISPRO INJECTION SOLUTION	2	QL
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LANTUS SUBCUTANEOUS SOLUTION	2	QL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL
LEVEMIR SUBCUTANEOUS SOLUTION	2	QL
LYUMJEV INJECTION SOLUTION	2	QL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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
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 (GLP-1 RECEPTOR AGONISTS)***</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	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

Drug Name	Tier	Notes
XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	ST; QL
<b>*MEGLITINIDE ANALOGUES***</b>		
nateglinide oral tablet	2	QL
repaglinide oral tablet	2	QL
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
<b>*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***</b>		
GLYXAMBI ORAL TABLET	2	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***</b>		
FARXIGA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***</b>		
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>		
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL

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

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Drug Name	Tier	Notes
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
<b>*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***</b>		
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***</b>		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
<b>*THIAZOLIDINEDIONES ***</b>		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>		
<b>*ANTIPERISTALTIC AGENTS***</b>		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1 or 1b*	
loperamide hcl oral capsule	1 or 1b*	QL
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>		
<b>*ANTIDOTES - CHELATING AGENTS***</b>		
deferasirox granules oral packet	4	PA; SP
deferasirox oral packet	4	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
deferiprone oral tablet	4	PA
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS***</b>		
acetylcysteine intravenous solution	2	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue injection solution	1 or 1b*	

Drug Name	Tier	Notes
<b>*BENZODIAZEPINE ANTAGONISTS***</b>		
flumazenil intravenous solution	1 or 1b*	
<b>*OPIOID ANTAGONISTS***</b>		
<b>KLOXXADO NASAL LIQUID</b>	2	QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	QL
naloxone hcl injection solution cartridge	1 or 1b*	QL
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL
naloxone hcl nasal liquid	1 or 1b*	QL
naltrexone hcl oral tablet	1 or 1b*	
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE</b>	2	QL
<b>*ANTIEMETICS*</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS***</b>		
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	2	
granisetron hcl oral tablet	2	QL
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	2	
ondansetron hcl injection solution prefilled syringe	2	
ondansetron hcl oral solution	2	QL
ondansetron hcl oral tablet	2	QL
ondansetron oral tablet dispersible	2	QL
palonosetron hcl intravenous solution 0.25 mg/5ml	2	PA
palonosetron hcl intravenous solution prefilled syringe	2	PA
<b>*ANTIEMETIC COMBINATIONS***</b>		
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
<b>*ANTIEMETICS - ANTICHOLINERGIC***</b>		
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
scopolamine transdermal patch 72 hour	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
trimethobenzamide hcl oral capsule	1 or 1b*	
<b>*ANTIEMETICS - MISCELLANEOUS***</b>		
dronabinol oral capsule	2	QL
<b>*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***</b>		
aprepitant oral	2	QL
aprepitant oral capsule	2	QL
fosaprepitant dimeglumine intravenous solution reconstituted	2	PA; QL
<b>*ANTIFUNGALS*</b>		
<b>*ANTIFUNGALS***</b>		
amphotericin b intravenous solution reconstituted	2	
amphotericin b liposome intravenous suspension reconstituted	2	
flucytosine oral capsule	2	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
<b>*TRIAZOLES***</b>		
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	2	PA; QL
itraconazole oral solution	2	PA; QL
posaconazole oral tablet delayed release	2	PA; QL
voriconazole intravenous solution reconstituted	2	
voriconazole oral suspension reconstituted	2	PA; QL

Drug Name	Tier	Notes
voriconazole oral tablet	2	PA; QL
<b>*ANTIHISTAMINES*</b>		
<b>*ANTIHISTAMINES - ALKYLAMINES***</b>		
ryclora oral solution	1 or 1b*	
<b>*ANTIHISTAMINES - ETHANOLAMINES***</b>		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	QL
diphenhydramine hcl injection solution	2	
<b>*ANTIHISTAMINES - NON-SEDATING***</b>		
desloratadine oral tablet	3	QL
desloratadine oral tablet dispersible	3	QL
levocetirizine dihydrochloride oral tablet	1 or 1b*	QL
<b>*ANTIHISTAMINES - PHENOTHIAZINES***</b>		
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	2	QL
promethegan rectal suppository	2	QL
<b>*ANTIHISTAMINES - PIPERIDINES***</b>		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
<b>*ANTHYPERLIPIDEMI CS*</b>		
<b>*ANTHYPERLIPIDEMI CS - MISC.***</b>		
icosapent ethyl oral capsule	2	PA; QL
omega-3-acid ethyl esters oral capsule	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
VASCEPA ORAL CAPSULE	2	PA; QL
<b>*BILE ACID SEQUESTRANTS***</b>		
cholestyramine light oral packet	2	QL
cholestyramine light oral powder	2	QL
cholestyramine oral packet	2	QL
cholestyramine oral powder	2	QL
colesevelam hcl oral packet	3	QL
colesevelam hcl oral tablet	2	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	2	QL
prevalite oral powder	2	QL
<b>*FIBRIC ACID DERIVATIVES***</b>		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1 or 1b*	QL
fenofibrate oral capsule	1 or 1b*	QL
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL
fenofibric acid oral capsule delayed release	1 or 1b*	QL
fenofibric acid oral tablet	1 or 1b*	QL
gemfibrozil oral tablet	1 or 1b*	QL
<b>*HMG COA REDUCTASE INHIBITORS***</b>		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
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

Drug Name	Tier	Notes
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0; QL
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	DO; \$0
rosuvastatin calcium oral tablet 20 mg	2	DO
rosuvastatin calcium oral tablet 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
<b>*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***</b>		
ezetimibe-simvastatin oral tablet	2	ST; QL
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***</b>		
ezetimibe oral tablet	2	ST; QL
<b>*NICOTINIC ACID DERIVATIVES***</b>		
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
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

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

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Drug Name	Tier	Notes
<b>*ANTIHYPERTENSIVES</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
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE***</b>		
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
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
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL
<b>*ACE INHIBITORS***</b>		
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

Drug Name	Tier	Notes
enalapril maleate oral solution	2	QL
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*	
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
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
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>*AGENTS FOR PHEOCHROMOCYTOM A***</b>		
metirosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	2	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	

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

Drug Name	Tier	Notes
<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
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>		
candesartan cilexetil-hctz oral tablet	1 or 1b*	QL
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	QL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	QL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS***</b>		
candesartan cilexetil oral tablet 16 mg, 32 mg	1 or 1b*	QL
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
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
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL
valsartan oral 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
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>*ANTIADRENERGICS - CENTRALLY ACTING***</b>		
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	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
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>*ANTIADRENERGICS - PERIPHERALLY ACTING***</b>		
doxazosin mesylate oral tablet	1 or 1b*	QL
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	QL
<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>*DIRECT RENIN INHIBITORS***</b>		
aliskiren fumarate oral tablet 150 mg	2	DO
aliskiren fumarate oral tablet 300 mg	2	QL
<b>*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***</b>		
eprenone oral tablet	2	
<b>*VASODILATORS***</b>		
hydralazine hcl injection solution	2	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.***</b>		
bacitracin intramuscular solution reconstituted	2	

Drug Name	Tier	Notes
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
pentamidine isethionate inhalation solution reconstituted	2	
pentamidine isethionate injection solution reconstituted	4	
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>		
sulfamethoxazole-trimethoprim intravenous solution	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
<b>*ANTIPROTOZOAL AGENTS***</b>		
atovaquone oral suspension	2	
nitazoxanide oral tablet	2	QL
<b>*CARBAPENEM COMBINATIONS***</b>		
imipenem-cilastatin intravenous solution reconstituted	2	
<b>*CARBAPENEMS***</b>		
meropenem intravenous solution reconstituted	2	
<b>*CHLORAMPHENICALS ***</b>		
chloramphenicol sod succinate intravenous solution reconstituted	2	
<b>*GLYCOPEPTIDES***</b>		
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	2	QL
vancomycin hcl oral capsule	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>*LEPROSTATICS***</b>		
dapsone oral tablet	2	
<b>*LINCOSAMIDES***</b>		
clindamycin hcl oral capsule	1 or 1b*	QL
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	QL
<b>*MONOBACTAMS***</b>		
aztreonam injection solution reconstituted	2	
<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>*POLYMYXINS***</b>		
colistimethate sodium (cba) injection solution reconstituted	2	
polymyxin b sulfate injection solution reconstituted	2	
<b>*URINARY ANTI-INFECTIVES***</b>		
fosfomycin tromethamine oral packet	1 or 1b*	QL
methenamine hippurate oral tablet	2	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	QL
nitrofurantoin monohyd macro oral capsule	1 or 1b*	QL
nitrofurantoin oral suspension	1 or 1b*	QL
<b>*ANTIMALARIALS*</b>		
<b>*ANTIMALARIAL COMBINATIONS***</b>		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
<b>*ANTIMALARIALS***</b>		
chloroquine phosphate oral tablet	1 or 1a*	

Drug Name	Tier	Notes
hydroxychloroquine sulfate oral tablet 200 mg	1 or 1b*	QL
mefloquine hcl oral tablet	1 or 1b*	QL
pyrimethamine oral tablet	1 or 1b*	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS***</b>		
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral solution	2	
pyridostigmine bromide oral tablet	2	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>		
<b>*ANTIMYCOBACTERIAL AGENTS***</b>		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	2	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	2	
rifabutin oral capsule	2	
rifampin intravenous solution reconstituted	2	
rifampin oral capsule	2	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>		
<b>*ALKYLATING AGENTS***</b>		
<b>MYLERAN ORAL TABLET</b>	4	
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS***</b>		
abiraterone acetate oral tablet	4	PA; SP; QL
<b>*ANTIADRENALS***</b>		
<b>LYSODREN ORAL TABLET</b>	4	QL
<b>*ANTIANDROGENS***</b>		
bicalutamide oral tablet	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>ERLEADA ORAL TABLET</b>	4	PA; SP; QL
flutamide oral capsule	2	
nilutamide oral tablet	4	QL
<b>XTANDI ORAL CAPSULE</b>	4	PA; SP; QL
<b>XTANDI ORAL TABLET</b>	4	PA; SP; QL
<b>*ANTIESTROGENS***</b>		
<b>SOLTAMOX ORAL SOLUTION</b>	2	\$0
tamoxifen citrate oral tablet	2	\$0
toremifene citrate oral tablet	4	QL
<b>*ANTIMETABOLITES***</b>		
capecitabine oral tablet	4	PA; SP
mercaptopurine oral tablet	2	
methotrexate oral tablet	2	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	4	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	4	
methotrexate sodium injection solution reconstituted	4	
methotrexate sodium oral tablet	2	
<b>TABLOID ORAL TABLET</b>	2	
<b>TREXALL ORAL TABLET</b>	2	
<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>XALKORI ORAL CAPSULE</b>	4	PA; SP; QL
<b>*ANTINEOPLASTIC - ANTI-HER2 AGENTS***</b>		
<b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG</b>	4	LD; SP

Drug Name	Tier	Notes
<b>KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	SP
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***</b>		
<b>BOSULIF ORAL TABLET</b>	2	PA; SP; QL
<b>ICLUSIG ORAL TABLET</b>	4	PA; LD; QL
imatinib mesylate oral tablet	1 or 1b*	PA; SP; QL
<b>SPRYCEL ORAL TABLET</b>	2	PA; SP; QL
<b>TASIGNA ORAL CAPSULE</b>	4	PA; SP; QL
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***</b>		
<b>TAFINLAR ORAL CAPSULE</b>	4	PA; SP; QL
<b>ZELBORAF ORAL TABLET</b>	4	PA; LD; SP; QL
<b>*ANTINEOPLASTIC - BTK INHIBITORS***</b>		
<b>IMBRUVICA ORAL CAPSULE</b>	2	PA; QL
<b>IMBRUVICA ORAL TABLET</b>	2	PA; QL
<b>*ANTINEOPLASTIC - EGFR INHIBITORS***</b>		
erlotinib hcl oral tablet	1 or 1b*	PA; LD; SP; QL
<b>GILOTRIF ORAL TABLET</b>	4	PA; QL
<b>IRESSA ORAL TABLET</b>	4	PA; SP; QL
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***</b>		
<b>ERIVEDGE ORAL CAPSULE</b>	4	PA; SP; QL
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***</b>		
<b>ZOLINZA ORAL CAPSULE</b>	4	PA; SP; QL
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS ***</b>		
<b>POMALYST ORAL CAPSULE</b>	4	PA; SP; QL

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

Drug Name	Tier	Notes
<b>*ANTINEOPLASTIC - MEK INHIBITORS***</b>		
MEKINIST ORAL TABLET	4	PA; SP; QL
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***</b>		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP
everolimus oral tablet soluble	4	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***</b>		
CABOMETYX ORAL TABLET	2	PA; SP; QL
CAPRELSA ORAL TABLET	4	PA; LD; QL
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; SP; QL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; SP; QL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	4	PA; SP; QL
lapatinib ditosylate oral tablet	4	PA; SP; QL
sorafenib tosylate oral tablet	4	PA; QL
STIVARGA ORAL TABLET	4	PA; SP; QL
sunitinib malate oral capsule	4	PA; SP; QL
VOTRIENT ORAL TABLET	4	PA; SP; QL
<b>*ANTINEOPLASTIC COMBINATIONS***</b>		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	LD; SP
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL

Drug Name	Tier	Notes
<b>*ANTINEOPLASTICS MISC.***</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LD; SP
hydroxyurea oral capsule	2	
INTRON A INJECTION SOLUTION RECONSTITUTED	4	LD; SP
MATULANE ORAL CAPSULE	4	LD
<b>*AROMATASE INHIBITORS***</b>		
anastrozole oral tablet	2	\$0; QL
exemestane oral tablet	2	\$0; QL
letrozole oral tablet	2	\$0; QL
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***</b>		
IBRANCE ORAL CAPSULE	4	PA; SP; QL
IBRANCE ORAL TABLET	4	PA; SP; QL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; SP; QL
VERZENIO ORAL TABLET	4	PA; SP; QL
<b>*ESTROGENS-ANTINEOPLASTIC***</b>		
EMCYT ORAL CAPSULE	4	PA
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS***</b>		
leucovorin calcium injection solution	4	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	2	

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

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Drug Name	Tier	Notes
<b>*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; SP; QL
<b>*IMIDAZOTETRAZINES***</b>		
temozolomide oral capsule	4	PA; SP; QL
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***</b>		
JAKAFI ORAL TABLET	4	PA; SP; QL
<b>*LHRH ANALOGS***</b>		
leuprolide acetate injection kit	4	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA; SP; QL
<b>*MITOTIC INHIBITORS***</b>		
etoposide oral capsule	4	SP
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES***</b>		
cyclophosphamide oral capsule	4	SP
LEUKERAN ORAL TABLET	2	
melfalan oral tablet	4	SP
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***</b>		
LYNPARZA ORAL TABLET	4	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	1 or 1b*	

Drug Name	Tier	Notes
megestrol acetate oral tablet	1 or 1b*	
<b>*RETINOIDS***</b>		
tretinoin oral capsule	2	
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene oral capsule	4	PA; SP; QL
<b>*TOPOISOMERASE I INHIBITORS***</b>		
HYCAMTIN ORAL CAPSULE	4	PA; SP
<b>*URINARY TRACT PROTECTIVE AGENTS***</b>		
mesna intravenous solution	1 or 1b*	PA
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***</b>		
AVASTIN INTRAVENOUS SOLUTION	4	PA; SP
INLYTA ORAL TABLET	2	PA; SP; QL
MVASI INTRAVENOUS SOLUTION	4	PA; SP
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>		
<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*	
<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*	

\* 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>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***</b>		
rasagiline mesylate oral tablet	2	QL
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
<b>*CENTRAL/PERIPHERAL COMT INHIBITORS***</b>		
tolcapone oral tablet	2	PA; QL
<b>*DECARBOXYLASE INHIBITORS***</b>		
carbidopa oral tablet	2	
<b>*LEVODOPA COMBINATIONS***</b>		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	2	
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	2	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***</b>		
apomorphine hcl subcutaneous solution cartridge	4	PA; SP; 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>		
entacapone oral tablet	2	QL

Drug Name	Tier	Notes
<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>*ANTIPSYCHOTICS - MISC.***</b>		
LATUDA ORAL TABLET 120 MG, 80 MG	3	QL
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
LATUDA TABLET 120 MG ORAL	3	
ziprasidone hcl oral capsule 20 mg, 40 mg	2	DO
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL
ziprasidone mesylate intramuscular solution reconstituted	2	QL
<b>*BENZISOXAZOLES***</b>		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	DO
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	2	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL
risperidone oral tablet dispersible 0.25 mg	2	PA; DO
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	2	DO
risperidone oral tablet dispersible 3 mg, 4 mg	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>*BUTYROPHENONES***</b>		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	QL
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL
<b>*DIBENZODIAZEPINES**</b>		
clozapine oral tablet 100 mg, 200 mg	2	QL
clozapine oral tablet 25 mg, 50 mg	2	DO
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	2	QL
clozapine oral tablet dispersible 12.5 mg, 25 mg	2	DO
<b>*DIBENZO-OXEPINO PYRROLES***</b>		
asenapine maleate sublingual tablet sublingual 10 mg	2	QL
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	2	DO
<b>*DIBENZOTHIAZEPINE S***</b>		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	QL
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	2	DO
quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg	2	QL
<b>*DIBENZOAZEPINES**</b>		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*DIHYDROINDOLONES**</b>		
molindone hcl oral tablet 10 mg, 5 mg	2	DO
molindone hcl oral tablet 25 mg	2	QL
<b>*PHENOTHIAZINES***</b>		
chlorpromazine hcl injection solution	1 or 1b*	
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL
fluphenazine hcl oral elixir	1 or 1b*	QL
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
perphenazine oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL
perphenazine oral tablet 2 mg	1 or 1b*	DO
prochlorperazine edisylate injection solution 10 mg/2ml	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>		
aripiprazole oral solution	2	QL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	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
aripiprazole oral tablet 20 mg, 30 mg	2	QL
aripiprazole oral tablet dispersible	2	QL
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	3	ST; DO
<b>REXULTI ORAL TABLET 3 MG, 4 MG</b>	3	ST; QL
<b>*THIENBENZODIAZEPI NES***</b>		
olanzapine intramuscular solution reconstituted	2	PA; QL
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	DO
olanzapine oral tablet 15 mg, 20 mg	2	QL
olanzapine oral tablet dispersible 10 mg, 5 mg	2	DO
olanzapine oral tablet dispersible 15 mg, 20 mg	2	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
<b>*ANTIVIRALS*</b>		
<b>*ANTIRETROVIRAL COMBINATIONS***</b>		
abacavir sulfate-lamivudine oral tablet	2	QL
<b>BIKTARVY ORAL TABLET</b>	4	QL
<b>CIMDUO ORAL TABLET</b>	4	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>	4	QL
efavirenz-emtricitabine-tenofovir oral tablet	4	QL
efavirenz-lamivudine-tenofovir oral tablet	4	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1 or 1b*	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1 or 1b*	\$0; QL

Drug Name	Tier	Notes
<b>GENVOYA ORAL TABLET</b>	4	QL
lamivudine-zidovudine oral tablet	2	QL
lopinavir-ritonavir oral solution	4	QL
lopinavir-ritonavir oral tablet	4	QL
<b>STRIBILD ORAL TABLET</b>	4	QL
<b>TRIUMEQ ORAL TABLET</b>	4	QL
<b>TRIUMEQ PD ORAL TABLET SOLUBLE</b>	4	QL
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***</b>		
maraviroc oral tablet	4	QL
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	4	QL
<b>*ANTIRETROVIRALS - FUSION INHIBITORS***</b>		
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; QL
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS***</b>		
<b>ISENTRESS ORAL TABLET</b>	4	QL
<b>ISENTRESS ORAL TABLET CHEWABLE</b>	4	QL
<b>TIVICAY ORAL TABLET</b>	4	QL
<b>TIVICAY PD ORAL TABLET SOLUBLE</b>	4	QL
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS***</b>		
<b>APTIVUS ORAL CAPSULE</b>	4	PA; QL
atazanavir sulfate oral capsule	4	QL
fosamprenavir calcium oral tablet	4	QL
<b>NORVIR ORAL SOLUTION</b>	4	QL
<b>PREZISTA ORAL SUSPENSION</b>	4	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>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	4	QL
<b>REYATAZ ORAL PACKET</b>	4	QL
ritonavir oral tablet	4	QL
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***</b>		
<b>EDURANT ORAL TABLET</b>	4	PA; QL
efavirenz oral capsule	4	QL
efavirenz oral tablet	4	QL
etravirine oral tablet	4	PA; QL
<b>INTELENCE ORAL TABLET 25 MG</b>	4	PA; QL
nevirapine er oral tablet extended release 24 hour	4	QL
nevirapine oral suspension	4	QL
nevirapine oral tablet	4	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES***</b>		
abacavir sulfate oral solution	4	QL
abacavir sulfate oral tablet	4	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***</b>		
emtricitabine oral capsule	4	\$0; QL
<b>EMTRIVA ORAL SOLUTION</b>	4	QL
lamivudine oral tablet 150 mg, 300 mg	4	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES***</b>		
stavudine oral capsule	4	QL
zidovudine oral capsule	4	QL
zidovudine oral syrup	4	QL
zidovudine oral tablet	4	QL
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***</b>		
tenofovir disoproxil fumarate oral tablet	4	\$0; QL

Drug Name	Tier	Notes
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	4	QL
<b>*CMV AGENTS***</b>		
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	4	
<b>*HEPATITIS B AGENTS***</b>		
adefovir dipivoxil oral tablet	4	SP; QL
<b>BARACLUDE ORAL SOLUTION</b>	4	QL
entecavir oral tablet	4	QL
<b>*HEPATITIS C AGENT - COMBINATIONS***</b>		
<b>EPCLUSA ORAL PACKET</b>	4	PA; SP; QL
<b>EPCLUSA ORAL TABLET</b>	4	PA; SP; QL
<b>HARVONI ORAL PACKET</b>	4	PA; SP; QL
<b>HARVONI ORAL TABLET</b>	4	PA; SP; QL
<b>VOSEVI ORAL TABLET</b>	4	PA; SP; QL
<b>*HEPATITIS C AGENTS***</b>		
ribavirin oral capsule	4	SP; QL
ribavirin oral tablet 200 mg	4	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*	
valacyclovir hcl oral tablet	1 or 1b*	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>*NEURAMINIDASE INHIBITORS***</b>		
oseltamivir phosphate oral capsule	1 or 1b*	QL

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

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Drug Name	Tier	Notes
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED</b>	2	QL
<b>*PA ENDONUCLEASE INHIBITORS***</b>		
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>	3	QL
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>	3	QL
<b>*RSV AGENTS - NUCLEOSIDE ANALOGUES***</b>		
ribavirin inhalation solution reconstituted	2	
<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	2	DO
carvedilol phosphate er oral capsule extended release 24 hour 80 mg	2	QL
labetalol hcl oral tablet 100 mg, 200 mg	1 or 1b*	DO
labetalol hcl oral tablet 300 mg	1 or 1b*	QL
<b>*BETA BLOCKERS CARDIO-SELECTIVE***</b>		
acebutolol hcl oral capsule	1 or 1b*	QL
atenolol oral tablet 100 mg	1 or 1a*	QL
atenolol oral tablet 25 mg, 50 mg	1 or 1a*	DO
betaxolol hcl oral tablet 10 mg	1 or 1b*	DO
betaxolol hcl oral tablet 20 mg	1 or 1b*	QL
bisoprolol fumarate oral tablet 10 mg	1 or 1b*	QL

Drug Name	Tier	Notes
bisoprolol fumarate oral tablet 5 mg	1 or 1b*	DO
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1 or 1b*	DO
metoprolol succinate er oral tablet extended release 24 hour 200 mg	1 or 1b*	QL
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet 100 mg	1 or 1a*	QL
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	1 or 1a*	DO
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	DO
nebivolol hcl oral tablet 20 mg	2	QL
<b>*BETA BLOCKERS NON-SELECTIVE***</b>		
nadolol oral tablet 20 mg, 40 mg	2	DO
nadolol oral tablet 80 mg	2	QL
pindolol oral tablet 10 mg	2	QL
pindolol oral tablet 5 mg	2	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	2	QL
sotalol hcl (af) oral tablet	2	
sotalol hcl oral tablet	2	QL
timolol maleate oral tablet 10 mg, 20 mg	1 or 1b*	QL
timolol maleate oral tablet 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
<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
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
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 coated beads oral tablet extended release 24 hour	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 intravenous solution	1 or 1b*	
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

Drug Name	Tier	Notes
dilt-xr oral capsule extended release 24 hour 180 mg, 240 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule	1 or 1b*	QL
levamlodipine maleate oral tablet 2.5 mg	1 or 1b*	DO
levamlodipine maleate oral tablet 5 mg	1 or 1b*	QL
matzim la oral tablet extended release 24 hour	1 or 1b*	QL
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	QL
nifedipine er oral tablet extended release 24 hour 30 mg	2	DO
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	2	QL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	2	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	2	QL
nifedipine oral capsule	2	QL
nimodipine oral capsule	2	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
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

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

Drug Name	Tier	Notes
tiadylt er oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	QL
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
<b>*CARDIOTONICS*</b>		
<b>*CARDIAC GLYCOSIDES***</b>		
digitek oral tablet 125 mcg	1 or 1b*	DO
digitek oral tablet 250 mcg	1 or 1b*	QL
digox oral tablet 125 mcg	1 or 1b*	DO
digox oral tablet 250 mcg	1 or 1b*	QL
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
<b>*INOTROPES***</b>		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
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*	

Drug Name	Tier	Notes
<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>*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***</b>		
<b>ENTRESTO ORAL TABLET</b>	3	QL
<b>*NITRATE &amp; VASODILATOR COMBINATIONS***</b>		
isosorb dinitrate-hydralazine oral tablet	2	QL
<b>*PROSTAGLANDIN VASODILATORS***</b>		
treprostinil injection solution	4	PA; SP
<b>VENTAVIS INHALATION SOLUTION</b>	4	PA; SP; QL
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***</b>		
ambrisentan oral tablet	4	PA; SP; QL
bosentan oral tablet	4	PA; LD; SP; QL
<b>TRACLEER ORAL TABLET SOLUBLE</b>	4	PA; SP; QL
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***</b>		
alyq oral tablet	4	PA; SP; QL
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL
tadalafil (pah) oral tablet	4	PA; SP; QL

\* 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>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***</b>		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
<b>*CEPHALOSPORINS*</b>		
<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	2	
cefazolin sodium intravenous solution reconstituted	2	
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>	2	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	2	
cefoxitin sodium intravenous solution reconstituted	2	
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	2	

Drug Name	Tier	Notes
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
<b>*CEPHALOSPORINS - 3RD GENERATION***</b>		
cefdinir oral capsule	1 or 1b*	QL
cefdinir oral suspension reconstituted	1 or 1b*	QL
cefixime oral capsule	2	QL
cefixime oral suspension reconstituted	2	QL
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm	2	
cefpodoxime proxetil oral suspension reconstituted	2	
cefpodoxime proxetil oral tablet	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	
ceftazidime intravenous solution reconstituted	2	
ceftriaxone sodium in dextrose intravenous solution	2	QL
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	QL
ceftriaxone sodium intravenous solution reconstituted	2	QL
tazicef injection solution reconstituted 1 gm	2	
tazicef intravenous solution reconstituted	2	
<b>*CEPHALOSPORINS - 4TH GENERATION***</b>		
cefepime hcl injection solution reconstituted	2	
cefepime hcl intravenous solution reconstituted 2 gm	2	
<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

\* 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>LO LOESTRIN FE ORAL TABLET</b>	2	
pimtrex 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
<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
aubra 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
balziva oral tablet	1 or 1a*	\$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
chateal 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
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	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
emoquette oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
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
femynor oral tablet	1 or 1a*	\$0
gemmily oral capsule	1 or 1b*	\$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
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
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

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

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Drug Name	Tier	Notes
loryna oral tablet	1 or 1b*	\$0
low-ogestrel oral tablet	1 or 1a*	\$0
lo-zumandimine oral tablet	1 or 1b*	\$0
luteria 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
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
mono-lynyah oral tablet	1 or 1a*	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$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
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

Drug Name	Tier	Notes
tarina fe 1/20 oral tablet	1 or 1a*	\$0
taysofy oral capsule	1 or 1b*	\$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
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL***</b>		
xulane transdermal patch weekly	1 or 1b*	\$0
zafemy transdermal patch weekly	1 or 1b*	\$0
<b>*COMBINATION CONTRACEPTIVES - VAGINAL***</b>		
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	\$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
<b>*EMERGENCY CONTRACEPTIVES***</b>		
aftera oral tablet	1 or 1b*	OTC; \$0
afterpill oral tablet	1 or 1b*	OTC; \$0
econtra ez oral tablet	1 or 1b*	OTC; \$0
econtra one-step oral tablet	1 or 1b*	OTC; \$0
<b>ELLA ORAL TABLET</b>	2	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	OTC; \$0
my choice oral tablet	1 or 1b*	OTC; \$0
my way oral tablet	1 or 1b*	OTC; \$0
new day oral tablet	1 or 1b*	OTC; \$0
opcicon one-step oral tablet	1 or 1b*	OTC; \$0
option 2 oral tablet	1 or 1b*	OTC; \$0

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

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Drug Name	Tier	Notes
react oral tablet	1 or 1b*	OTC; \$0
take action oral tablet	1 or 1b*	OTC; \$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
rivelsa oral tablet	1 or 1b*	\$0
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE***</b>		
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	2	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$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

Drug Name	Tier	Notes
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
<b>*TRIPHASIC CONTRACEPTIVES - ORAL***</b>		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
caziant 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
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 femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-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>		
budesonide er oral tablet extended release 24 hour	2	QL

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

Drug Name	Tier	Notes
budesonide oral capsule delayed release particles	2	QL
<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*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
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*	
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
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*	

Drug Name	Tier	Notes
<b>*MINERALOCORTICOID***</b>		
fludrocortisone acetate oral tablet	1 or 1b*	
<b>*COUGH/COLD/ALLERGY*</b>		
<b>*ANTITUSSIVE - NONNARCOTIC***</b>		
benzonatate oral capsule	1 or 1b*	
<b>*ANTITUSSIVE - OPIOID***</b>		
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>		
g tussin ac oral solution	1 or 1a*	OTC
guaiaatusin ac oral syrup	1 or 1a*	OTC
guaifenesin ac oral syrup	1 or 1a*	OTC
guaifenesin-codeine oral solution	1 or 1a*	OTC
maxi-tuss ac oral solution	1 or 1a*	OTC
trymine cg oral liquid	1 or 1a*	OTC
<b>*DECONGESTANT &amp; ANTIHISTAMINE***</b>		
promethazine vc oral syrup	1 or 1b*	QL
promethazine-phenylephrine oral syrup	1 or 1b*	QL
<b>*MISC. RESPIRATORY INHALANTS***</b>		
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	2	
<b>*MUCOLYTICS***</b>		
acetylcysteine inhalation solution	2	
<b>*NON-NARC ANTIITUSSIVE-ANTIANTHISTAMINE***</b>		
promethazine-dm oral syrup	1 or 1a*	QL
<b>*NON-NARC ANTIITUSSIVE-DECONGESTANT-ANTIANTHISTAMINE***</b>		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	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>*OPIOID ANTITUSSIVE-ANTIHISTAMINE***</b>		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	QL
promethazine-codeine oral solution	1 or 1a*	QL
promethazine-codeine oral syrup	1 or 1a*	QL
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE***</b>		
<b>POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML</b>	2	OTC
promethazine vc/codeine oral syrup	1 or 1b*	QL
promethazine-phenyleph-codeine oral syrup	1 or 1b*	QL
<b>*DERMATOLOGICALS*</b>		
<b>*ACNE ANTIBIOTICS***</b>		
clindacin etz external swab	1 or 1b*	QL
clindacin-p external swab	1 or 1b*	QL
clindamycin phosphate external foam	1 or 1b*	QL
clindamycin phosphate external gel	1 or 1b*	QL
clindamycin phosphate external lotion	1 or 1b*	QL
clindamycin phosphate external solution	1 or 1b*	QL
clindamycin phosphate external swab	1 or 1b*	QL
dapsone external gel 5 %	1 or 1b*	ST; QL
dapsone external gel 7.5 %	3	ST; QL
ery external pad	1 or 1b*	QL
erythromycin external gel	1 or 1b*	QL
erythromycin external solution	1 or 1b*	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
<b>*ACNE COMBINATIONS***</b>		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1 or 1b*	PA; QL
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL

Drug Name	Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	QL
clindamycin-tretinoin external gel	3	ST
neuac external gel	1 or 1b*	QL
<b>*ACNE PRODUCTS***</b>		
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
amnestem oral capsule	2	PA
avita external cream	1 or 1b*	ST; QL
avita external gel	1 or 1b*	ST; QL
claravis oral capsule	2	PA
isotretinoin oral capsule	2	PA
myorisan oral capsule	2	PA
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
zenatane oral capsule	2	PA
<b>*AGENTS FOR FACIAL WRINKLES - RETINOIDS***</b>		
refissa external cream	1 or 1b*	PA; QL
<b>*ANTIBIOTICS - TOPICAL***</b>		
<b>ALTABAX EXTERNAL OINTMENT</b>	2	QL
gentamicin sulfate external cream	1 or 1b*	QL
gentamicin sulfate external ointment	1 or 1b*	QL
mupirocin external ointment	1 or 1b*	QL
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS***</b>		
clotrimazole-betamethasone external cream	1 or 1b*	QL
clotrimazole-betamethasone external lotion	1 or 1b*	QL
nystatin-triamcinolone 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
nystatin-triamcinolone external ointment	1 or 1b*	QL
<b>*ANTIFUNGALS - TOPICAL***</b>		
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
naftifine hcl external cream	2	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 sodium external gel 1 %	2	QL
<b>*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***</b>		
pennaicin external therapy pack	1 or 1b*	
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***</b>		
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>*ANTIPRURITICS - TOPICAL***</b>		
doxepin hcl external cream	2	PA; QL
<b>*ANTIPSORIATICS - SYSTEMIC***</b>		
acitretin oral capsule	2	
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL

Drug Name	Tier	Notes
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; SP; QL
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	4	PA; SP; QL
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
methoxsalen rapid oral capsule	4	SP
<b>SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	4	PA; SP; QL
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; SP; QL
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	4	PA; SP; QL
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	4	PA; LD; SP; QL
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; LD; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; SP; QL
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
<b>*ANTIPSORIATICS***</b>		
calcipotriene external cream	1 or 1b*	QL
calcipotriene external foam	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
calcipotriene external ointment	1 or 1b*	QL
calcipotriene external solution	1 or 1b*	QL
calcitrene external ointment	1 or 1b*	QL
calcitriol external ointment	1 or 1b*	QL
tazarotene external cream	1 or 1b*	QL
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	2	QL
<b>TAZORAC EXTERNAL GEL</b>	2	QL
<b>*ANTISEBORRHEIC PRODUCTS***</b>		
selenium sulfide external lotion	1 or 1a*	QL
<b>*ANTIVIRALS - TOPICAL***</b>		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	QL
<b>*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	4	PA; SP; QL
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; SP; QL
<b>*BURN PRODUCTS***</b>		
mafenide acetate external packet	2	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
<b>*CORTICOSTEROIDS - TOPICAL***</b>		
ala-cort external cream	1 or 1a*	QL
alclometasone dipropionate external cream	1 or 1b*	QL
alclometasone dipropionate external ointment	1 or 1b*	QL
betamethasone dipropionate aug external cream	1 or 1b*	QL
betamethasone dipropionate aug external gel	1 or 1b*	QL
betamethasone dipropionate aug external lotion	1 or 1b*	QL

Drug Name	Tier	Notes
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 lotion	1 or 1b*	QL
betamethasone valerate external ointment	1 or 1b*	QL
clobetasol prop emollient base external cream	1 or 1b*	QL
clobetasol propionate e external cream	1 or 1b*	QL
clobetasol propionate emulsion external foam	1 or 1b*	QL
clobetasol propionate external cream	1 or 1b*	QL
clobetasol propionate external foam	1 or 1b*	QL
clobetasol propionate external gel	1 or 1b*	QL
clobetasol propionate external liquid	1 or 1b*	QL
clobetasol propionate external lotion	1 or 1b*	QL
clobetasol propionate external ointment	1 or 1b*	QL
clobetasol propionate external shampoo	1 or 1b*	QL
clobetasol propionate external solution	1 or 1b*	QL
clodan external shampoo	1 or 1b*	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
desrx external gel	1 or 1b*	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

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



Drug Name	Tier	Notes
fluocinolone acetonide external solution	1 or 1b*	QL
fluocinolone acetonide scalp external oil	1 or 1b*	QL
fluocinonide emulsified base external cream	1 or 1b*	QL
fluocinonide external cream	1 or 1b*	QL
fluocinonide external gel	1 or 1b*	QL
fluocinonide external ointment	1 or 1b*	QL
fluocinonide external solution	1 or 1b*	QL
fluticasone propionate external cream	1 or 1b*	QL
fluticasone propionate external lotion	1 or 1b*	QL
fluticasone propionate external ointment	1 or 1b*	QL
halobetasol propionate external cream	1 or 1b*	QL
halobetasol propionate external ointment	1 or 1b*	QL
hydrocortisone external cream 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	QL
hydrocortisone external ointment 2.5 %	1 or 1a*	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
prednicarbate external ointment	1 or 1b*	QL
tovet external foam	1 or 1b*	QL
triamcinolone acetonide external cream	1 or 1a*	QL
triamcinolone acetonide external lotion	1 or 1a*	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	QL
triderm external cream	1 or 1a*	QL
<b>*EMOLLIENTS***</b>		
ammonium lactate external cream	1 or 1b*	QL

Drug Name	Tier	Notes
ammonium lactate external lotion	1 or 1b*	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
clotrimazole external solution	1 or 1b*	QL
econazole nitrate external cream	1 or 1b*	QL
ketoconazole external cream	1 or 1b*	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo 2 %	1 or 1b*	QL
luliconazole external cream	1 or 1b*	ST; QL
oxiconazole nitrate external cream	3	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
<b>*IMMUNOMODULATORS 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>*KERATOLYTIC/ANTIMITOTIC AGENTS***</b>		
podofilox external solution	1 or 1b*	QL
<b>*LOCAL ANESTHETICS - TOPICAL***</b>		
glydo external prefilled syringe	2	
lidocaine external patch 5 %	2	PA; QL
lidocaine hcl external solution	2	QL
lidocaine hcl urethral/mucosal external gel	2	
lidocaine hcl urethral/mucosal external prefilled syringe	2	
proxivol external gel	2	

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

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Drug Name	Tier	Notes
<b>*MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL***</b>		
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
<b>*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***</b>		
tavaborole external solution	2	ST; QL
<b>*ROSACEA AGENTS***</b>		
azelaic acid external gel	1 or 1b*	QL
ivermectin external cream	2	QL
metronidazole external cream	1 or 1b*	QL
metronidazole external gel	1 or 1b*	QL
metronidazole external lotion	1 or 1b*	QL
rosadan external cream	1 or 1b*	QL
rosadan external gel	1 or 1b*	QL
<b>*SCABICIDES &amp; PEDICULICIDES***</b>		
croton external lotion	2	QL
ivermectin external lotion	1 or 1b*	QL
lindane external shampoo	1 or 1b*	QL
malathion external lotion	1 or 1b*	QL
permethrin external cream	1 or 1b*	QL
spinosad external suspension	1 or 1b*	QL
<b>*STEROID-LOCAL ANESTHETIC COMBINATIONS***</b>		
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
<b>*TAR PRODUCTS***</b>		
coal tar external solution	1 or 1b*	
<b>*TOPICAL ANESTHETIC COMBINATIONS***</b>		
lidocaine-prilocaine external kit	2	QL
<b>*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***</b>		
bexarotene external gel	4	PA; SP; QL

Drug Name	Tier	Notes
<b>*TOPICAL STEROID COMBINATIONS***</b>		
calcipotriene-betameth diprop external ointment	3	ST; QL
calcipotriene-betameth diprop external suspension	3	ST; QL
<b>*TYPE II 5-ALPHA REDUCTASE INHIBITORS***</b>		
finasteride oral tablet 1 mg	1 or 1b*	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC TESTS***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	OTC; QL
ACCU-CHEK GUIDE IN VITRO STRIP	2	OTC; QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	OTC; QL
ACCUTREND GLUCOSE IN VITRO STRIP	2	OTC; QL
ONETOUCH ULTRA IN VITRO STRIP	2	OTC; QL
ONETOUCH VERIO IN VITRO STRIP	2	OTC; QL
<b>*DIGESTIVE AIDS*</b>		
<b>*DIGESTIVE ENZYMES***</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	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*	

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Drug Name	Tier	Notes
acetazolamide sodium injection solution reconstituted	1 or 1b*	
methazolamide oral tablet	2	
<b>*DIURETIC COMBINATIONS***</b>		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
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*	
ethacrynic acid oral tablet	2	
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*	
torsemide 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>		
amiloride hcl oral tablet	2	
spironolactone oral tablet 100 mg	1 or 1a*	QL
spironolactone oral tablet 25 mg, 50 mg	1 or 1a*	DO
triamterene oral capsule	2	
<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*	
hydrochlorothiazide oral capsule	1 or 1a*	

Drug Name	Tier	Notes
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>		
<b>*BISPHOSPHONATES***</b>		
alendronate sodium oral solution	1 or 1b*	QL
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	QL
<b>FOSAMAX PLUS D ORAL TABLET</b>	2	QL
ibandronate sodium oral tablet	1 or 1b*	QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	QL
risedronate sodium oral tablet delayed release	1 or 1b*	QL
<b>*CALCIMIMETIC AGENTS***</b>		
cinacalcet hcl oral tablet	4	PA; QL
<b>*CALCITONINS***</b>		
calcitonin (salmon) injection solution	4	
calcitonin (salmon) nasal solution	2	QL
<b>*CARNITINE REPLENISHER - AGENTS***</b>		
levocarnitine oral solution	2	
levocarnitine oral tablet	2	
levocarnitine sf oral solution	2	
<b>*DOPAMINE RECEPTOR AGONISTS***</b>		
cabergoline oral tablet	1 or 1b*	QL
<b>*GROWTH HORMONE RECEPTOR ANTAGONISTS***</b>		
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	4	PA; SP; QL

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Drug Name	Tier	Notes
<b>*GROWTH HORMONES***</b>		
HUMATROPE INJECTION CARTRIDGE	4	PA; SP; QL
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***</b>		
nitisinone oral capsule	4	PA; SP
ORFADIN ORAL CAPSULE 20 MG	4	PA
<b>*HOMOCYSTINURIA TREATMENT - AGENTS***</b>		
betaine oral powder	4	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS***</b>		
carglumic acid oral tablet soluble	4	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***</b>		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	2	PA
doxercalciferol intravenous solution	2	PA
doxercalciferol oral capsule	2	PA
paricalcitol oral capsule	2	PA
<b>*HYPOPHOSPHATASIA (HPP) AGENTS***</b>		
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA

Drug Name	Tier	Notes
<b>*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***</b>		
SYNAREL NASAL SOLUTION	4	PA; SP; QL
<b>*OVULATION STIMULANTS-GONADOTROPINS***</b>		
GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
<b>*OVULATION STIMULANTS-SYNTHETIC***</b>		
clomiphene citrate oral tablet	1 or 1b*	PA
<b>*PARATHYROID HORMONE AND DERIVATIVES***</b>		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	SP; QL
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	SP; QL
<b>*PHENYLKETONURIA TREATMENT - AGENTS***</b>		
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP

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Drug Name	Tier	Notes
<b>*RANK LIGAND (RANKL) INHIBITORS***</b>		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***</b>		
raloxifene hcl oral tablet	1 or 1b*	\$0; QL
<b>*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS***</b>		
tolvaptan oral tablet	4	PA; SP; QL
<b>*SOMATOSTATIC AGENTS***</b>		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	4	PA; LD; SP; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	4	PA; LD; SP; QL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	4	PA; SP; QL
<b>*UREA CYCLE DISORDER - AGENTS***</b>		
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; SP; QL
sodium phenylbutyrate oral tablet	4	PA; SP; QL
<b>*VASOPRESSIN***</b>		
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
vasopressin intravenous solution	2	

Drug Name	Tier	Notes
<b>*ESTROGENS*</b>		
<b>*ESTROGEN &amp; PROGESTIN***</b>		
amabelz oral tablet	1 or 1b*	
BIJUVA ORAL CAPSULE	2	QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	QL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	QL
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<b>*ESTROGENS***</b>		
DIVIGEL TRANSDERMAL GEL	2	QL
dotti transdermal patch twice weekly	1 or 1b*	QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	QL
estradiol transdermal patch weekly	1 or 1b*	QL
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION	2	QL
lyllana transdermal patch twice weekly	1 or 1b*	QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	QL

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

Drug Name	Tier	Notes
<b>*FLUOROQUINOLONES</b>		
<b>*FLUOROQUINOLONES</b>		
<b>***</b>		
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin in d5w intravenous solution	2	
levofloxacin in d5w intravenous solution	2	
levofloxacin intravenous solution	2	
levofloxacin oral solution	2	QL
levofloxacin oral tablet	1 or 1b*	QL
moxifloxacin hcl oral tablet	2	QL
ofloxacin oral tablet 300 mg, 400 mg	1 or 1b*	QL
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>		
<b>*GALLSTONE SOLUBILIZING AGENTS***</b>		
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
<b>*GASTROINTESTINAL ANTIALLERGY AGENTS***</b>		
cromolyn sodium oral concentrate	1 or 1b*	
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***</b>		
lubiprostone oral capsule	2	QL
<b>*GASTROINTESTINAL STIMULANTS***</b>		
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>*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***</b>		
LINZESS ORAL CAPSULE	2	QL

Drug Name	Tier	Notes
<b>*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***</b>		
alosetron hcl oral tablet	2	PA; QL
<b>*INFLAMMATORY BOWEL AGENTS***</b>		
balsalazide disodium oral capsule	1 or 1b*	QL
mesalamine er oral capsule extended release	2	QL
mesalamine er oral capsule extended release 24 hour	2	QL
mesalamine oral capsule delayed release	2	QL
mesalamine oral tablet delayed release	2	QL
mesalamine rectal enema	2	QL
mesalamine rectal suppository	2	QL
mesalamine-cleanser rectal kit	2	QL
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>	2	QL
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG</b>	3	ST; QL
sulfasalazine oral tablet	1 or 1b*	QL
sulfasalazine oral tablet delayed release	1 or 1b*	QL
<b>*INTEGRIN RECEPTOR ANTAGONISTS***</b>		
<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA; SP; QL
<b>*INTERLEUKIN ANTAGONISTS***</b>		
<b>SKYRIZI INTRAVENOUS SOLUTION</b>	4	PA; QL
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE</b>	4	PA; QL
<b>STELARA INTRAVENOUS SOLUTION</b>	4	PA; SP; QL
<b>*INTESTINAL ACIDIFIERS***</b>		
enulose oral 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
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
<b>*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS***</b>		
alvimopan oral capsule	1 or 1b*	
<b>*PHOSPHATE BINDER AGENTS***</b>		
calcium acetate (phos binder) oral capsule	2	QL
calcium acetate (phos binder) oral tablet	2	QL
calcium acetate oral tablet 667 mg	2	QL
lanthanum carbonate oral tablet chewable	2	QL
sevelamer carbonate oral packet	2	QL
sevelamer carbonate oral tablet	2	QL
sevelamer hcl oral tablet	2	QL
<b>*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***</b>		
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
<b>*GENERAL ANESTHETICS*</b>		
<b>*ANESTHETICS - MISC.***</b>		
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	1 or 1b*	

Drug Name	Tier	Notes
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	
<b>*VOLATILE ANESTHETICS***</b>		
desflurane inhalation solution	1 or 1b*	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
terrell inhalation solution	1 or 1b*	
<b>*GENTOURINARY AGENTS - MISCELLANEOUS*</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS***</b>		
dutasteride oral capsule	1 or 1b*	QL
finasteride oral tablet 5 mg	1 or 1b*	QL
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***</b>		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL
silodosin oral capsule	2	QL
tamsulosin hcl oral capsule	1 or 1b*	QL
<b>*ANTI-INFECTIVE GENTOURINARY IRRIGANTS***</b>		
neomycin-polymyxin b gu irrigation solution	2	
<b>*CITRATES***</b>		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
<b>*GENTOURINARY IRRIGANTS***</b>		
acetic acid irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	2	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
sodium chloride irrigation solution 0.9 %	2	

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Drug Name	Tier	Notes
<b>*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***</b>		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL
<b>*URINARY STONE AGENTS***</b>		
tiopronin oral tablet	2	PA; QL
<b>*GOUT AGENTS*</b>		
<b>*GOUT AGENT COMBINATIONS***</b>		
colchicine-probenecid oral tablet	1 or 1b*	
<b>*GOUT AGENTS***</b>		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
colchicine oral tablet	2	QL
febuxostat oral tablet	2	ST; QL
<b>*URICOSURICS***</b>		
probenecid oral tablet	1 or 1b*	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>		
<b>*BRADYKININ B2 RECEPTOR ANTAGONISTS***</b>		
icatibant acetate subcutaneous solution	4	PA; SP; QL
sajazir subcutaneous solution	4	PA; SP; QL
<b>*C1 INHIBITORS***</b>		
BERINERT INTRAVENOUS KIT	4	PA; SP; QL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP; QL
<b>*DIRECT-ACTING P2Y12 INHIBITORS***</b>		
BRILINTA ORAL TABLET	2	QL

Drug Name	Tier	Notes
<b>*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS***</b>		
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	2	
<b>*HEMATORHEOLOGIC AGENTS***</b>		
pentoxifylline er oral tablet extended release	1 or 1b*	
<b>*PHOSPHODIESTERASE III INHIBITORS***</b>		
cilostazol oral tablet	2	
<b>*PLASMA EXPANDERS***</b>		
hetastarch-nacl intravenous solution	1 or 1b*	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
<b>*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
<b>*PLASMA KALLIKREIN INHIBITORS***</b>		
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; SP; QL
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS***</b>		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL
<b>*PLATELET AGGREGATION INHIBITORS***</b>		
dipyridamole oral tablet	2	
<b>*PROTAMINE***</b>		
protamine sulfate 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>*QUINAZOLINE AGENTS***</b>		
anagrelide hcl oral capsule	1 or 1b*	QL
<b>*THIENOPYRIDINE DERIVATIVES***</b>		
clopidogrel bisulfate oral tablet	1 or 1b*	QL
prasugrel hcl oral tablet	2	QL
<b>*HEMATOPOIETIC AGENTS*</b>		
<b>*AGENTS FOR GAUCHER DISEASE***</b>		
CERDELGA ORAL CAPSULE	2	PA; SP; QL
miglustat oral capsule	2	PA; SP; QL
<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*	
<b>*CYTOTOXIC AGENTS***</b>		
DROXIA ORAL CAPSULE	2	
<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	4	PA; SP; QL
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PROCRIT INJECTION SOLUTION	4	PA; SP; QL
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; SP; QL
<b>*FOLIC ACID/FOLATE COMBINATIONS***</b>		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	

Drug Name	Tier	Notes
foltabs 800 oral tablet	1 or 1b*	OTC; \$0
millguard oral tablet	1 or 1b*	OTC; \$0
<b>*FOLIC ACID/FOLATES***</b>		
cvs folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
fa-8 oral capsule	1 or 1b*	OTC; \$0
folate oral tablet	1 or 1a*	OTC; \$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	OTC; \$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	OTC; \$0
gnp folic acid oral tablet	1 or 1a*	OTC; \$0
hm folic acid oral tablet	1 or 1a*	OTC; \$0
kp folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
px folic acid oral tablet	1 or 1a*	OTC; \$0
qc folic acid oral tablet	1 or 1a*	OTC; \$0
ra folic acid oral tablet	1 or 1a*	OTC; \$0
sm folic acid oral tablet	1 or 1a*	OTC; \$0
yl folic acid oral tablet	1 or 1a*	OTC; \$0
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***</b>		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; SP
<b>*IRON COMBINATIONS***</b>		
foltrin oral capsule	1 or 1b*	
<b>*IRON***</b>		
na ferric gluc cplx in sucrose intravenous solution	4	SP

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

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Drug Name	Tier	Notes
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***</b>		
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; DO; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL
<b>*HEMOSTATICS*</b>		
<b>*HEMOSTATICS - SYSTEMIC***</b>		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	2	QL
aminocaproic acid oral tablet 1000 mg	2	
aminocaproic acid oral tablet 500 mg	2	QL
tranexamic acid intravenous solution 1000 mg/10ml	2	
tranexamic acid oral tablet	1 or 1b*	QL
<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	1 or 1b*	QL
phenobarbital sodium injection solution	1 or 1b*	
<b>*BENZODIAZEPINE HYPNOTICS***</b>		
estazolam oral tablet	1 or 1b*	QL
flurazepam hcl oral capsule	1 or 1b*	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
quazepam oral tablet	1 or 1b*	QL
temazepam oral capsule	1 or 1b*	QL
triazolam oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>*HYPNOTICS - TRICYCLIC AGENTS***</b>		
doxepin hcl oral tablet	2	ST; QL
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***</b>		
eszopiclone oral tablet	1 or 1b*	QL
zaleplon oral capsule	1 or 1b*	QL
zolpidem tartrate oral tablet	1 or 1b*	QL
zolpidem tartrate sublingual tablet sublingual	2	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 200 mcg/2ml	1 or 1b*	
<b>*SELECTIVE MELATONIN RECEPTOR AGONISTS***</b>		
ramelteon oral tablet	2	ST; QL
<b>*LAXATIVES*</b>		
<b>*BOWEL EVACUANT COMBINATIONS***</b>		
gavilyte-c oral solution reconstituted	1 or 1a*	\$0; QL
gavilyte-g oral solution reconstituted	1 or 1a*	\$0; QL
gavilyte-n with flavor pack oral solution reconstituted	1 or 1a*	\$0; QL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0; QL
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*	\$0; QL
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0; QL
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION</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>*LAXATIVES - MISCELLANEOUS***</b>		
clearlax oral powder	1 or 1b*	OTC; \$0
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*	OTC; \$0
cvs purelax oral powder	1 or 1b*	OTC; \$0
eq clearlax oral powder	1 or 1b*	OTC; \$0
eql clearlax oral powder	1 or 1b*	OTC; \$0
gavilax oral powder	1 or 1b*	OTC; \$0
gentlelax oral powder	1 or 1b*	OTC; \$0
glycolax oral powder	1 or 1b*	OTC; \$0
gnp clearlax oral packet	1 or 1b*	OTC; \$0
gnp clearlax oral powder	1 or 1b*	OTC; \$0
goodsense clearlax oral powder	1 or 1b*	OTC; \$0
healthylax oral packet	1 or 1b*	OTC; \$0
hm clearlax oral packet	1 or 1b*	OTC; \$0
hm clearlax oral powder	1 or 1b*	OTC; \$0
kls laxaclear oral powder	1 or 1b*	OTC; \$0
lactulose oral solution	1 or 1b*	
peg 3350 oral packet	1 or 1b*	OTC; \$0
peg 3350 oral powder	1 or 1b*	OTC; \$0
polyethylene glycol 3350 oral packet 17 gm	1 or 1b*	\$0
qc natura-lax oral powder	1 or 1b*	OTC; \$0
ra laxative oral powder	1 or 1b*	OTC; \$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	OTC; \$0
sm clearlax oral powder	1 or 1b*	OTC; \$0
smooth lax oral packet	1 or 1b*	OTC; \$0
smooth lax oral powder	1 or 1b*	OTC; \$0
<b>*SALINE LAXATIVES***</b>		
citrate of magnesia oral solution	1 or 1a*	OTC; \$0
citroma oral solution	1 or 1a*	OTC; \$0
cvs magnesium citrate oral solution	1 or 1a*	OTC; \$0
cvs milk of magnesia oral suspension	1 or 1b*	OTC; \$0
eq magnesium citrate oral solution	1 or 1a*	OTC; \$0
eql magnesium citrate oral solution	1 or 1a*	OTC; \$0
eql milk of magnesia oral suspension	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
gnp milk of magnesia oral suspension	1 or 1b*	OTC; \$0
goodsense magnesium citrate oral solution	1 or 1a*	OTC; \$0
goodsense milk of magnesia oral suspension	1 or 1b*	OTC; \$0
hm magnesium citrate oral solution	1 or 1a*	OTC; \$0
hm milk of magnesia oral suspension	1 or 1b*	OTC; \$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	OTC; \$0
milk of magnesia concentrate oral suspension	1 or 1b*	OTC; \$0
milk of magnesia oral suspension 400 mg/5ml, 7.75 %	1 or 1b*	OTC; \$0
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	OTC; \$0
px milk of magnesia oral suspension	1 or 1b*	OTC; \$0
qc magnesium citrate oral solution	1 or 1a*	OTC; \$0
qc milk of magnesia oral suspension	1 or 1b*	OTC; \$0
ra milk of magnesia oral suspension	1 or 1b*	OTC; \$0
sb magnesium citrate oral solution	1 or 1a*	OTC; \$0
sb milk of magnesia oral suspension	1 or 1b*	OTC; \$0
sm magnesium citrate oral solution	1 or 1a*	OTC; \$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	OTC; \$0
<b>*STIMULANT LAXATIVES***</b>		
alophen oral tablet delayed release	1 or 1a*	OTC; \$0
bisacodyl ec oral tablet delayed release	1 or 1a*	\$0
correctol oral tablet delayed release	1 or 1a*	OTC; \$0
cvs c-lax laxative oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	OTC; \$0

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

Drug Name	Tier	Notes
eq gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ex-lax ultra oral tablet delayed release	1 or 1a*	OTC; \$0
feenamint oral tablet delayed release	1 or 1a*	OTC; \$0
gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense bisacodyl laxative oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
hm laxative oral tablet delayed release	1 or 1a*	OTC; \$0
kp bisacodyl oral tablet delayed release	1 or 1a*	OTC; \$0
laxative oral tablet delayed release	1 or 1a*	OTC; \$0
px laxative oral tablet delayed release	1 or 1a*	OTC; \$0
qc gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
qc gentle laxative womens oral tablet delayed release	1 or 1a*	OTC; \$0
ra laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ra womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	OTC; \$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	OTC; \$0
sm gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womans laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
<b>*LOCAL ANESTHETICS-PARENTERAL*</b>		
<b>*LOCAL ANESTHETIC &amp; SYMPATHOMIMETIC**</b>		
*		
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
<b>*LOCAL ANESTHETICS - AMIDES***</b>		
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
<b>*LOCAL ANESTHETICS - ESTERS***</b>		
chloroprocaine hcl (pf) injection solution	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*MACROLIDES*</b>		
<b>*AZITHROMYCIN***</b>		
azithromycin intravenous solution reconstituted 500 mg	2	
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension reconstituted	1 or 1b*	QL
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	QL
<b>*CLARITHROMYCIN***</b>		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	QL
clarithromycin oral suspension reconstituted	1 or 1b*	QL
clarithromycin oral tablet	1 or 1b*	QL
<b>*ERYTHROMYCINS***</b>		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	
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	2	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin lactobionate intravenous solution reconstituted	2	
erythromycin oral tablet delayed release	1 or 1b*	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>		
<b>*CERVICAL CAPS***</b>		
FEMCAP VAGINAL DEVICE	2	\$0
<b>*CONDOMS - FEMALE***</b>		
FC2 FEMALE CONDOM	2	OTC; \$0; QL
<b>*DIAPHRAGMS***</b>		
CAYA VAGINAL DIAPHRAGM	2	\$0

Drug Name	Tier	Notes
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
<b>*GLUCOSE MONITORING TEST SUPPLIES***</b>		
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC; QL
ACCU-CHEK FASTCLIX LANCETS	2	OTC; QL
ACCU-CHEK SAFE-T PRO LANCETS	2	OTC; QL
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	OTC; QL
ACCU-CHEK SOFTCLIX LANCETS	2	OTC; QL
COAGUCHEK LANCETS	2	OTC; QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; 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

\* 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>FREESTYLE LIBRE 2 SENSOR</b>	2	PA; QL
freestyle libre 3 sensor	2	PA
<b>FREESTYLE LIBRE READER DEVICE</b>	2	PA; QL
<b>LIFESCAN UNISTIK 2</b>	2	OTC; QL
<b>LIFESCAN UNISTIK II LANCETS</b>	2	OTC; QL
<b>ONETOUCH CLUB LANCETS FINE PT</b>	2	OTC; QL
<b>ONETOUCH DELICA LANCETS 30G</b>	2	OTC; QL
<b>ONETOUCH DELICA LANCETS 33G</b>	2	OTC; QL
<b>ONETOUCH DELICA LANCING DEV</b>	2	OTC
<b>ONETOUCH DELICA PLUS LANCET30G</b>	2	OTC; QL
<b>ONETOUCH DELICA PLUS LANCET33G</b>	2	OTC; QL
<b>ONETOUCH DELICA PLUS LANCING</b>	2	OTC
<b>ONETOUCH DELICA SAFETY LANCING</b>	2	OTC
<b>ONETOUCH FINEPOINT LANCETS</b>	2	OTC; QL
<b>ONETOUCH SURESOFT LANCING DEV</b>	2	OTC; QL
<b>ONETOUCH ULTRASOFT LANCETS</b>	2	OTC; QL
<b>PENLET II BLOOD SAMPLER KIT</b>	2	OTC; QL
<b>PENLET II REPLACEMENT CAP</b>	2	OTC; QL
<b>*INSULIN ADMINISTRATION SUPPLIES***</b>		
<b>OMNIPOD 5 G6 INTRO (GEN 5) KIT</b>	2	PA; QL
<b>OMNIPOD 5 G6 POD (GEN 5)</b>	2	PA; QL
<b>OMNIPOD CLASSIC PDM (GEN 3) KIT</b>	2	PA; QL
<b>OMNIPOD CLASSIC PODS (GEN 3)</b>	2	PA; QL
<b>OMNIPOD DASH INTRO (GEN 4) KIT</b>	2	PA; QL
<b>OMNIPOD DASH PODS (GEN 4)</b>	2	PA; QL

Drug Name	Tier	Notes
<b>*NEEDLES &amp; SYRINGES***</b>		
<b>1ST TIER UNIFINE PENTIPS</b>	3	ST; OTC; QL
<b>1ST TIER UNIFINE PENTIPS PLUS</b>	3	ST; OTC; QL
<b>ABOUTTIME PEN NEEDLE</b>	3	ST; OTC; QL
<b>ADVOCATE INSULIN PEN NEEDLES</b>	3	ST; OTC; QL
<b>ADVOCATE INSULIN SYRINGE</b>	3	ST; OTC; QL
<b>ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML</b>	3	ST; OTC; QL
<b>ASSURE ID SAFETY PEN NEEDLES</b>	3	ST; OTC; QL
<b>AUM MINI INSULIN PEN NEEDLE</b>	3	ST; OTC; QL
<b>AUM READYGARD DUO PEN NEEDLE</b>	3	ST; OTC; QL
<b>AUM SAFETY PEN NEEDLE</b>	3	ST; OTC; QL
<b>AURORA PEN NEEDLES</b>	3	ST; OTC; QL
<b>AURORA UNIFINE PENTIPS</b>	3	ST; OTC; QL
<b>BD AUTOSHIELD 29G X 5MM , 29G X 8MM</b>	2	OTC; QL
<b>BD AUTOSHIELD DUO</b>	2	OTC; QL
<b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>	2	OTC; QL
<b>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</b>	2	OTC; QL
<b>BD INSULIN SYRINGE HALF-UNIT</b>	2	OTC; QL
<b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	2	OTC; QL
<b>BD INSULIN SYRINGE U/F</b>	2	OTC; QL
<b>BD INSULIN SYRINGE U/F 1/2UNIT</b>	2	OTC; 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
BD INSULIN SYRINGE U-500	2	QL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	OTC; QL
BD PEN NEEDLE MICRO U/F	2	OTC; QL
BD PEN NEEDLE MINI U/F	2	OTC; QL
BD PEN NEEDLE NANO 2ND GEN	2	OTC; QL
BD PEN NEEDLE NANO U/F	2	QL
BD PEN NEEDLE ORIGINAL U/F	2	OTC; QL
BD PEN NEEDLE SHORT U/F	2	OTC; QL
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	OTC; QL
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	2	QL
BD SAFETY-LOK INSULIN SYRINGE	2	OTC; QL
BD VEO INSULIN SYR U/F 1/2UNIT	2	OTC; QL
BD VEO INSULIN SYRINGE U/F	2	OTC; QL
CAREFINE PEN NEEDLES	3	ST; OTC; QL
CAREONE INSULIN SYRINGE	3	ST; OTC; QL
CAREONE UNIFINE PENTIPS	3	ST; OTC; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; OTC; QL
CARETOUCH INSULIN SYRINGE	3	ST; OTC; QL
CARETOUCH PEN NEEDLES	3	ST; OTC; QL
CLEVER CHOICE COMFORT EZ	3	ST; OTC; QL

Drug Name	Tier	Notes
CLICKFINE PEN NEEDLES	3	ST; OTC; QL
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	3	ST; OTC; QL
COMFORT EZ INSULIN SYRINGE	3	ST; OTC; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; OTC; QL
COMFORT EZ PEN NEEDLES	3	ST; OTC; QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; OTC; QL
COMFORT TOUCH INSULIN PEN NEED	3	ST; OTC; QL
DIATHRIVE PEN NEEDLE	3	ST; OTC; QL
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	OTC; QL
DROPLET MICRON	3	OTC; QL
DROPLET PEN NEEDLES	3	ST; OTC; QL
DROPSAFE SAFETY PEN NEEDLES	3	ST; OTC; QL
DRUG MART UNIFINE PENTIPS	3	ST; OTC; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; OTC; QL
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; OTC; QL

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

Drug Name	Tier	Notes
EASY COMFORT PEN NEEDLES	3	ST; OTC; QL
EASY GLIDE PEN NEEDLES	3	ST; OTC; QL
EASY TOUCH FLIPLOCK INSULIN SYR	3	ST; OTC; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; OTC; 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; OTC; QL
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	3	OTC; QL
EASY TOUCH PEN NEEDLES	3	ST; OTC; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; OTC; QL
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
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; OTC; QL
EXEL COMFORT POINT INSULIN SYR	3	ST; OTC; QL
EXEL COMFORT POINT PEN NEEDLE	3	ST; OTC; QL
FIFTY50 PEN NEEDLES	3	ST; OTC; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; OTC; QL
FREDS PHARMACY UNIFINE PENTIP+	3	ST; OTC; QL
FREDS PHARMACY UNIFINE PENTIPS	3	ST; OTC; QL

Drug Name	Tier	Notes
GLOBAL EASE INJECT PEN NEEDLES	3	ST; OTC; QL
GLOBAL EASY GLIDE INSULIN SYR	3	ST; OTC; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; OTC; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; OTC; QL
GLOBAL INSULIN SYRINGES	3	ST; OTC; QL
GLUCOPRO INSULIN SYRINGE	3	ST; OTC; QL
GNP CLICKFINE PEN NEEDLES	3	ST; OTC; QL
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
GNP INSULIN SYRINGES	3	ST; OTC; QL
GNP INSULIN SYRINGES 28GX1/2"	3	ST; OTC; QL
GNP INSULIN SYRINGES 29GX1/2"	3	ST; OTC; QL
GNP INSULIN SYRINGES 30GX5/16"	3	ST; OTC; QL
GNP INSULIN SYRINGES 31GX5/16"	3	ST; OTC; QL
GNP ULTICARE PEN NEEDLES	3	ST; OTC; QL
GNP ULTIGUARD SAFEPACK NEEDLE	3	ST; OTC; QL
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML	3	ST; OTC; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; OTC; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; OTC; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; OTC; QL
HEALTHWISE MICRON PEN NEEDLES	3	ST; OTC; QL
HEALTHWISE MINI PEN NEEDLES	3	ST; OTC; QL

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



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

Drug Name	Tier	Notes
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
KROGER PEN NEEDLES	3	ST; OTC; QL
LEADER INSULIN SYRINGE	3	ST; OTC; QL
LEADER UNIFINE PENTIPS	3	ST; OTC; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; OTC; QL
LITETOUCH INSULIN SYRINGE	3	ST; OTC; QL
LITETOUCH PEN NEEDLES	3	ST; OTC; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; OTC; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; OTC; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; OTC; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; OTC; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; OTC; QL
MEDIC INSULIN SYRINGE	3	ST; OTC; QL
MEDICINE SHOPPE PEN NEEDLES	3	ST; OTC; QL
MEIJER PEN NEEDLES	3	ST; OTC; QL
MICRODOT PEN NEEDLE	3	ST; OTC; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; OTC; QL
MM PEN NEEDLES	3	ST; OTC; QL
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL

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

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Drug Name	Tier	Notes
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; OTC; QL
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
NOVOFINE AUTOCOVER PEN NEEDLE	3	ST; OTC; QL
NOVOFINE PEN NEEDLE	3	ST; OTC; QL
NOVOFINE PLUS PEN NEEDLE	3	ST; OTC; QL
PC UNIFINE PENTIPS	3	ST; OTC; QL
PEN NEEDLES	3	ST; OTC; QL
PEN NEEDLES 5/16" 31G X 8 MM	3	ST; OTC; QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
PENTIPS 31G X 6 MM , 32G X 6 MM	3	ST; OTC; QL
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	3	ST; OTC; QL
PREFERRED PLUS INSULIN SYRINGE	3	ST; OTC; QL
PREFERRED PLUS UNIFINE PENTIPS	3	ST; OTC; QL
PREVENT DROPSAFE PEN NEEDLES	3	ST; OTC; QL
PREVENT SAFETY PEN NEEDLES	3	ST; OTC; QL

Drug Name	Tier	Notes
PRO COMFORT INSULIN SYRINGE	3	ST; OTC; QL
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 6 MM	3	ST; OTC; QL
PRODIGY INSULIN SYRINGE	3	ST; OTC; QL
PURE COMFORT PEN NEEDLE	3	ST; OTC; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; OTC; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; OTC; QL
PX MINI PEN NEEDLES	3	ST; OTC; QL
PX PEN NEEDLE	3	ST; OTC; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; OTC; QL
QC PEN NEEDLES	3	ST; OTC; QL
QC UNIFINE PENTIPS	3	ST; OTC; QL
RA INSULIN SYRINGE	3	ST; OTC; QL
RA PEN NEEDLES	3	ST; OTC; QL
REALITY INSULIN SYRINGE	3	ST; OTC; QL
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
RELION MINI PEN NEEDLES	3	ST; OTC; QL
RELION PEN NEEDLES	3	ST; OTC; QL
RELION SHORT PEN NEEDLES	3	ST; OTC; QL
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	3	ST; OTC; QL
SB INSULIN SYRINGE	3	ST; OTC; QL
SECURESAFE INSULIN SYRINGE	3	ST; OTC; QL
SECURESAFE SAFETY PEN NEEDLES	3	ST; OTC; QL
SHOPKO UNIFINE PENTIPS	3	ST; OTC; 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
SHOPKO UNIFINE PENTIPS PLUS	3	ST; OTC; QL
SURE COMFORT INSULIN SYRINGE	3	ST; OTC; QL
SURE COMFORT PEN NEEDLES	3	ST; OTC; QL
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; OTC; QL
TECHLITE PEN NEEDLES	3	ST; OTC; QL
TODAYS HEALTH MINI PEN NEEDLES	3	ST; OTC; QL
TODAYS HEALTH PEN NEEDLES	3	ST; OTC; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; OTC; QL
TOPCARE CLICKFINE PEN NEEDLES	3	ST; OTC; QL
TOPCARE ULTRA COMFORT INS SYR	3	ST; OTC; QL
TRUE COMFORT INSULIN SYRINGE	3	ST; OTC; QL
TRUE COMFORT PEN NEEDLES	3	ST; OTC; QL
TRUE COMFORT PRO INSULIN SYR	3	ST; OTC; QL
TRUE COMFORT PRO PEN NEEDLES	3	ST; OTC; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	3	OTC; QL
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	ST; OTC; QL
TRUEPLUS INSULIN SYRINGE	3	ST; OTC; QL
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM	3	ST; OTC; QL

Drug Name	Tier	Notes
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; OTC; QL
ULTICARE MICRO PEN NEEDLES	3	ST; OTC; QL
ULTICARE MINI PEN NEEDLES	3	ST; OTC; QL
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; OTC; QL
ULTICARE SHORT PEN NEEDLES	3	ST; OTC; QL
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; OTC; QL
ULTIGUARD SAFEPACK SYR/NEEDLE	3	ST; OTC; QL
ULILET PEN NEEDLE	3	ST; OTC; QL
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; OTC; QL
ULTRA FLO INSULIN PEN NEEDLES	3	ST; OTC; QL
ULTRA FLO INSULIN SYR 1/2 UNIT	3	ST; OTC; QL
ULTRA FLO INSULIN SYRINGE	3	ST; OTC; QL
ULTRA THIN PEN NEEDLES	3	ST; OTC; QL
ULTRACARE INSULIN SYRINGE	3	ST; OTC; QL
ULTRACARE PEN NEEDLES	3	ST; OTC; QL
ULTRA-THIN II INS SYR SHORT	3	ST; OTC; QL
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; OTC; QL
ULTRA-THIN II MINI PEN NEEDLE	3	ST; OTC; QL
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; OTC; QL
ULTRA-THIN II PEN NEEDLES	3	ST; OTC; QL
UNIFINE PEN NEEDLES	3	ST; OTC; QL
UNIFINE PENTIPS	3	ST; OTC; QL
UNIFINE PENTIPS PLUS	3	ST; OTC; 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
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM	3	ST; OTC; QL
UNIFINE ULTRA PEN NEEDLE	3	ST; OTC; QL
VALUE HEALTH INSULIN SYRINGE	3	ST; OTC; QL
VALUMARK PEN NEEDLES	3	ST; OTC; QL
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; OTC; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	OTC; QL
VIDA MIA UNIFINE PENTIPS	3	ST; OTC; QL
VP INSULIN SYRINGE	3	ST; OTC; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; OTC; QL
ZEV RX INSULIN SYRINGE	3	ST; OTC; QL
ZEV RX PEN NEEDLES	3	ST; OTC; 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
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

Drug Name	Tier	Notes
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
<b>*ERGOT COMBINATIONS***</b>		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
<b>*MIGRAINE PRODUCTS***</b>		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; 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
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	2	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL

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

Drug Name	Tier	Notes
zolmitriptan nasal solution	1 or 1b*	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
<b>*MINERALS &amp; ELECTROLYTES*</b>		
<b>*BICARBONATES***</b>		
sodium bicarbonate intravenous solution 7.5 %	2	
<b>*ELECTROLYTES &amp; DEXTROSE***</b>		
dextrose in lactated ringers intravenous solution	1 or 1b*	
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*	
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*	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1 or 1b*	
<b>*ELECTROLYTES PARENTERAL***</b>		
lactated ringers intravenous solution	1 or 1b*	
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	1 or 1b*	
ringers intravenous solution	1 or 1b*	
<b>*FLUORIDE***</b>		
fluoritab oral solution	1 or 1a*	\$0
nafrinse drops oral solution	1 or 1a*	\$0
nafrinse oral tablet chewable	1 or 1a*	\$0
sodium fluoride oral solution 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>*MANGANESE***</b>		
manganese chloride intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
<b>*PHOSPHATE***</b>		
<b>K-PHOS ORAL TABLET</b>	2	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
sodium phosphates intravenous solution 15 mmole/5ml	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*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
<b>*SODIUM***</b>		
aquastat intravenous solution	2	
bd posiflush intravenous solution	2	
monoject flush syringe intravenous solution	2	
monoject sodium chloride flush intravenous solution	2	
normal saline flush intravenous solution	2	
sodium chloride flush intravenous solution	2	

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

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Drug Name	Tier	Notes
sodium chloride injection solution 2.5 meq/ml	2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
<b>*TRACE MINERALS***</b>		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
<b>*ZINC***</b>		
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml	1 or 1b*	
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>		
<b>*ANTILEPTOTICS***</b>		
THALOMID ORAL CAPSULE	4	PA; LD; SP; QL
<b>*CHELATING AGENTS***</b>		
penicillamine oral tablet	2	PA; SP; QL
trientine hcl oral capsule	4	PA; SP; QL
<b>*CYCLOSPORINE ANALOGS***</b>		
cyclosporine modified oral capsule	4	
cyclosporine modified oral solution	4	
cyclosporine oral capsule	4	
gengraf oral capsule 100 mg, 25 mg	4	
gengraf oral solution	4	
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***</b>		
lenalidomide oral capsule	4	PA; SP; QL
REVLIMID ORAL CAPSULE	4	PA; SP; QL
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***</b>		
mycophenolate mofetil oral capsule	4	

Drug Name	Tier	Notes
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	4	
mycophenolate sodium oral tablet delayed release	4	
<b>*IRRIGATION SOLUTIONS***</b>		
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
<b>*MACROLIDE IMMUNOSUPPRESSANTS***</b>		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	4	
sirolimus oral solution	4	
sirolimus oral tablet	4	
tacrolimus oral capsule	4	
<b>*POTASSIUM REMOVING AGENTS***</b>		
sodium polystyrene sulfonate oral powder	2	
sps oral suspension	2	
<b>*PROSTAGLANDINS***</b>		
alprostadil injection solution	1 or 1b*	
<b>*PURINE ANALOGS***</b>		
azasan oral tablet	1 or 1b*	
azathioprine oral tablet	1 or 1b*	
<b>*SCLEROSING AGENTS***</b>		
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	

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

Drug Name	Tier	Notes
<b>*MOUTH/THROAT/DENTAL 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
<b>*ANTI-INFECTIVES - THROAT***</b>		
clotrimazole mouth/throat troche	1 or 1b*	QL
nystatin mouth/throat suspension	1 or 1b*	QL
<b>*ANTISEPTICS - MOUTH/THROAT***</b>		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL
periogard mouth/throat solution	1 or 1a*	QL
<b>*DENTAL PRODUCTS - COMBINATIONS***</b>		
sodium fluoride 5000 enamel dental gel	1 or 1b*	
sodium fluoride 5000 sensitive dental gel	1 or 1b*	
<b>*FLUORIDE DENTAL PRODUCTS***</b>		
cavarest dental gel	1 or 1b*	QL
clinpro 5000 dental paste	1 or 1b*	QL
denta 5000 plus dental cream	1 or 1b*	QL
dentagel dental gel	1 or 1a*	QL
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	QL
fluoridex enhanced whitening dental paste	1 or 1b*	QL
sf 5000 plus dental cream	1 or 1b*	QL
sf dental gel	1 or 1a*	QL
sodium fluoride 5000 plus dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental cream	1 or 1b*	QL
sodium fluoride 5000 ppm dental gel	1 or 1b*	QL
sodium fluoride 5000 ppm dental paste	1 or 1b*	QL

Drug Name	Tier	Notes
sodium fluoride dental cream	1 or 1b*	QL
sodium fluoride mouth/throat solution	1 or 1a*	
<b>*SALIVA STIMULANTS***</b>		
cevimeline hcl oral capsule	2	
pilocarpine hcl oral tablet	2	QL
<b>*STEROIDS - MOUTH/THROAT/DENTAL***</b>		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
<b>*MULTIVITAMINS*</b>		
<b>*B-COMPLEX VITAMINS***</b>		
b-complex plus b-12 oral tablet	1 or 1b*	OTC; \$0
b-complex/b-12 oral tablet	1 or 1b*	OTC; \$0
ra b-complex oral tablet	1 or 1b*	OTC; \$0
ra b-complex with b-12 oral tablet	1 or 1b*	OTC; \$0
vitamin b complex oral tablet	1 or 1b*	OTC; \$0
vitamin b-complex oral tablet	1 or 1b*	OTC; \$0
vitamin-b complex oral tablet	1 or 1b*	OTC; \$0
<b>*B-COMPLEX W/ C &amp; CALCIUM***</b>		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	OTC; \$0
qc b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
<b>*B-COMPLEX W/ C &amp; FOLIC ACID***</b>		
b complex-c-folic acid oral tablet	1 or 1b*	OTC; \$0
b-complex balanced oral tablet	1 or 1b*	OTC; \$0
b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
b-complex-c (w/folic acid) oral tablet	1 or 1b*	OTC; \$0
dialyvit 800 oral tablet	1 or 1b*	OTC; \$0
eql super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
<b>FULL SPECTRUM B/VITAMIN C ORAL TABLET</b>	2	OTC; \$0
kp b complex-c oral tablet	1 or 1b*	OTC; \$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
nephro vitamins oral tablet	1 or 1b*	OTC; \$0
<b>NEPHRO-VITE ORAL TABLET</b>	2	OTC; \$0
px b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
renal multivitamin formula oral tablet	1 or 1b*	OTC; \$0
renal vitamin oral tablet	1 or 1b*	OTC; \$0
renal-vite oral tablet	1 or 1b*	OTC; \$0
rena-vite oral tablet	1 or 1b*	OTC; \$0
sm b super vitamin complex oral tablet	1 or 1b*	OTC; \$0
<b>SM B-COMPLEX/VITAMIN C ORAL TABLET</b>	2	OTC; \$0
stress formula (folic acid) oral tablet	1 or 1b*	OTC; \$0
super b complex/fa/vit c oral tablet	1 or 1b*	OTC; \$0
super b-complex/vit c/fa oral tablet	1 or 1b*	OTC; \$0
<b>*B-COMPLEX W/ C***</b>		
allbee/c oral tablet	1 or 1b*	OTC; \$0
b complex-c oral tablet	1 or 1b*	OTC; \$0
b-complex-c oral tablet	1 or 1b*	OTC; \$0
better b complex oral tablet	1 or 1b*	OTC; \$0
cvs b complex plus c oral tablet	1 or 1b*	OTC; \$0
cvs super b complex/c oral tablet	1 or 1b*	OTC; \$0
hm b complex/c oral tablet	1 or 1b*	OTC; \$0
sm super b complex/c oral tablet	1 or 1b*	OTC; \$0
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b-complex + vitamin c oral tablet	1 or 1b*	OTC; \$0
vitamin b + c complex oral tablet	1 or 1b*	OTC; \$0
<b>*B-COMPLEX W/ C-BIOTIN-E &amp; FOLIC ACID***</b>		
<b>B COMPLEX-C-BIOTIN-E-FA ORAL TABLET</b>	2	OTC; \$0

Drug Name	Tier	Notes
<b>*B-COMPLEX W/ FOLIC ACID***</b>		
b complex (folic acid) oral tablet	1 or 1b*	OTC; \$0
b complex formula 1 (w/ fa) oral tablet	1 or 1b*	OTC; \$0
b-complex (folic acid) oral tablet	1 or 1b*	OTC; \$0
b-complex/electrolytes oral tablet	1 or 1b*	OTC; \$0
big 100 oral tablet	1 or 1b*	OTC; \$0
kobee oral tablet	1 or 1b*	OTC; \$0
sm balanced b-100 oral tablet	1 or 1b*	OTC; \$0
sm balanced b-50 oral tablet	1 or 1b*	OTC; \$0
<b>*B-COMPLEX W/BIOTIN &amp; FOLIC ACID***</b>		
b complex 100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b-100 b-complex oral tablet	1 or 1b*	OTC; \$0
b-100 complex cr oral tablet extended release	1 or 1b*	OTC; \$0
b-100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b-50 complex oral tablet	1 or 1b*	OTC; \$0
balance b-50 oral tablet	1 or 1b*	OTC; \$0
balanced b complex oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet extended release	1 or 1b*	OTC; \$0
balanced b-50/fa oral tablet	1 or 1b*	OTC; \$0
b-compleet-100 oral tablet	1 or 1b*	OTC; \$0
b-compleet-50 oral tablet	1 or 1b*	OTC; \$0
b-complex oral tablet	1 or 1b*	OTC; \$0
big 100 (biotin) oral tablet	1 or 1b*	OTC; \$0
complex b-100 oral tablet extended release	1 or 1b*	OTC; \$0
complex b-50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
endur-b oral tablet extended release	1 or 1b*	OTC; \$0
eql b complex 50 oral tablet	1 or 1b*	OTC; \$0
eql b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0
gnp b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0

\* 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 b-50 complex oral tablet extended release	1 or 1b*	OTC; \$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
quin b strong b-25 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	OTC; \$0
ra balanced b-100 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	OTC; \$0
sm b100 complex oral tablet	1 or 1b*	OTC; \$0
sm b-complex oral tablet	1 or 1b*	OTC; \$0
super b-100 oral tablet	1 or 1b*	OTC; \$0
super b-50 oral tablet	1 or 1b*	OTC; \$0
super b-complex oral tablet	1 or 1b*	OTC; \$0
super dec b-100 oral tablet	1 or 1b*	OTC; \$0
super quints b-50 oral tablet	1 or 1b*	OTC; \$0
yl balanced b-100 oral tablet	1 or 1b*	OTC; \$0
<b>*PED MULTI VITAMINS W/FL &amp; FE***</b>		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
<b>*PED MV W/ FLUORIDE***</b>		
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
<b>*PED VITAMINS ACD W/ FLUORIDE***</b>		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acd-fluoride oral solution	1 or 1b*	\$0
<b>*PRENATAL MV &amp; MIN W/FE-FA***</b>		
CLASSIC PRENATAL ORAL TABLET	2	OTC; \$0; QL
COMPLETENATE ORAL TABLET CHEWABLE	2	QL
elite-ob oral tablet	1 or 1b*	QL
EQL PRENATAL FORMULA ORAL TABLET	2	OTC; \$0; QL
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	QL

Drug Name	Tier	Notes
GNP PRENATAL ORAL TABLET	2	OTC; \$0; QL
inatal gt oral tablet	1 or 1b*	QL
M-NATAL PLUS ORAL TABLET	1 or 1b*	QL
PERRY PRENATAL ORAL CAPSULE	2	OTC; \$0; QL
pnv-select oral tablet	1 or 1b*	ST; QL
prenatabs rx oral tablet	1 or 1a*	ST; QL
PRENATAL (W/IRON & FA) ORAL TABLET	2	ST; OTC; \$0; QL
prenatal 19 oral tablet chewable	1 or 1a*	QL
PRENATAL COMPLETE ORAL TABLET	2	ST; OTC; \$0; QL
PRENATAL ORAL TABLET 27-1 MG	2	QL
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	OTC; \$0; QL
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	QL
PRENATAL-U ORAL CAPSULE	2	QL
QC PRENATAL ORAL TABLET	2	OTC; \$0; QL
RA PRENATAL ORAL TABLET	2	OTC; \$0; QL
SE-NATAL 19 ORAL TABLET	2	QL
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL
SM PRENATAL VITAMINS ORAL TABLET	2	OTC; \$0; QL
TRINATAL RX 1 ORAL TABLET	2	QL
trinate oral tablet	1 or 1a*	QL
VINATE II ORAL TABLET	2	QL
VINATE ONE ORAL TABLET	2	QL
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA***</b>		
ENFAMIL EXPECTA ORAL	2	OTC; \$0; QL
pnv-dha oral capsule	1 or 1b*	QL

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

Drug Name	Tier	Notes
<b>PRENATAL MULTIVITAMIN + DHA ORAL</b>	2	OTC; \$0; QL
<b>*PRENATAL VITAMINS***</b>		
<b>PREMESISRX ORAL TABLET</b>	2	ST; QL
<b>PRENA1 ORAL TABLET CHEWABLE</b>	2	ST; QL
<b>*VITAMINS W/ LIPOTROPICS***</b>		
b complex formula 1 (lipotrop) oral tablet	1 or 1b*	OTC; \$0
balance b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-50 complex oral tablet	1 or 1b*	OTC; \$0
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>		
<b>*CENTRAL MUSCLE RELAXANTS***</b>		
baclofen intrathecal solution	4	
baclofen oral tablet	1 or 1b*	QL
carisoprodol oral tablet	1 or 1b*	QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	QL
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL
orphenadrine citrate injection solution	1 or 1b*	
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL
tizanidine hcl oral tablet	1 or 1b*	QL
<b>*DIRECT MUSCLE RELAXANTS***</b>		
dantrolene sodium intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
dantrolene sodium oral capsule	2	
revonto intravenous solution reconstituted	1 or 1b*	
<b>*MUSCLE RELAXANT COMBINATIONS***</b>		
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	QL
norgesec oral tablet	1 or 1b*	
<b>ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG</b>	1 or 1b*	
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST
<b>*VISCOSUPPLEMENTS**</b>		
<b>MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	4	PA
<b>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	4	PA
<b>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	4	PA
<b>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	4	PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>		
<b>*ANTI-HISTAMINE-STERIOD***</b>		
azelastine-fluticasone nasal suspension	3	QL
<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
<b>*NASAL STEROIDS***</b>		
fluticasone propionate nasal suspension	1 or 1a*	QL
mometasone furoate nasal suspension	3	ST; QL

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Drug Name	Tier	Notes
<b>*NEUROMUSCULAR AGENTS*</b>		
<b>*BENZATHIAZOLES***</b>		
riluzole oral tablet	4	SP; QL
<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*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
<b>*NUTRIENTS*</b>		
<b>*AMINO ACID MIXTURES***</b>		
aminosyn ii intravenous solution 15 %	1 or 1b*	
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
<b>*CARBOHYDRATES***</b>		
dextrose intravenous solution 10 %, 5 %, 70 %	1 or 1b*	
<b>*OPHTHALMIC AGENTS*</b>		
<b>*ALPHA ADRENERGIC AGONIST &amp; CARBONIC ANHYDRASE INHIB COMB***</b>		
SIMBRINZA OPHTHALMIC SUSPENSION	2	QL
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***</b>		
brimonidine tartrate-timolol ophthalmic solution	1 or 1b*	QL
COMBIGAN OPHTHALMIC SOLUTION	2	QL

Drug Name	Tier	Notes
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL
<b>*BETA-BLOCKERS - OPHTHALMIC***</b>		
betaxolol hcl ophthalmic solution	1 or 1b*	QL
<b>BETOPTIC-S OPHTHALMIC SUSPENSION</b>	2	QL
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate (once-daily) ophthalmic solution	1 or 1b*	QL
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL
timolol maleate ophthalmic solution	1 or 1b*	QL
timolol maleate pf ophthalmic solution	1 or 1b*	QL
<b>*CYCLOPLEGIC MYDRIATICS***</b>		
atropine sulfate ophthalmic ointment	1 or 1b*	
cyclopentolate hcl ophthalmic solution 0.5 %, 2 %	1 or 1b*	
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL
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 OPHTHALMIC SOLUTION	3	PA; QL
<b>*MIOTICS - DIRECT ACTING***</b>		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	

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

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Drug Name	Tier	Notes
<b>*OPHTHALMIC ANTIALLERGIC***</b>		
azelastine hcl ophthalmic solution	1 or 1b*	QL
cromolyn sodium ophthalmic solution	1 or 1a*	QL
epinastine hcl ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC ANTIBIOTICS***</b>		
bacitracin ophthalmic ointment	1 or 1b*	QL
ciprofloxacin hcl ophthalmic solution	1 or 1a*	
erythromycin ophthalmic ointment	1 or 1a*	QL
gatifloxacin ophthalmic solution	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	QL
gentamicin sulfate ophthalmic solution	1 or 1a*	QL
levofloxacin ophthalmic solution	1 or 1b*	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL
moxifloxacin hcl ophthalmic solution	2	QL
ofloxacin ophthalmic solution	1 or 1a*	QL
tobramycin ophthalmic solution	1 or 1a*	QL
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***</b>		
ak-poly-bac ophthalmic ointment	1 or 1a*	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	QL
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	QL
neo-polycin ophthalmic ointment	1 or 1b*	QL
polycin ophthalmic ointment	1 or 1a*	

Drug Name	Tier	Notes
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL
<b>*OPHTHALMIC ANTIVIRALS***</b>		
trifluridine ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***</b>		
brinzolamide ophthalmic suspension	1 or 1b*	QL
dorzolamide hcl ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC DIAGNOSTIC PRODUCTS***</b>		
ak-fluor intravenous solution 10 %	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC IMMUNOMODULATORS ***</b>		
cyclosporine ophthalmic emulsion	2	PA; QL
<b>RESTASIS OPTHALMIC EMULSION</b>	3	PA; QL
<b>*OPHTHALMIC LOCAL ANESTHETICS***</b>		
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***</b>		
bromfenac sodium (once-daily) ophthalmic solution	2	QL
diclofenac sodium ophthalmic 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
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL
<b>ILEVRO OPTHALMIC SUSPENSION</b>	2	QL
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***</b>		
<b>ALPHAGAN P OPTHALMIC SOLUTION 0.1 %</b>	2	QL
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC STEROID COMBINATIONS***</b>		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL
<b>TOBRADEX OPTHALMIC OINTMENT</b>	2	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL
<b>ZYLET OPTHALMIC SUSPENSION</b>	2	
<b>*OPHTHALMIC STEROIDS***</b>		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
difluprednate ophthalmic emulsion	1 or 1b*	QL

Drug Name	Tier	Notes
fluorometholone ophthalmic suspension	1 or 1b*	
<b>LOTEMAX OPTHALMIC OINTMENT</b>	3	QL
loteprednol etabonate ophthalmic gel	1 or 1b*	QL
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL
prednisolone acetate ophthalmic suspension	1 or 1b*	QL
<b>*OPHTHALMIC SULFONAMIDES***</b>		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL
<b>*OPHTHALMIC SURGICAL AIDS***</b>		
ocucoat viscoadherent intraocular solution	1 or 1b*	
<b>*OPHTHALMICS - CYSTINOSIS AGENTS**</b>		
<b>CYSTARAN OPTHALMIC SOLUTION</b>	4	PA; QL
<b>*PROSTAGLANDINS - OPTHALMIC***</b>		
bimatoprost ophthalmic solution	2	
latanoprost ophthalmic solution	1 or 1b*	QL
<b>LUMIGAN OPTHALMIC SOLUTION 0.01 %</b>	2	QL
travoprost (bak free) ophthalmic solution	1 or 1b*	QL
<b>*OTIC AGENTS*</b>		
<b>*OTIC AGENTS - MISCELLANEOUS***</b>		
acetic acid otic solution	1 or 1b*	
<b>*OTIC ANTI-INFECTIVES***</b>		
ciprofloxacin hcl otic solution	1 or 1b*	QL
ofloxacin otic solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
<b>*OTIC STEROID-ANTI- INFECTIVE COMBINATIONS***</b>		
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
<b>*OTIC STEROIDS***</b>		
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/CER VICAL RIPENING - PROSTAGLANDINS***</b>		
carboprost tromethamine intramuscular solution	1 or 1b*	
<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>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>		
<b>*ANTITOXINS- ANTIVENINS***</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Tier	Notes
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	2	
<b>*IMMUNE SERUMS***</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION	4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML	4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; 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	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	4	PA; LD; SP
XEMBIFY SUBCUTANEOUS SOLUTION	4	PA; SP
<b>*PENICILLINS*</b>		
<b>*AMINOPENICILLINS**</b>		
*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	QL
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	

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

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Drug Name	Tier	Notes
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	2	
ampicillin sodium intravenous solution reconstituted	2	
<b>*NATURAL PENICILLINS***</b>		
penicillin g potassium injection solution reconstituted	2	
penicillin g sodium injection solution reconstituted	2	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	2	
<b>*PENICILLIN COMBINATIONS***</b>		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	QL
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted	2	
piperacillin sod-tazobactam so intravenous solution reconstituted	2	
<b>*PENICILLINASE-RESISTANT PENICILLINS***</b>		
dicloxacillin sodium oral capsule	1 or 1b*	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted	2	

Drug Name	Tier	Notes
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	
oxacillin sodium intravenous solution reconstituted	2	
<b>*PROGESTINS*</b>		
<b>*PROGESTINS***</b>		
hydroxyprogesterone caproate intramuscular oil	4	PA; SP; QL
medroxyprogesterone acetate oral tablet	1 or 1a*	QL
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule	1 or 1b*	QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>		
<b>*ALCOHOL DETERRENTS***</b>		
acamprosate calcium oral tablet delayed release	2	QL
disulfiram oral tablet	1 or 1b*	
<b>*BENZODIAZEPINES &amp; TRICYCLIC AGENTS***</b>		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
<b>*CHOLINOMIMETICS - AChE INHIBITORS***</b>		
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
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	2	QL
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	2	DO
galantamine hydrobromide oral solution	2	QL
galantamine hydrobromide oral tablet 12 mg, 8 mg	2	QL

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

Drug Name	Tier	Notes
galantamine hydrobromide oral tablet 4 mg	2	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	2	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	2	QL
rivastigmine transdermal patch 24 hour	2	QL
<b>*MOVEMENT DISORDER DRUG THERAPY***</b>		
AUSTEDO ORAL TABLET	4	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG	4	PA; DO; LD; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; LD; SP; QL
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; LD; SP; QL
tetrabenazine oral tablet	4	PA; SP; QL
<b>*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***</b>		
AUBAGIO ORAL TABLET	4	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***</b>		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; LD; SP; QL

Drug Name	Tier	Notes
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; SP; QL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; SP; QL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP; QL

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



Drug Name	Tier	Notes
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***</b>		
dimethyl fumarate oral capsule delayed release	1 or 1b*	PA; SP; QL
dimethyl fumarate starter pack oral	1 or 1b*	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***</b>		
dalfampridine er oral tablet extended release 12 hour	1 or 1b*	PA; SP; QL
<b>*MULTIPLE SCLEROSIS AGENTS***</b>		
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	4	PA; LD; SP; QL
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; LD; SP; QL
glatopa subcutaneous solution prefilled syringe	4	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	2	DO
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	2	QL
memantine hcl oral solution	2	QL
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	2	QL
memantine hcl oral tablet 5 mg	2	DO
<b>*PHENOTHIAZINES &amp; TRICYCLIC AGENTS***</b>		
perphenazine-amitriptyline oral tablet	1 or 1b*	
<b>*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***</b>		
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	2	PA; DO

Drug Name	Tier	Notes
pregabalin er oral tablet extended release 24 hour 330 mg	2	PA; QL
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***</b>		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***</b>		
ergoloid mesylates oral tablet	2	QL
pimozide oral tablet	1 or 1b*	QL
<b>*SMOKING DETERRENTS***</b>		
<b>APO-VARENICLINE ORAL TABLET</b>	2	PA; \$0; QL
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; \$0; QL
cvs nicotine mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	OTC; \$0
eq nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; \$0
eql nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0

\* 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	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat gum	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
habitrol transdermal patch 24 hour	1 or 1b*	OTC; \$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
hm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
hm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
kls quit2 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit2 mouth/throat lozenge	1 or 1b*	OTC; \$0
kls quit4 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit4 mouth/throat lozenge	1 or 1b*	OTC; \$0
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR</b>	2	OTC; \$0
<b>NICORETTE MINI MOUTH/THROAT LOZENGE</b>	2	OTC; \$0
<b>NICORETTE MOUTH/THROAT GUM</b>	2	OTC; \$0
<b>NICORETTE MOUTH/THROAT LOZENGE</b>	2	OTC; \$0
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b>	2	OTC; \$0
nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
nicotine step 1 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0
<b>NICOTINE TRANSDERMAL KIT</b>	2	OTC; \$0
nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
<b>NICOTROL INHALATION INHALER</b>	2	PA; \$0; QL
<b>NICOTROL NS NASAL SOLUTION</b>	2	PA; \$0; QL
px stop smoking aid mouth/throat gum	1 or 1b*	OTC; \$0
px stop smoking aid mouth/throat lozenge	1 or 1b*	OTC; \$0
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*	OTC; \$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	OTC; \$0
ra nicotine mouth/throat gum	1 or 1b*	OTC; \$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	1 or 1b*	OTC; \$0
sm nicotine mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
thrive mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
varenicline tartrate oral	2	\$0; QL
varenicline tartrate oral tablet	2	PA; \$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>		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL
MAYZENT ORAL TABLET	4	PA; SP; QL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	4	PA; SP; 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
<b>*VASOMOTOR SYMPTOM AGENTS - SSRIS***</b>		
paroxetine mesylate oral capsule	1 or 1b*	
<b>*RESPIRATORY AGENTS - MISC.*</b>		
<b>*CYSTIC FIBROSIS AGENT - COMBINATIONS***</b>		
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL
<b>*HYDROLYTIC ENZYMES***</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	SP; QL
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***</b>		
OFEV ORAL CAPSULE	4	PA; SP; QL
<b>*PULMONARY FIBROSIS AGENTS***</b>		
pirfenidone oral tablet	4	PA; LD; SP; QL
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
sulfadiazine oral tablet	2	

Drug Name	Tier	Notes
<b>*TETRACYCLINES*</b>		
<b>*TETRACYCLINES***</b>		
demeclocycline hcl oral tablet	2	
doxy 100 intravenous solution reconstituted	2	QL
doxycycline hyclate intravenous solution reconstituted	2	QL
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
lymepak oral tablet	1 or 1b*	QL
minocycline hcl oral capsule	1 or 1b*	
minocycline hcl oral tablet	1 or 1b*	
monodoxyne nl oral capsule 100 mg	1 or 1b*	QL
tetracycline hcl oral capsule	1 or 1b*	
<b>*THYROID AGENTS*</b>		
<b>*ANTITHYROID AGENTS***</b>		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
<b>*THYROID HORMONES***</b>		
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
levothyroxine sodium oral capsule	2	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl 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
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
unithroid oral tablet	1 or 1a*	
<b>*TOXOIDS*</b>		
<b>*TOXOID COMBINATIONS***</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	\$0
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	\$0
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	\$0
INFANRIX INTRAMUSCULAR SUSPENSION	2	\$0
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	2	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0

Drug Name	Tier	Notes
TDVAX INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC INTRAMUSCULAR INJECTABLE	2	\$0
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	\$0
VAXELIS INTRAMUSCULAR SUSPENSION	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>		
<b>*ANTICHOLINERGIC COMBINATIONS***</b>		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
<b>*ANTISPASMODICS***</b>		
dicyclomine hcl intramuscular solution	2	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
<b>*H-2 ANTAGONISTS***</b>		
cimetidine hcl oral solution 300 mg/5ml	1 or 1b*	QL
cimetidine oral tablet 300 mg, 400 mg, 800 mg	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 20 mg, 40 mg	1 or 1b*	QL
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	QL

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

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Drug Name	Tier	Notes
<b>*MISC. ANTI-ULCER***</b>		
sucralfate oral suspension	2	
sucralfate oral tablet	1 or 1b*	
<b>*PROTON PUMP INHIBITORS***</b>		
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE</b>	2	ST; QL
dexlansoprazole oral capsule delayed release	2	ST; QL
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	
<b>*QUATERNARY ANTICHOLINERGICS***</b>		
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral solution	2	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
methscopolamine bromide oral tablet	1 or 1b*	
<b>*ULCER DRUGS - PROSTAGLANDINS***</b>		
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	2	QL
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	QL
oxybutynin chloride oral syrup	1 or 1b*	QL
oxybutynin chloride oral tablet	1 or 1b*	QL
solifenacin succinate oral tablet	2	QL
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL
tolterodine tartrate oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	QL
trospium chloride er oral capsule extended release 24 hour	2	QL
trospium chloride oral tablet	2	QL
<b>*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***</b>		
<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	2	
<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>	2	\$0
<b>BCG VACCINE INJECTION SOLUTION RECONSTITUTED</b>	2	\$0
<b>BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	2	\$0
<b>BIOTHRAX INTRAMUSCULAR SUSPENSION</b>	2	
<b>HIBERIX INJECTION SOLUTION RECONSTITUTED</b>	2	\$0
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	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
MENQUADFI INTRAMUSCULAR SOLUTION	2	\$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	\$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	\$0
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
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	2	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	\$0

Drug Name	Tier	Notes
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
<b>*VIRAL VACCINES***</b>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	\$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	\$0; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0; QL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	\$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	

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

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Drug Name	Tier	Notes
IPOL INJECTION INJECTABLE	2	\$0
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	\$0
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	\$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	\$0
ROTATEQ ORAL SOLUTION	2	\$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	\$0
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	\$0
VARIVAX SUBCUTANEOUS INJECTABLE	2	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	2	

Drug Name	Tier	Notes
<b>*VAGINAL AND RELATED PRODUCTS*</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS***</b>		
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	QL
terconazole vaginal suppository	1 or 1b*	QL
<b>*SPERMICIDES***</b>		
ENCARE VAGINAL SUPPOSITORY	2	OTC; \$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
TODAY SPONGE VAGINAL	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	OTC; \$0
<b>*VAGINAL ANTI-INFECTIVES***</b>		
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
metronidazole vaginal gel	1 or 1b*	
VANAZOLE VAGINAL GEL	1 or 1b*	
<b>*VAGINAL ESTROGENS***</b>		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL
PREMARIN VAGINAL CREAM	2	QL
yuvafem vaginal tablet	1 or 1b*	QL
<b>*VAGINAL PROGESTINS***</b>		
ENDOMETRIN VAGINAL INSERT	2	PA

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

Effective 08012022

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>*VASOPRESSORS*</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS***</b>		
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL
<b>*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***</b>		
droxidopa oral capsule	4	PA; SP; QL
<b>*VASOPRESSORS***</b>		
midodrine hcl oral tablet	2	
norepinephrine bitartrate intravenous solution	1 or 1b*	
<b>*VITAMINS*</b>		
<b>*VITAMIN B-1***</b>		
thiamine hcl injection solution	1 or 1b*	
<b>*VITAMIN D***</b>		
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	2	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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



Most plans include our home delivery program at no extra cost to you. Find out more by going online to [anthem.com](http://anthem.com) or call 866-281-4279.

**For information about your pharmacy benefit, log in at [anthem.com](http://anthem.com).**

You'll find the most up-to-date drug list and details about your benefits. If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users  
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



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# Get help in your language

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

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

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

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

## Tagalog

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

## Russian

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

## Arabic

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

## Armenian

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 ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó 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>.