

National Drug List

Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

National Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

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

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

Here are a few things to think about:

- If you want to take a drug that's not on the drug list, you may have to pay the full cost for it.
- You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.
- You can search for generic drugs at [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.

National Drug List

Three-Tier

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Three-Tier

CURRENT AS OF 4/1/2021

| Drug Name | Tier | Notes |
|---|----------|------------|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANT S* | | |
| *ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| 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; QL |
| guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg | 1 or 1b* | PA; QL |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |
| *ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** | | |
| atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg | 1 or 1b* | PA; DO; QL |
| atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg | 1 or 1b* | PA; QL |
| *AMPHETAMINE MIXTURES*** | | |
| amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg | 1 or 1b* | PA; DO; QL |
| amphetamine-dextroamphet 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; QL |
| amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg | 1 or 1b* | PA; QL |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *AMPHETAMINES*** | | |
| ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE | 3 | PA; QL |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 3 | PA; QL |
| amphetamine er oral suspension extended release | 1 or 1b* | |
| amphetamine sulfate oral tablet 10 mg | 1 or 1b* | |
| amphetamine sulfate oral tablet 5 mg | 1 or 1b* | DO |
| 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; QL |
| dextroamphetamine sulfate oral solution | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 10 mg | 1 or 1b* | PA; QL |
| dextroamphetamine sulfate oral tablet 5 mg | 1 or 1b* | PA; DO; QL |
| DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE | 3 | PA; QL |
| EVEKEO ODT ORAL TABLET DISPERSIBLE | 3 | PA; QL |
| procentra oral solution | 1 or 1b* | PA; QL |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG | 2 | PA; DO; QL |
| VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG | 2 | PA; QL |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG | 2 | PA; DO; QL |
| VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG | 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; QL |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| *ANALEPTICS*** | | |
| CAFCIT INTRAVENOUS SOLUTION | 3 | |
| caffeine citrate intravenous solution | 1 or 1b* | |
| caffeine citrate oral solution | 1 or 1b* | |
| DOPRAM INTRAVENOUS SOLUTION | 3 | |
| *ANOREXIANT COMBINATIONS*** | | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |
| *ANOREXIANTS NON-AMPHETAMINE*** | | |
| ADIPEX-P ORAL CAPSULE | 3 | PA; QL |
| ADIPEX-P ORAL TABLET | 3 | PA; QL |
| benzphetamine hcl oral tablet 25 mg | 1 or 1b* | |
| benzphetamine hcl oral tablet 50 mg | 1 or 1b* | PA; QL |
| diethylpropion hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| diethylpropion hcl oral tablet | 1 or 1b* | PA; QL |
| LOMAIRA ORAL TABLET | 3 | PA; QL |
| phendimetrazine tartrate er oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| phendimetrazine tartrate oral tablet | 1 or 1b* | PA; QL |
| phentermine hcl oral capsule | 1 or 1b* | PA; QL |
| phentermine hcl oral tablet | 1 or 1b* | PA; QL |
| *ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** | | |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL |
| *ANTI-OBESITY AGENT COMBINATIONS** | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------------------|
| *DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI ORAL TABLET 150 MG | 3 | PA; QL |
| SUNOSI ORAL TABLET 75 MG | 3 | PA; DO; QL |
| *HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX ORAL TABLET 17.8 MG | 3 | PA; QL; LD; SP |
| WAKIX ORAL TABLET 4.45 MG | 3 | PA; DO; QL; LD; SP |
| *LIPASE INHIBITORS*** | | |
| XENICAL ORAL CAPSULE | 3 | PA; QL |
| *MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |
| *STIMULANTS - MISC.*** | | |
| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG | 3 | PA; DO; QL |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG | 3 | PA; QL |
| armodafinil oral tablet | 1 or 1b* | PA; QL |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 3 | PA; QL |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR | 3 | PA; DO; QL |
| DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR | 3 | PA; QL |

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

Effective 04/01/2021

| Drug Name | Tier | Notes |
|--|----------|------------|
| dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg | 1 or 1b* | PA; DO; QL |
| dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl oral tablet 10 mg | 1 or 1b* | PA; QL |
| dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg | 1 or 1b* | PA; DO; QL |
| FOCALIN ORAL TABLET 10 MG | 3 | PA; QL |
| FOCALIN ORAL TABLET 2.5 MG, 5 MG | 3 | PA; DO; QL |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG | 3 | PA; QL |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG | 3 | PA; DO; QL |
| METHYLIN ORAL SOLUTION | 3 | PA; QL |
| methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg | 1 or 1b* | PA; DO; QL |
| methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg | 1 or 1b* | PA; DO; QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 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; QL |
| 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, 18 mg, 27 mg | 1 or 1b* | PA; DO; QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| methylphenidate hcl er oral tablet extended release 20 mg, 36 mg, 54 mg | 1 or 1b* | PA; QL |
| methylphenidate hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG | 3 | PA; QL |
| methylphenidate hcl oral solution | 1 or 1b* | PA; QL |
| methylphenidate hcl oral tablet 10 mg, 5 mg | 1 or 1b* | PA; DO; QL |
| 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, 5 mg | 1 or 1b* | PA; DO; QL |
| modafinil oral tablet 100 mg | 1 or 1b* | PA; DO; QL |
| modafinil oral tablet 200 mg | 1 or 1b* | PA; QL |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG | 3 | PA; DO; QL |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG, 40 MG | 3 | PA; QL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | |
| RELEXXII ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG | 3 | PA; DO; QL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG, 40 MG | 3 | PA; QL |
| RITALIN ORAL TABLET 10 MG, 5 MG | 3 | PA; DO; QL |
| RITALIN ORAL TABLET 20 MG | 3 | PA; QL |

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

Effective 04/01/2021

| Drug Name | Tier | Notes |
|---|------|-------|
| *ALLERGENIC EXTRACTS/BIOLOGICALS MISC* | | |
| *ALLERGENIC EXTRACTS*** | | |
| ACACIA SUBCUTANEOUS SOLUTION | 3 | |
| ACREMONIUM SUBCUTANEOUS SOLUTION | 3 | |
| ALDER SUBCUTANEOUS SOLUTION | 3 | |
| ALTERNARIA SUBCUTANEOUS SOLUTION | 3 | |
| AMERICAN BEECH SUBCUTANEOUS SOLUTION | 3 | |
| AMERICAN COCKROACH SUBCUTANEOUS SOLUTION | 3 | |
| AMERICAN ELM SUBCUTANEOUS SOLUTION | 3 | |
| ARIZONA CYPRESS SUBCUTANEOUS SOLUTION | 3 | |
| ASPERGILLUS FUMIGATUS INJECTION SOLUTION | 3 | |
| AUREOBASIDIUM PULLULANS INJECTION SOLUTION | 3 | |
| AUREOBASIDIUM SUBCUTANEOUS SOLUTION | 3 | |
| AUSTRALIAN PINE SUBCUTANEOUS SOLUTION | 3 | |
| BAHIA SUBCUTANEOUS SOLUTION | 3 | |
| BALD CYPRESS SUBCUTANEOUS SOLUTION | 3 | |
| BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|------|-------|
| BERMUDA GRASS INJECTION SOLUTION | 3 | |
| BERMUDA GRASS SUBCUTANEOUS SOLUTION | 3 | |
| BLACK WILLOW SUBCUTANEOUS SOLUTION | 3 | |
| BOTRYTIS INJECTION SOLUTION | 3 | |
| BOTRYTIS SUBCUTANEOUS SOLUTION | 3 | |
| BROME SUBCUTANEOUS SOLUTION | 3 | |
| CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION | 3 | |
| CANDIDA ALBICANS EXTRACT INJECTION SOLUTION | 3 | |
| CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML | 3 | |
| CAT HAIR EXTRACT INJECTION SOLUTION | 3 | |
| CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION | 3 | |
| CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION | 3 | |
| CEDAR ELM SUBCUTANEOUS SOLUTION | 3 | |
| CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION | 3 | |
| CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION | 3 | |
| CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION | 3 | |

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

Effective 04/01/2021

| Drug Name | Tier | Notes |
|---|------|--------|
| CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION | 3 | |
| COCKLEBUR SUBCUTANEOUS SOLUTION | 3 | |
| CORN POLLEN SUBCUTANEOUS SOLUTION | 3 | |
| CURVULARIA SUBCUTANEOUS SOLUTION | 3 | |
| DANDELION SUBCUTANEOUS SOLUTION | 3 | |
| DOG EPITHELIUM SUBCUTANEOUS SOLUTION | 3 | |
| DOG FENNEL SUBCUTANEOUS SOLUTION | 3 | |
| DRECHSLERA SUBCUTANEOUS SOLUTION | 3 | |
| EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION | 3 | |
| EPICOCCUM NIGRUM INJECTION SOLUTION | 3 | |
| EPICOCCUM SUBCUTANEOUS SOLUTION | 3 | |
| FIRE ANT SUBCUTANEOUS SOLUTION | 3 | |
| FUSARIUM SUBCUTANEOUS SOLUTION | 3 | |
| GERMAN COCKROACH SUBCUTANEOUS SOLUTION | 3 | |
| GOLDENROD SUBCUTANEOUS SOLUTION | 3 | |
| GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION | 3 | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |

| Drug Name | Tier | Notes |
|--|------|-------|
| HACKBERRY SUBCUTANEOUS SOLUTION | 3 | |
| HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED | 3 | |
| HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| HORSE EPITHELIUM SUBCUTANEOUS SOLUTION | 3 | |
| JOHNSON GRASS SUBCUTANEOUS SOLUTION | 3 | |
| JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION | 3 | |
| KAPOK SUBCUTANEOUS SOLUTION | 3 | |
| KOCHIA SUBCUTANEOUS SOLUTION | 3 | |
| LENSCALE SUBCUTANEOUS SOLUTION | 3 | |
| MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION | 3 | |
| MELALEUCA SUBCUTANEOUS SOLUTION | 3 | |
| MESQUITE SUBCUTANEOUS SOLUTION | 3 | |
| MITE (D. FARINAE) INJECTION SOLUTION | 3 | |
| MITE (D. FARINAE) SUBCUTANEOUS SOLUTION | 3 | |
| MITE (D. PTERONYSSINUS) INJECTION SOLUTION | 3 | |
| MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|------|----------------|
| MIXED RAGWEED SUBCUTANEOUS SOLUTION | 3 | |
| MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED | 3 | |
| MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION | 3 | |
| MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION | 3 | |
| MUCOR INJECTION SOLUTION | 3 | |
| MUCOR INTRADERMAL SOLUTION | 3 | |
| MUCOR SUBCUTANEOUS SOLUTION | 3 | |
| MUGWORT SUBCUTANEOUS SOLUTION | 3 | |
| OLIVE TREE SUBCUTANEOUS SOLUTION | 3 | |
| ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION | 3 | |
| PALFORZIA (12 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (120 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (160 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (20 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (200 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (240 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (3 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|------|----------------|
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET | 3 | PA; QL; LD; SP |
| PALFORZIA (300 MG TITRATION) ORAL PACKET | 3 | PA; QL; LD; SP |
| PALFORZIA (40 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (6 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA (80 MG DAILY DOSE) ORAL | 3 | PA; QL; LD; SP |
| PALFORZIA INITIAL ESCALATION ORAL | 3 | PA; QL; LD; SP |
| PENICILLIUM NOTATUM INJECTION SOLUTION | 3 | |
| PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION | 3 | |
| PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION | 3 | |
| PHOMA EXIGUA SUBCUTANEOUS SOLUTION | 3 | |
| PRIVET SUBCUTANEOUS SOLUTION | 3 | |
| QUEEN PALM SUBCUTANEOUS SOLUTION | 3 | |
| RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION | 3 | |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| RED MAPLE SUBCUTANEOUS SOLUTION | 3 | |
| RED MULBERRY SUBCUTANEOUS SOLUTION | 3 | |
| RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION | 3 | |
| RHIZOPUS SUBCUTANEOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|------|-------|
| ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION | 3 | |
| RUSSIAN THISTLE SUBCUTANEOUS SOLUTION | 3 | |
| SACCHAROMYCES CEREVISIAE INJECTION SOLUTION | 3 | |
| SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION | 3 | |
| SHAGBARK HICKORY SUBCUTANEOUS SOLUTION | 3 | |
| SHEEP SORREL SUBCUTANEOUS SOLUTION | 3 | |
| SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION | 3 | |
| SPINY PIGWEED SUBCUTANEOUS SOLUTION | 3 | |
| STEMPHYLIUM SUBCUTANEOUS SOLUTION | 3 | |
| SWEET GUM SUBCUTANEOUS SOLUTION | 3 | |
| SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION | 3 | |
| TALL RAGWEED SUBCUTANEOUS SOLUTION | 3 | |
| TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION | 3 | |
| TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION | 3 | |
| TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION | 3 | |
| TRICHOPHYTON SUBCUTANEOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|------|-------|
| VENOMIL HONEY BEE VENOM INJECTION KIT | 3 | |
| VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED | 3 | |
| VENOMIL WASP VENOM INJECTION KIT | 3 | |
| VENOMIL WHITE FACED HORNET INJECTION KIT | 3 | |
| VENOMIL YELLOW HORNET VENOM INJECTION KIT | 3 | |
| VENOMIL YELLOW JACKET VENOM INJECTION KIT | 3 | |
| WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG | 3 | |
| WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| WESTERN JUNIPER SUBCUTANEOUS SOLUTION | 3 | |
| WHITE BIRCH SUBCUTANEOUS SOLUTION | 3 | |
| WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| WHITE MULBERRY SUBCUTANEOUS SOLUTION | 3 | |
| WHITE OAK SUBCUTANEOUS SOLUTION | 3 | |
| WHITE PINE SUBCUTANEOUS SOLUTION | 3 | |
| WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED | 3 | |
| YELLOW DOCK SUBCUTANEOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|------|------------|
| YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG | 3 | |
| YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG, 550 MCG | 3 | |
| YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | |
| *MIXED ALLERGENIC EXTRACTS*** | | |
| DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION | 3 | |
| DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION | 3 | |
| MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION | 3 | |
| MIXED FEATHERS SUBCUTANEOUS SOLUTION | 3 | |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL; LD |
| SORREL/DOCK MIX SUBCUTANEOUS SOLUTION | 3 | |
| *AMEBICIDES* | | |
| *AMEBICIDES*** | | |
| SOLOSEC ORAL PACKET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *AMINOGLYCOSIDES* | | |
| *AMINOGLYCOSIDES** | | |
| * | | |
| amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml | 1 or 1b* | |
| ARIKAYCE INHALATION SUSPENSION | 3 | PA; QL; LD |
| BETHKIS INHALATION NEBULIZATION SOLUTION | 3 | LD; SP |
| gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-% | 1 or 1b* | |
| gentamicin sulfate injection solution | 1 or 1b* | |
| neomycin sulfate oral tablet | 1 or 1a* | |
| paromomycin sulfate oral capsule | 1 or 1b* | |
| streptomycin sulfate intramuscular solution reconstituted | 1 or 1b* | |
| TOBI PODHALER INHALATION CAPSULE | 3 | LD; SP |
| tobramycin inhalation nebulization solution | 1 or 1b* | SP |
| tobramycin sulfate injection solution | 1 or 1b* | |
| tobramycin sulfate injection solution reconstituted | 1 or 1b* | |
| ZEMDRI INTRAVENOUS SOLUTION | 3 | |
| *ANALGESICS - ANTI-INFLAMMATORY* | | |
| *ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL; SP |
| XELJANZ ORAL SOLUTION | 3 | PA; QL; SP |
| XELJANZ ORAL TABLET | 3 | PA; QL; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|------|------------|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 3 | PA; QL |
| *ANTIRHEUMATIC ANTIMETABOLITES*** | | |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA; QL; SP |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; QL; SP |
| REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD |
| *ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 3 | PA; QL; SP |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| HUMIRA PEN-PSOR/UEVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 3 | PA; QL; SP |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 3 | PA; QL; SP |
| SIMPONI ARIA INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** | | |
| celecoxib oral capsule | 1 or 1b* | ST; QL |
| *GOLD COMPOUNDS*** | | |
| RIDAURA ORAL CAPSULE | 2 | |
| *INTERLEUKIN-1 BLOCKERS*** | | |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *INTERLEUKIN-1BETA BLOCKERS*** | | |
| ILARIS SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** | | |
| diclofenac-misoprostol oral tablet delayed release | 1 or 1b* | ST; QL |
| *NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | | |
| ANJESO INTRAVENOUS INJECTABLE | 3 | |

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML | 3 | |
| cataflam oral tablet | 1 or 1b* | |
| DAYPRO ORAL TABLET | 3 | |
| diclofenac potassium oral tablet | 1 or 1b* | |
| diclofenac sodium er oral tablet extended release 24 hour | 1 or 1b* | |
| diclofenac sodium oral tablet delayed release | 1 or 1b* | |
| ec-naproxen oral tablet delayed release | 1 or 1b* | |
| etodolac er oral tablet extended release 24 hour | 1 or 1b* | |
| etodolac oral capsule | 1 or 1b* | |
| etodolac oral tablet | 1 or 1b* | |
| FELDENE ORAL CAPSULE | 3 | |
| fenoprofen calcium oral tablet | 1 or 1b* | |
| flurbiprofen oral tablet | 1 or 1b* | |
| ibu oral tablet | 1 or 1a* | |
| ibuprofen lysine intravenous solution | 1 or 1b* | |
| ibuprofen oral suspension | 1 or 1a* | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 or 1a* | |
| indomethacin er oral capsule extended release | 1 or 1b* | |
| indomethacin oral capsule 25 mg, 50 mg | 1 or 1b* | |
| indomethacin sodium intravenous solution reconstituted | 1 or 1b* | |
| ketoprofen er oral capsule extended release 24 hour | 1 or 1b* | |
| ketoprofen oral capsule 50 mg, 75 mg | 1 or 1b* | |
| ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml | 1 or 1b* | QL |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | 1 or 1b* | QL |
| ketorolac tromethamine oral tablet | 1 or 1a* | QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| LODINE ORAL TABLET | 3 | |
| meclofenamate sodium oral capsule | 1 or 1b* | |
| mefenamic acid oral capsule | 1 or 1b* | |
| meloxicam oral tablet | 1 or 1b* | |
| nabumetone oral tablet | 1 or 1b* | |
| naproxen oral suspension | 1 or 1b* | |
| 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* | |
| NEOPROFEN INTRAVENOUS SOLUTION | 3 | |
| oxaprozin oral tablet | 1 or 1b* | |
| piroxicam oral capsule | 1 or 1b* | |
| relafen oral tablet | 1 or 1b* | |
| sulindac oral tablet | 1 or 1b* | |
| tolmetin sodium oral capsule | 1 or 1b* | |
| tolmetin sodium oral tablet 600 mg | 1 or 1b* | |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA ORAL TABLET | 3 | PA; QL; SP |
| OTEZLA ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| *PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| ARAVA ORAL TABLET | 3 | |
| leflunomide oral tablet | 1 or 1b* | |
| *SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 3 | PA; QL; SP |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR | 3 | PA; QL; SP |
| *ANALGESICS - NONNARCOTIC* | | |
| *ANALGESICS OTHER*** | | |
| acetaminophen intravenous solution | 1 or 1b* | |
| ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| clonidine hcl (analgesia) epidural solution | 1 or 1b* | |
| DURACLON EPIDURAL SOLUTION 100 MCG/ML | 3 | |
| OFIRMEV INTRAVENOUS SOLUTION | 3 | |
| *ANALGESICS- SEDATIVES*** | | |
| bac oral tablet | 1 or 1b* | |
| bupap oral tablet 50-300 mg | 1 or 1b* | |
| butalbital-acetaminophen oral tablet | 1 or 1b* | |
| butalbital-apap-caffeine oral capsule | 1 or 1b* | |
| butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 or 1b* | |
| butalbital-aspirin-caffeine oral capsule | 1 or 1b* | |
| esgic oral capsule | 1 or 1b* | |
| tencon oral tablet 50-325 mg | 1 or 1b* | |
| zebutal oral capsule 50-325- 40 mg | 1 or 1b* | |
| *SALICYLATE COMBINATIONS*** | | |
| sm aspirin tri-buffered oral tablet | 1 or 1b* | OTC; \$0 |
| tri-buffered aspirin oral tablet 325 mg | 1 or 1b* | OTC; \$0 |

| Drug Name | Tier | Notes |
|--|----------|----------|
| *SALICYLATES*** | | |
| adult aspirin regimen oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| aspirin 81 oral tablet chewable | 1 or 1a* | OTC; \$0 |
| aspirin 81 oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| aspirin adult low dose oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| aspirin adult low strength oral tablet chewable | 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 low strength oral tablet chewable | 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 |
| aspir-low oral tablet delayed release | 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 low strength 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 |
|--|-------------|--------------|
| 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 |
| cvs aspirin low strength oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| cvs aspirin oral tablet 325 mg | 1 or 1a* | OTC; \$0 |
| diflunisal oral tablet | 1 or 1b* | |
| ecpirin 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 |
| 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 adult low st oral tablet chewable | 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 |

| Drug Name | Tier | Notes |
|---|-------------|--------------|
| 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 |
| hm aspirin oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| kls aspirin ec 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 adult low strength 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.

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| Drug Name | Tier | Notes |
|---|----------|------------|
| sb aspirin ec oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| sb aspirin oral tablet | 1 or 1a* | OTC; \$0 |
| sb aspirin oral tablet delayed release | 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 |
| 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 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 |
| *SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** | | |
| PRIALT INTRATHECAL SOLUTION | 3 | PA; QL; LD |
| *ANALGESICS - OPIOID* | | |
| *CODEINE COMBINATIONS*** | | |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|--------|
| butalbital-apap-caff-cod oral capsule | 1 or 1b* | QL |
| butalbital-asa-caff-codeine oral capsule | 1 or 1b* | QL |
| *DIHYDROCODEINE COMBINATIONS*** | | |
| apap-caff-dihydrocodeine oral capsule | 1 or 1b* | QL |
| apap-caff-dihydrocodeine oral tablet 325-30-16 mg | 1 or 1b* | QL |
| trezix oral capsule 320.5-30-16 mg | 1 or 1b* | QL |
| *FENTANYL COMBINATIONS*** | | |
| FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.4-0.2-0.9 MG/200ML-% | 3 | |
| FENTANYL-BUIVACAINE-NACL EPIDURAL SOLUTION 0.8-0.1667-0.9 MG/200ML-% | 3 | |
| *HYDROCODONE COMBINATIONS*** | | |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml | 1 or 1b* | QL |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg | 1 or 1b* | QL |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 or 1b* | QL |
| *OPIOID AGONISTS*** | | |
| ALFENTANIL HCL INTRAVENOUS SOLUTION | 3 | |
| CODEINE SULFATE ORAL TABLET 15 MG, 60 MG | 3 | QL |
| codeine sulfate oral tablet 30 mg | 1 or 1b* | QL |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | 3 | QL |
| DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML | 3 | QL |
| DILAUDID ORAL LIQUID | 3 | QL |
| DILAUDID ORAL TABLET | 3 | QL |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR | 3 | PA; QL |
| DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR | 3 | PA; QL |
| DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR | 3 | PA; QL |
| DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR | 3 | PA; QL |
| DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR | 3 | PA; QL |
| duramorph injection solution | 1 or 1b* | QL |
| FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML | 3 | |
| 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 | 1 or 1b* | PA; QL |
| fentanyl citrate buccal tablet | 1 or 1b* | PA; QL |
| FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 1000 MCG/20ML, 20 MCG/2ML, 50 MCG/5ML, 500 MCG/50ML | 3 | |
| FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%, 500-0.9 MCG/50ML-% | 3 | |
| fentanyl transdermal patch 72 hour | 1 or 1b* | PA; QL |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | PA; QL |
| hydromorphone hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| hydromorphone hcl injection solution 4 mg/ml | 1 or 1b* | QL |
| hydromorphone hcl oral liquid | 1 or 1b* | QL |
| hydromorphone hcl oral tablet | 1 or 1b* | QL |
| HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML | 3 | QL |
| hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml | 1 or 1b* | QL |
| HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-%, 25-0.9 MG/50ML-%, 5-0.9 MG/25ML-% | 3 | |
| INFUMORPH 200 INJECTION SOLUTION | 3 | |
| INFUMORPH 500 INJECTION SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| levorphanol tartrate oral tablet | 1 or 1b* | PA; QL |
| meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml | 1 or 1b* | QL |
| meperidine hcl oral solution | 1 or 1b* | QL |
| meperidine hcl oral tablet 50 mg | 1 or 1b* | QL |
| METHADONE HCL INJECTION SOLUTION | 3 | PA; QL |
| methadone hcl intensol oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral concentrate | 1 or 1b* | PA; QL |
| methadone hcl oral solution | 1 or 1b* | PA; QL |
| methadone hcl oral tablet | 1 or 1b* | PA; QL |
| methadone hcl oral tablet soluble | 1 or 1b* | PA; QL |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | 3 | PA; QL |
| methadose oral tablet soluble | 1 or 1b* | PA; QL |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE | 3 | PA; QL |
| mitigo injection solution | 1 or 1b* | 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 (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML | 3 | QL |
| MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML | 3 | QL |
| morphine sulfate er beads oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| morphine sulfate er oral capsule extended release 24 hour | 1 or 1b* | PA; QL |
| morphine sulfate er oral tablet extended release | 1 or 1b* | PA; QL |

| Drug Name | Tier | Notes |
|--|----------|--------|
| MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML | 3 | |
| morphine sulfate oral solution | 1 or 1b* | QL |
| morphine sulfate oral tablet | 1 or 1b* | QL |
| NUCYNTA ORAL TABLET | 3 | QL |
| OLINVYK INTRAVENOUS SOLUTION | 3 | |
| OPANA ORAL TABLET 10 MG | 3 | QL |
| OXAYDO ORAL TABLET | 3 | QL |
| oxycodone hcl er oral tablet er 12 hour abuse-deterrent | 3 | PA; QL |
| oxycodone hcl oral capsule | 1 or 1b* | QL |
| oxycodone hcl oral concentrate 100 mg/5ml | 1 or 1b* | QL |
| oxycodone hcl oral solution | 1 or 1b* | QL |
| oxycodone hcl oral tablet | 1 or 1b* | QL |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 3 | PA; QL |
| oxymorphone hcl er oral tablet extended release 12 hour | 1 or 1b* | PA; QL |
| oxymorphone hcl oral tablet | 1 or 1b* | QL |
| QDOLO ORAL SOLUTION | 3 | QL |
| remifentanyl hcl intravenous solution reconstituted | 1 or 1b* | |
| ROXICODONE ORAL TABLET | 3 | QL |
| SUFENTANIL CITRATE INTRAVENOUS SOLUTION | 3 | |
| tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 1 or 1b* | PA; QL |
| tramadol hcl er oral tablet extended release 24 hour | 1 or 1b* | PA; QL |
| tramadol hcl oral tablet | 1 or 1b* | QL |
| ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| *OPIOID COMBINATIONS*** | | |
| APADAZ ORAL TABLET | 3 | QL |
| BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET | 3 | QL |
| 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 |
| oxycodone-aspirin oral tablet 4.8355-325 mg | 1 or 1b* | QL |
| *OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA BUCCAL FILM | 3 | PA; QL |
| BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG | 3 | QL |
| BUPRENEX INJECTION SOLUTION | 3 | QL |
| buprenorphine hcl injection solution 0.3 mg/ml | 1 or 1b* | QL |
| buprenorphine hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual film | 1 or 1b* | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 or 1b* | QL |
| buprenorphine transdermal patch weekly | 1 or 1b* | PA; QL |
| butorphanol tartrate injection solution | 1 or 1b* | QL |
| butorphanol tartrate nasal solution | 1 or 1b* | QL |
| BUTRANS TRANSDERMAL PATCH WEEKLY | 3 | PA; QL |
| nalbuphine hcl injection solution | 1 or 1b* | |
| pentazocine-naloxone hcl oral tablet | 1 or 1b* | QL |
| PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|---|----------|------------|
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | LD |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | QL |
| *TRAMADOL COMBINATIONS*** | | |
| tramadol-acetaminophen oral tablet | 1 or 1b* | QL |
| *ANDROGENS-ANABOLIC* | | |
| *ANABOLIC STEROIDS*** | | |
| oxandrolone oral tablet | 1 or 1b* | PA; QL |
| *ANDROGENS*** | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR | 3 | PA; QL |
| danazol oral capsule | 1 or 1b* | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 3 | PA; QL |
| JATENZO ORAL CAPSULE | 3 | PA; QL |
| TESTOPEL IMPLANT PELLET | 3 | PA; QL; LD |
| testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 or 1b* | PA; QL |
| testosterone enanthate intramuscular solution | 1 or 1b* | PA; QL |
| testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 or 1b* | PA; QL |
| testosterone transdermal solution | 1 or 1b* | PA; QL |
| *ANORECTAL AND RELATED PRODUCTS* | | |
| *INTRARECTAL STEROIDS*** | | |
| CORTENEMA RECTAL ENEMA | 3 | |
| CORTIFOAM EXTERNAL FOAM | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| hydrocortisone rectal enema | 1 or 1b* | |
| UCERIS RECTAL FOAM | 3 | |
| *NITRATE VASODILATING AGENTS*** | | |
| RECTIV RECTAL OINTMENT | 3 | |
| *RECTAL ANESTHETIC/STEROIDS *** | | |
| ANALPRAM-HC EXTERNAL CREAM | 3 | |
| ANALPRAM-HC EXTERNAL LOTION | 3 | |
| hydrocortisone ace-pramoxine external cream 1-1 % | 1 or 1b* | |
| PROCTOFOAM HC EXTERNAL FOAM | 3 | |
| *RECTAL LOCAL ANESTHETICS*** | | |
| LIDOCAINE (ANORECTAL) RECTAL SUPPOSITORY | 3 | |
| *RECTAL STEROIDS*** | | |
| ANUSOL-HC EXTERNAL CREAM | 3 | |
| hydrocortisone (perianal) external cream | 1 or 1b* | |
| PROCTOCORT EXTERNAL CREAM | 3 | |
| procto-med hc external cream | 1 or 1b* | |
| procto-pak external cream | 1 or 1b* | |
| proctozone-hc external cream | 1 or 1b* | |
| *ANTACIDS* | | |
| *ANTACIDS - BICARBONATE*** | | |
| SODIUM BICARBONATE ORAL POWDER | 3 | |
| *ANTHELMINTICS* | | |
| *ANTHELMINTICS*** | | |
| albendazole oral tablet | 1 or 1b* | PA; QL |
| ALBENZA ORAL TABLET | 3 | PA; QL |
| BENZNIDAZOLE ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| BILTRICIDE ORAL TABLET | 3 | |
| EMVERM ORAL TABLET CHEWABLE | 3 | |
| ivermectin oral tablet | 1 or 1b* | |
| praziquantel oral tablet | 1 or 1b* | |
| STROMECTOL ORAL TABLET | 3 | |
| *ANTIANGINAL AGENTS* | | |
| *ANTIANGINALS- OTHER*** | | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| ranolazine er oral tablet extended release 12 hour | 1 or 1b* | |
| *NITRATES*** | | |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE | 2 | |
| GONITRO SUBLINGUAL PACKET | 3 | |
| ISORDIL TITRADOSE ORAL TABLET | 3 | |
| isosorbide dinitrate oral tablet | 1 or 1b* | |
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 or 1b* | |
| isosorbide mononitrate oral tablet | 1 or 1b* | |
| minitran transdermal patch 24 hour | 1 or 1b* | |
| NITRO-BID TRANSDERMAL OINTMENT | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 2 | |
| nitroglycerin in d5w intravenous solution | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| NITROGLYCERIN INTRAVENOUS SOLUTION | 3 | |
| nitroglycerin sublingual tablet sublingual | 1 or 1b* | |
| nitroglycerin transdermal patch 24 hour | 1 or 1b* | |
| nitroglycerin translingual solution | 1 or 1b* | |
| NITROLINGUAL TRANSLINGUAL SOLUTION | 3 | |
| NITROMIST TRANSLINGUAL AEROSOL SOLUTION | 3 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| *ANTI ANXIETY AGENTS* | | |
| *ANTI ANXIETY AGENTS - MISC.*** | | |
| bupirone hcl oral tablet | 1 or 1b* | |
| droperidol injection solution | 1 or 1b* | |
| DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| hydroxyzine hcl intramuscular solution | 1 or 1b* | |
| hydroxyzine hcl oral syrup | 1 or 1b* | |
| hydroxyzine hcl oral tablet | 1 or 1b* | |
| hydroxyzine pamoate oral capsule | 1 or 1a* | |
| meprobamate oral tablet | 1 or 1b* | |
| VISTARIL ORAL CAPSULE | 3 | |
| *BENZODIAZEPINES*** | | |
| alprazolam er oral tablet extended release 24 hour | 1 or 1b* | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | 3 | |
| alprazolam oral tablet | 1 or 1b* | |
| alprazolam oral tablet dispersible | 1 or 1b* | |
| alprazolam xr oral tablet extended release 24 hour | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| chlordiazepoxide hcl oral capsule | 1 or 1b* | |
| clorazepate dipotassium oral tablet | 1 or 1b* | |
| diazepam injection solution | 1 or 1a* | |
| diazepam intensol oral concentrate | 1 or 1a* | |
| DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR | 3 | |
| diazepam oral concentrate | 1 or 1a* | |
| diazepam oral solution 5 mg/5ml | 1 or 1a* | |
| diazepam oral tablet | 1 or 1a* | |
| lorazepam injection solution | 1 or 1b* | |
| lorazepam intensol oral concentrate | 1 or 1b* | |
| lorazepam oral concentrate 2 mg/ml | 1 or 1b* | |
| lorazepam oral tablet | 1 or 1b* | |
| oxazepam oral capsule | 1 or 1b* | |
| *ANTIARRHYTHMICS* | | |
| *ANTIARRHYTHMICS - MISC.*** | | |
| ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML | 3 | |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml | 1 or 1b* | |
| *ANTIARRHYTHMICS TYPE I-A*** | | |
| disopyramide phosphate oral capsule | 1 or 1b* | |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 2 | |
| NORPACE ORAL CAPSULE | 3 | |
| procainamide hcl injection solution | 1 or 1b* | |
| quinidine gluconate er oral tablet extended release | 1 or 1b* | |
| quinidine sulfate oral tablet | 1 or 1a* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| *ANTIARRHYTHMICS TYPE I-B*** | | |
| LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML | 3 | |
| LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML | 3 | |
| lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml | 1 or 1b* | |
| LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION | 3 | |
| lidocaine hcl (cardiac) pf intravenous solution prefilled syringe | 1 or 1b* | |
| lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-% | 1 or 1b* | |
| mexiletine hcl oral capsule | 1 or 1b* | |
| *ANTIARRHYTHMICS TYPE I-C*** | | |
| flecainide acetate oral tablet | 1 or 1b* | |
| propafenone hcl er oral capsule extended release 12 hour | 1 or 1b* | |
| propafenone hcl oral tablet | 1 or 1b* | |
| RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | |
| *ANTIARRHYTHMICS TYPE III*** | | |
| AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-% | 3 | |
| amiodarone hcl intravenous solution | 1 or 1b* | |
| amiodarone hcl oral tablet | 1 or 1b* | |
| BRETYLIUM TOSYLATE INJECTION SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| CORVERT INTRAVENOUS SOLUTION | 3 | |
| dofetilide oral capsule | 1 or 1b* | |
| ibutilide fumarate intravenous solution | 1 or 1b* | |
| MULTAQ ORAL TABLET | 3 | |
| NEXTERONE INTRAVENOUS SOLUTION | 3 | |
| pacerone oral tablet 100 mg, 200 mg, 400 mg | 1 or 1b* | |
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | |
| *ADRENERGIC COMBINATIONS*** | | |
| ADVAIR HFA INHALATION AEROSOL | 2 | |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| BREZTRI AEROSPHERE INHALATION AEROSOL | 3 | |
| budesonide-formoterol fumarate inhalation aerosol | 1 or 1b* | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | |
| fluticasone-salmeterol inhalation aerosol powder breath activated | 1 or 1b* | |
| ipratropium-albuterol inhalation solution | 1 or 1b* | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | |
| SYMBICORT INHALATION AEROSOL | 2 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 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 |
|--|----------|----------------|
| wixela inhub inhalation aerosol powder breath activated | 1 or 1b* | |
| *ANTI-IGE MONOCLONAL ANTIBODIES*** | | |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *ANTI-INFLAMMATORY AGENTS*** | | |
| cromolyn sodium inhalation nebulization solution | 1 or 1b* | |
| *BETA ADRENERGICS*** | | |
| albuterol sulfate er oral tablet extended release 12 hour | 1 or 1b* | |
| albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act | 1 or 1b* | |
| 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* | |
| albuterol sulfate oral syrup | 1 or 1b* | |
| albuterol sulfate oral tablet | 1 or 1b* | |
| BROVANA INHALATION NEBULIZATION SOLUTION | 3 | |
| isoproterenol hcl injection solution | 1 or 1b* | |
| ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION | 3 | |
| ISUPREL INJECTION SOLUTION | 3 | |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 1 or 1b* | |
| levalbuterol tartrate inhalation aerosol | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| PERFORMIST INHALATION NEBULIZATION SOLUTION | 2 | |
| PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST; QL |
| PROAIR HFA INHALATION AEROSOL SOLUTION | 2 | ST; QL |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| PROVENTIL HFA INHALATION AEROSOL SOLUTION | 3 | ST; QL |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 3 | |
| terbutaline sulfate injection solution | 1 or 1b* | |
| terbutaline sulfate oral tablet | 1 or 1b* | |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION | 2 | ST; QL |
| XOPENEX HFA INHALATION AEROSOL | 3 | |
| *BRONCHODILATORS - ANTICHOLINERGICS*** | | |
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | |
| ipratropium bromide inhalation solution | 1 or 1b* | |
| LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION | 3 | ST; QL |
| LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION | 3 | ST; QL |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 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 |
|---|----------|----------------|
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 2 | |
| YUPELRI INHALATION SOLUTION | 3 | ST; QL |
| *INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** | | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD; SP |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** | | |
| CINQAIR INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| ACCOLATE ORAL TABLET | 3 | |
| montelukast sodium oral packet | 1 or 1b* | |
| montelukast sodium oral tablet | 1 or 1b* | |
| montelukast sodium oral tablet chewable | 1 or 1b* | |
| zafirlukast oral tablet | 1 or 1b* | |
| *SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| DALIRESP ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *STEROID INHALANTS*** | | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| budesonide inhalation suspension | 1 or 1b* | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | |
| FLOVENT HFA INHALATION AEROSOL | 2 | |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED | 2 | |
| *XANTHINES*** | | |
| aminophylline intravenous solution | 1 or 1b* | |
| ELIXOPHYLLIN ORAL ELIXIR | 2 | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | |
| theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 or 1b* | |
| theophylline er oral tablet extended release 24 hour | 1 or 1b* | |
| THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-% | 3 | |
| theophylline oral solution | 1 or 1b* | |
| *ANTICOAGULANTS* | | |
| *ANTICOAGULANTS - MISC.*** | | |
| SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION | 3 | |
| SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| *COUMARIN ANTICOAGULANTS*** | | |
| jantoven oral tablet | 1 or 1a* | |
| warfarin sodium oral tablet | 1 or 1a* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *DIRECT FACTOR XA INHIBITORS*** | | |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | |
| ELIQUIS ORAL TABLET | 2 | |
| XARELTO ORAL TABLET | 2 | |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | |
| *HEPARINS AND HEPARINOID-LIKE AGENTS*** | | |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-% | 3 | |
| HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-% | 3 | |
| heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml | 1 or 1b* | |
| HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-% | 3 | |
| heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-% | 1 or 1b* | |
| heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| heparin sodium (porcine) pf injection solution 5000 unit/0.5ml | 1 or 1b* | |
| HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML | 3 | |
| heparin sodium lock flush intravenous solution 100 unit/ml | 1 or 1b* | |
| *LOW MOLECULAR WEIGHT HEPARINS*** | | |
| enoxaparin sodium injection solution | 1 or 1b* | |
| enoxaparin sodium subcutaneous solution | 1 or 1b* | |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | 3 | QL |
| *SYNTHETIC HEPARINOID-LIKE AGENTS*** | | |
| ARIXTRA SUBCUTANEOUS SOLUTION | 3 | |
| fondaparinux sodium subcutaneous solution | 1 or 1b* | |
| *THROMBIN INHIBITORS - HIRUDIN TYPE*** | | |
| ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BIVALIRUDIN RTU INTRAVENOUS SOLUTION | 3 | |
| BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 500-0.9 MG/100ML-% | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| *THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** | | |
| ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-% | 3 | |
| ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML | 3 | |
| *ANTICONVULSANTS* | | |
| *AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** | | |
| FYCOMPA ORAL SUSPENSION | 3 | |
| FYCOMPA ORAL TABLET | 3 | |
| *ANTICONVULSANTS - BENZODIAZEPINES*** | | |
| clobazam oral suspension | 1 or 1b* | |
| clobazam oral tablet | 1 or 1b* | |
| clonazepam oral tablet | 1 or 1b* | |
| clonazepam oral tablet dispersible | 1 or 1b* | |
| DIASTAT ACUDIAL RECTAL GEL | 3 | |
| DIASTAT PEDIATRIC RECTAL GEL | 3 | |
| diazepam rectal gel | 1 or 1b* | |
| NAYZILAM NASAL SOLUTION | 3 | PA; QL |
| SYMPAZAN ORAL FILM | 3 | |
| VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA; QL |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL |
| *ANTICONVULSANTS - MISC.*** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 3 | DO |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| APTIOM ORAL TABLET 600 MG, 800 MG | 3 | |
| BANZEL ORAL SUSPENSION | 3 | |
| BANZEL ORAL TABLET | 3 | |
| BRIVIACT INTRAVENOUS SOLUTION | 3 | |
| BRIVIACT ORAL SOLUTION | 3 | |
| BRIVIACT ORAL TABLET | 3 | |
| carbamazepine er oral capsule extended release 12 hour | 1 or 1b* | |
| carbamazepine er oral tablet extended release 12 hour | 1 or 1b* | |
| carbamazepine oral suspension | 1 or 1b* | |
| carbamazepine oral tablet | 1 or 1b* | |
| carbamazepine oral tablet chewable | 1 or 1b* | |
| DIACOMIT ORAL CAPSULE | 3 | PA; QL; LD |
| DIACOMIT ORAL PACKET | 3 | PA; QL; LD |
| EPIDIOLEX ORAL SOLUTION | 3 | PA; QL; LD; SP |
| epitol oral tablet | 1 or 1b* | |
| FINTEPLA ORAL SOLUTION | 3 | PA; QL; LD |
| gabapentin oral capsule | 1 or 1b* | |
| gabapentin oral solution | 1 or 1b* | |
| gabapentin oral tablet | 1 or 1b* | |
| lamotrigine er oral tablet extended release 24 hour | 1 or 1b* | |
| lamotrigine oral kit 25 & 50 & 100 mg | 1 or 1b* | |
| lamotrigine oral tablet | 1 or 1b* | |
| lamotrigine oral tablet chewable | 1 or 1b* | |
| lamotrigine oral tablet dispersible | 1 or 1b* | |
| lamotrigine starter kit-blue oral kit | 1 or 1b* | |
| lamotrigine starter kit-green oral kit | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| lamotrigine starter kit-orange oral kit | 1 or 1b* | |
| levetiracetam er oral tablet extended release 24 hour | 1 or 1b* | |
| LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION | 3 | |
| levetiracetam intravenous solution | 1 or 1b* | |
| levetiracetam oral solution | 1 or 1b* | |
| levetiracetam oral tablet | 1 or 1b* | |
| oxcarbazepine oral suspension | 1 or 1b* | |
| oxcarbazepine oral tablet | 1 or 1b* | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| pregabalin oral capsule | 1 or 1b* | |
| pregabalin oral solution | 1 or 1b* | |
| primidone oral tablet | 1 or 1b* | |
| QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE | 3 | ST; QL |
| roovepra oral tablet 500 mg | 1 or 1b* | |
| rufinamide oral suspension | 1 or 1b* | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE | 3 | |
| subvenite oral tablet | 1 or 1b* | |
| subvenite starter kit-blue oral kit | 1 or 1b* | |
| subvenite starter kit-green oral kit | 1 or 1b* | |
| subvenite starter kit-orange oral kit | 1 or 1b* | |
| topiramate er oral capsule er 24 hour sprinkle | 1 or 1b* | ST; QL |
| topiramate oral capsule sprinkle | 1 or 1b* | |
| topiramate oral tablet | 1 or 1b* | |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | |
| VIMPAT INTRAVENOUS SOLUTION | 3 | |
| VIMPAT ORAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| VIMPAT ORAL TABLET | 3 | |
| zonisamide oral capsule | 1 or 1b* | |
| *CARBAMATES*** | | |
| felbamate oral suspension | 1 or 1b* | |
| felbamate oral tablet | 1 or 1b* | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | |
| XCOPRI ORAL TABLET | 3 | |
| XCOPRI ORAL TABLET THERAPY PACK | 3 | |
| *GABA MODULATORS*** | | |
| tiagabine hcl oral tablet | 1 or 1b* | |
| vigabatrin oral packet | 1 or 1b* | LD; SP |
| vigabatrin oral tablet | 1 or 1b* | LD; SP |
| vigadrone oral packet | 1 or 1b* | LD |
| *HYDANTOINS*** | | |
| CEREBYX INJECTION SOLUTION | 3 | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE | 3 | |
| DILANTIN ORAL CAPSULE 100 MG | 3 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN ORAL SUSPENSION | 3 | |
| fosphenytoin sodium injection solution | 1 or 1b* | |
| PHENYTEK ORAL CAPSULE | 3 | |
| phenytoin infatabs oral tablet chewable | 1 or 1b* | |
| phenytoin oral suspension | 1 or 1b* | |
| phenytoin oral tablet chewable | 1 or 1b* | |
| phenytoin sodium extended oral capsule | 1 or 1b* | |
| phenytoin sodium injection solution | 1 or 1b* | |
| *SUCCINIMIDES*** | | |
| CELONTIN ORAL CAPSULE | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| ethosuximide oral capsule | 1 or 1b* | |
| ethosuximide oral solution | 1 or 1b* | |
| *VALPROIC ACID*** | | |
| divalproex sodium er oral tablet extended release 24 hour | 1 or 1b* | |
| divalproex sodium oral capsule delayed release sprinkle | 1 or 1b* | |
| divalproex sodium oral tablet delayed release | 1 or 1b* | |
| valproate sodium intravenous solution | 1 or 1b* | |
| valproic acid oral capsule | 1 or 1b* | |
| valproic acid oral solution | 1 or 1b* | |
| *ANTIDEPRESSANTS* | | |
| *ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** | | |
| mirtazapine oral tablet | 1 or 1b* | |
| mirtazapine oral tablet dispersible | 1 or 1b* | |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE | 3 | |
| *ANTIDEPRESSANTS - MISC.*** | | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG | 3 | ST; DO; QL |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG | 3 | ST; QL |
| bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg | 1 or 1b* | DO |
| bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg | 1 or 1b* | |
| 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* | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| bupropion hcl oral tablet 100 mg | 1 or 1b* | |
| bupropion hcl oral tablet 75 mg | 1 or 1b* | DO |
| maprotiline hcl oral tablet | 1 or 1b* | |
| *GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** | | |
| ZULRESSO INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *MONOAMINE OXIDASE INHIBITORS (MAOIS)*** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 3 | |
| MARPLAN ORAL TABLET | 3 | |
| NARDIL ORAL TABLET | 3 | |
| PARNATE ORAL TABLET | 3 | |
| phenelzine sulfate oral tablet | 1 or 1b* | |
| tranylcypromine sulfate oral tablet | 1 or 1b* | |
| *N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** | | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL; LD; SP |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK | 3 | PA; QL; LD; SP |
| *SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** | | |
| citalopram hydrobromide oral solution | 1 or 1b* | |
| citalopram hydrobromide oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| citalopram hydrobromide oral tablet 40 mg | 1 or 1b* | |
| escitalopram oxalate oral solution | 1 or 1b* | |
| escitalopram oxalate oral tablet 10 mg, 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 |
|---|----------|------------|
| escitalopram oxalate oral tablet 20 mg | 1 or 1b* | |
| fluoxetine hcl oral capsule 10 mg | 1 or 1b* | DO |
| fluoxetine hcl oral capsule 20 mg, 40 mg | 1 or 1b* | |
| fluoxetine hcl oral capsule delayed release | 1 or 1b* | |
| fluoxetine hcl oral solution | 1 or 1b* | |
| fluoxetine hcl oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl oral tablet 20 mg | 1 or 1b* | |
| FLUOXETINE HCL ORAL TABLET 60 MG | 3 | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 or 1b* | |
| fluvoxamine maleate oral tablet 100 mg | 1 or 1b* | |
| 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* | |
| paroxetine hcl oral tablet 10 mg, 20 mg | 1 or 1b* | DO |
| paroxetine hcl oral tablet 30 mg, 40 mg | 1 or 1b* | |
| PAXIL ORAL SUSPENSION | 3 | ST; QL |
| PEXEVA ORAL TABLET 10 MG, 20 MG | 3 | ST; DO; QL |
| PEXEVA ORAL TABLET 30 MG, 40 MG | 3 | ST; QL |
| sertraline hcl oral concentrate | 1 or 1b* | |
| sertraline hcl oral tablet 100 mg | 1 or 1b* | |
| sertraline hcl oral tablet 25 mg, 50 mg | 1 or 1b* | DO |
| *SEROTONIN MODULATORS*** | | |
| nefazodone hcl oral tablet | 1 or 1b* | |
| trazodone hcl oral tablet | 1 or 1a* | |
| TRINTELLIX ORAL TABLET 10 MG, 5 MG | 3 | DO |

| Drug Name | Tier | Notes |
|---|----------|------------|
| TRINTELLIX ORAL TABLET 20 MG | 3 | |
| *SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** | | |
| DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | 3 | ST; QL |
| DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | 3 | ST; DO; QL |
| desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg | 1 or 1b* | |
| 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 | 1 or 1b* | |
| duloxetine hcl oral capsule delayed release particles 30 mg | 1 or 1b* | DO |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | ST; QL |
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg | 1 or 1b* | |
| 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 150 mg, 225 mg | 1 or 1b* | |
| venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg | 1 or 1b* | DO |
| venlafaxine hcl oral tablet | 1 or 1b* | |
| *TRICYCLIC AGENTS*** | | |
| amitriptyline hcl oral tablet | 1 or 1a* | |
| amoxapine oral tablet | 1 or 1b* | |
| clomipramine hcl oral capsule | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| desipramine hcl oral tablet | 1 or 1b* | |
| doxepin hcl oral capsule | 1 or 1b* | |
| doxepin hcl oral concentrate | 1 or 1b* | |
| imipramine hcl oral tablet | 1 or 1b* | |
| imipramine pamoate oral capsule | 1 or 1b* | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | 3 | |
| nortriptyline hcl oral capsule | 1 or 1b* | |
| nortriptyline hcl oral solution | 1 or 1b* | |
| PAMELOR ORAL CAPSULE | 3 | |
| protriptyline hcl oral tablet | 1 or 1b* | |
| trimipramine maleate oral capsule | 1 or 1b* | |
| *ANTIDIABETICS* | | |
| *ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| acarbose oral tablet | 1 or 1b* | |
| miglitol oral tablet | 1 or 1b* | |
| PRECOSE ORAL TABLET | 3 | |
| *ANTIDIABETIC - AMYLIN ANALOGS*** | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| *BIGUANIDES*** | | |
| metformin hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| metformin hcl oral solution | 1 or 1b* | PA; QL |
| metformin hcl oral tablet | 1 or 1b* | |
| RIOMET ORAL SOLUTION | 3 | PA; QL |
| *DIABETIC OTHER*** | | |
| BAQSIMI ONE PACK NASAL POWDER | 3 | |
| BAQSIMI TWO PACK NASAL POWDER | 3 | |
| diazoxide oral suspension | 1 or 1b* | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | 2 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| GLUCAGON EMERGENCY INJECTION KIT | 2 | |
| GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED | 3 | |
| GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | |
| GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | |
| PROGLYCEM ORAL SUSPENSION | 3 | |
| *DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| alogliptin benzoate oral tablet | 1 or 1b* | ST; QL |
| JANUVIA ORAL TABLET | 2 | ST; QL |
| *DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** | | |
| alogliptin-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| JANUMET ORAL TABLET | 2 | ST; QL |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| *DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** | | |
| CYCLOSET ORAL TABLET | 3 | |
| *DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** | | |
| 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 |
|---|------|-------|
| *HUMAN INSULIN*** | | |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | |
| HUMALOG SUBCUTANEOUS SOLUTION | 2 | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | OTC |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | OTC |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | OTC |
| HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | OTC |
| HUMULIN R INJECTION SOLUTION | 2 | OTC |

| Drug Name | Tier | Notes |
|---|------|--------|
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | PA; QL |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; QL |
| INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION | 2 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| LEVEMIR SUBCUTANEOUS SOLUTION | 2 | |
| MYXREDLIN INTRAVENOUS SOLUTION | 3 | |
| SEMGLEE SUBCUTANEOUS SOLUTION | 3 | |
| SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | QL |
| TRESIBA SUBCUTANEOUS SOLUTION | 2 | QL |
| *INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | ST; QL |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML | 2 | ST; QL |
| RYBELSUS ORAL TABLET | 2 | QL |
| TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | ST; QL |
| VICTOZA SUBCUTANEOUS SOLUTION PEN- INJECTOR | 2 | ST; QL |
| *INSULIN-INCRETIN MIMETIC COMBINATIONS*** | | |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN- INJECTOR | 3 | ST; QL |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN- INJECTOR | 3 | ST; QL |
| *MEGLITINIDE ANALOGUES*** | | |
| nateglinide oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| repaglinide oral tablet | 1 or 1b* | |
| STARLIX ORAL TABLET 120 MG | 3 | |
| *PROGESTERONE RECEPTOR ANTAGONISTS*** | | |
| KORLYM ORAL TABLET | 3 | PA; QL; LD |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| FARXIGA ORAL TABLET | 2 | ST; QL |
| JARDIANCE ORAL TABLET | 2 | ST; QL |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | |
| SYNJARDY ORAL TABLET | 2 | ST; QL |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | ST; QL |
| *SULFONYLUREA- BIGUANIDE COMBINATIONS*** | | |
| glipizide-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| glyburide-metformin oral tablet | 1 or 1b* | ST; QL |
| *SULFONYLUREAS*** | | |
| AMARYL ORAL TABLET | 3 | ST; QL |
| glimpiride 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 |
| glipizide xl oral tablet extended release 24 hour | 1 or 1a* | ST; QL |
| GLUCOTROL ORAL TABLET 10 MG | 3 | ST; QL |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL |
| glyburide micronized 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 |
|---|----------|------------|
| glyburide oral tablet | 1 or 1b* | ST; QL |
| GLYNASE ORAL TABLET | 3 | ST; QL |
| tolbutamide oral tablet | 1 or 1b* | ST; QL |
| *SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** | | |
| DUETACT ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl-glimepiride oral tablet | 1 or 1b* | ST; QL |
| *THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** | | |
| ACTOPLUS MET ORAL TABLET | 3 | ST; QL |
| pioglitazone hcl-metformin hcl oral tablet | 1 or 1b* | ST; QL |
| *THIAZOLIDINEDIONES *** | | |
| AVANDIA ORAL TABLET 2 MG, 4 MG | 3 | ST; QL |
| pioglitazone hcl oral tablet | 1 or 1b* | ST; QL |
| *ANTIDIARRHEAL/PROBIOTIC AGENTS* | | |
| *ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** | | |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; QL; LD |
| *ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** | | |
| RESTORA RX ORAL CAPSULE | 3 | |
| *ANTIPERISTALTIC AGENTS*** | | |
| diphenoxylate-atropine oral liquid | 1 or 1b* | |
| diphenoxylate-atropine oral tablet 2.5-0.025 mg | 1 or 1b* | |
| LOMOTIL ORAL TABLET | 3 | |
| loperamide hcl oral capsule | 1 or 1b* | |
| MOTOFEN ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *ANTIDOTES AND SPECIFIC ANTAGONISTS* | | |
| *ANTIDOTE COMBINATIONS*** | | |
| DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR | 3 | |
| NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML | 3 | |
| *ANTIDOTES - CHELATING AGENTS*** | | |
| CHEMET ORAL CAPSULE | 3 | |
| deferasirox granules oral packet | 1 or 1b* | PA; QL; SP |
| deferasirox oral packet | 1 or 1b* | PA; QL; SP |
| deferasirox oral tablet 180 mg | 1 or 1b* | SP |
| deferasirox oral tablet 360 mg, 90 mg | 1 or 1b* | PA; QL; SP |
| deferasirox oral tablet soluble | 1 or 1b* | PA; QL; SP |
| deferiprone oral tablet | 1 or 1b* | PA; QL |
| EXJADE ORAL TABLET SOLUBLE | 3 | PA; QL; LD; SP |
| FERRIPROX ORAL SOLUTION | 3 | PA; QL; LD |
| FERRIPROX ORAL TABLET | 3 | PA; QL; LD |
| FERRIPROX TWICE-A-DAY ORAL TABLET | 3 | PA; QL; LD |
| JADENU ORAL TABLET | 3 | PA; QL; LD; SP |
| JADENU SPRINKLE ORAL PACKET | 3 | PA; QL; LD; SP |
| PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION | 3 | |
| PENTETATE ZINC TRISODIUM COMBINATION SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| *ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| ACETADOTE INTRAVENOUS SOLUTION | 3 | |
| acetylcysteine intravenous solution | 1 or 1b* | |
| ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 3 | |
| BAL IN OIL INTRAMUSCULAR SOLUTION | 3 | |
| BRIDION INTRAVENOUS SOLUTION | 3 | |
| CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML | 3 | |
| CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM | 3 | |
| deferoxamine mesylate injection solution reconstituted | 1 or 1b* | SP |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG | 3 | SP |
| DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| fomepizole intravenous solution 1.5 gm/1.5ml | 1 or 1b* | |
| PRAXBIND INTRAVENOUS SOLUTION | 3 | |
| PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| PROVAYBLUE INTRAVENOUS SOLUTION | 3 | |
| RADIOGARDASE ORAL CAPSULE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| SODIUM NITRITE INTRAVENOUS SOLUTION | 3 | |
| VISTOGARD ORAL PACKET | 3 | PA; QL; LD |
| *BENZODIAZEPINE ANTAGONISTS*** | | |
| flumazenil intravenous solution | 1 or 1b* | |
| *OPIOID ANTAGONISTS*** | | |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml | 1 or 1b* | |
| naloxone hcl injection solution cartridge | 1 or 1b* | |
| naloxone hcl injection solution prefilled syringe | 1 or 1b* | |
| naltrexone hcl oral tablet | 1 or 1b* | |
| NARCAN NASAL LIQUID | 2 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | SP |
| *ANTIEMETICS* | | |
| *5-HT3 RECEPTOR ANTAGONISTS*** | | |
| ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML | 3 | PA; QL |
| ANZEMET ORAL TABLET | 3 | QL |
| granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml | 1 or 1b* | |
| granisetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml | 1 or 1b* | |
| ondansetron hcl oral solution | 1 or 1b* | QL |
| ondansetron hcl oral tablet | 1 or 1b* | QL |
| ondansetron oral tablet dispersible | 1 or 1b* | QL |
| PALONOSETRON HCL INTRAVENOUS SOLUTION | 3 | PA; QL |
| palonosetron hcl intravenous solution prefilled syringe | 1 or 1b* | PA; QL |
| SANCUSO TRANSDERMAL PATCH | 3 | QL |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| SUSTOL SUBCUTANEOUS PREFILLED SYRINGE | 3 | |
| ZOFRAN ORAL TABLET 4 MG | 3 | QL |
| ZUPLENZ ORAL FILM | 3 | QL |
| *ANTIEMETIC COMBINATIONS*** | | |
| AKYNZEO INTRAVENOUS SOLUTION | 3 | PA; QL |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| AKYNZEO ORAL CAPSULE | 3 | |
| BONJESTA ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| doxylamine-pyridoxine oral tablet delayed release | 1 or 1b* | PA; QL |
| *ANTIEMETICS - ANTICHOLINERGIC*** | | |
| DIMENHYDRINATE INJECTION SOLUTION | 3 | |
| meclizine hcl oral tablet 12.5 mg, 25 mg | 1 or 1a* | |
| MECLIZINE HCL ORAL TABLET 50 MG | 3 | |
| meclizine hcl oral tablet chewable | 1 or 1a* | |
| scopolamine transdermal patch 72 hour | 1 or 1b* | |
| TIGAN INTRAMUSCULAR SOLUTION | 3 | |
| TIGAN ORAL CAPSULE | 3 | |
| trimethobenzamide hcl oral capsule | 1 or 1b* | |
| *ANTIEMETICS - ANTIDOPAMINERGIC** * | | |
| BARHEMSYS INTRAVENOUS SOLUTION | 3 | |
| *ANTIEMETICS - MISCELLANEOUS*** | | |
| dronabinol oral capsule | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| MARINOL ORAL CAPSULE | 3 | |
| SYNDROS ORAL SOLUTION | 3 | |
| *SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** | | |
| aprepitant oral | 1 or 1b* | |
| aprepitant oral capsule | 1 or 1b* | |
| CINVANTI INTRAVENOUS EMULSION | 3 | PA; QL |
| EMEND ORAL SUSPENSION RECONSTITUTED | 3 | |
| fosaprepitant dimeglumine intravenous solution reconstituted | 1 or 1b* | PA; QL |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | |
| *ANTIFUNGALS* | | |
| *ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** | | |
| CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| micafungin sodium intravenous solution reconstituted | 1 or 1b* | |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *ANTIFUNGALS*** | | |
| ABELCET INTRAVENOUS SUSPENSION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| ANCOBON ORAL CAPSULE | 3 | PA; QL |
| BIO-STATIN ORAL CAPSULE | 3 | |
| flucytosine oral capsule | 1 or 1b* | PA; QL |
| griseofulvin microsize oral suspension | 1 or 1b* | |
| griseofulvin microsize oral tablet | 1 or 1b* | |
| griseofulvin ultramicrosize oral tablet | 1 or 1b* | |
| nystatin oral tablet | 1 or 1b* | |
| terbinafine hcl oral tablet | 1 or 1b* | |
| *IMIDAZOLES*** | | |
| ketoconazole oral tablet | 1 or 1b* | |
| *TRIAZOLES*** | | |
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| CRESEMBA ORAL CAPSULE | 3 | PA; QL |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED | 3 | |
| DIFLUCAN ORAL TABLET | 3 | |
| fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-% | 1 or 1b* | |
| fluconazole oral suspension reconstituted | 1 or 1b* | |
| fluconazole oral tablet | 1 or 1b* | |
| itraconazole oral capsule | 1 or 1b* | PA; QL |
| itraconazole oral solution | 1 or 1b* | PA; QL |
| NOXAFIL INTRAVENOUS SOLUTION | 3 | |
| NOXAFIL ORAL SUSPENSION | 3 | PA; QL |
| NOXAFIL ORAL TABLET DELAYED RELEASE | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| posaconazole oral tablet delayed release | 1 or 1b* | PA; QL |
| SPORANOX ORAL CAPSULE | 3 | PA; QL |
| SPORANOX ORAL SOLUTION | 3 | PA; QL |
| SPORANOX PULSEPAK ORAL CAPSULE | 3 | PA; QL |
| TOLSURA ORAL CAPSULE | 3 | PA; QL |
| VFEND ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| VFEND ORAL TABLET | 3 | PA; QL |
| voriconazole intravenous solution reconstituted | 1 or 1b* | |
| voriconazole oral suspension reconstituted | 1 or 1b* | PA; QL |
| voriconazole oral tablet | 1 or 1b* | PA; QL |
| *ANTIHISTAMINES* | | |
| *ANTIHISTAMINES - ALKYLAMINES*** | | |
| ryclora oral solution | 1 or 1b* | |
| *ANTIHISTAMINES - ETHANOLAMINES*** | | |
| 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* | |
| diphen oral elixir | 1 or 1a* | |
| di-phen oral liquid | 1 or 1b* | |
| diphenhydramine hcl injection solution | 1 or 1b* | |
| diphenhydramine hcl oral elixir | 1 or 1a* | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | 3 | |
| RYVENT ORAL TABLET | 1 or 1b* | |
| *ANTIHISTAMINES - NON-SEDATING*** | | |
| cetirizine hcl oral solution | 1 or 1b* | |
| CLARINEX ORAL TABLET | 3 | ST; QL |
| desloratadine 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 |
|--|----------|--------|
| desloratadine oral tablet dispersible | 1 or 1b* | |
| levocetirizine dihydrochloride oral solution | 1 or 1b* | |
| levocetirizine dihydrochloride oral tablet | 1 or 1b* | |
| QUZYTIR INTRAVENOUS SOLUTION | 3 | |
| *ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| PHENERGAN INJECTION SOLUTION | 3 | |
| promethazine hcl injection solution | 1 or 1a* | |
| promethazine hcl oral solution | 1 or 1a* | |
| promethazine hcl oral syrup | 1 or 1a* | |
| promethazine hcl oral tablet | 1 or 1a* | |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 1 or 1b* | |
| promethazine rectal suppository | 1 or 1b* | |
| *ANTIHISTAMINES - PIPERIDINES*** | | |
| cyproheptadine hcl oral syrup | 1 or 1b* | |
| cyproheptadine hcl oral tablet | 1 or 1b* | |
| *ANTHYPERLIPIDEMI CS* | | |
| *ACL INHIB- INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** | | |
| NEXLIZET ORAL TABLET | 3 | PA; QL |
| *ADENOSINE TRIPHOSPHATE- CITRATE LYASE (ACL) INHIBITORS*** | | |
| NEXLETOL ORAL TABLET | 3 | PA; QL |
| *ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** | | |
| EVKEEZA INTRAVENOUS SOLUTION | 3 | LD |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANTHYPERLIPIDEMI CS - MISC.*** | | |
| icosapent ethyl oral capsule | 1 or 1b* | PA; QL |
| omega-3-acid ethyl esters oral capsule | 1 or 1b* | PA; QL |
| VASCEPA ORAL CAPSULE | 2 | PA; QL |
| *BILE ACID SEQUESTRANTS*** | | |
| cholestyramine light oral packet | 1 or 1b* | |
| cholestyramine light oral powder | 1 or 1b* | |
| cholestyramine oral packet | 1 or 1b* | |
| cholestyramine oral powder | 1 or 1b* | |
| colesevelam hcl oral packet | 1 or 1b* | |
| colesevelam hcl oral tablet | 1 or 1b* | |
| COLESTID FLAVORED ORAL GRANULES | 3 | |
| COLESTID FLAVORED ORAL PACKET | 3 | |
| COLESTID ORAL GRANULES | 3 | |
| COLESTID ORAL PACKET | 3 | |
| COLESTID ORAL TABLET | 3 | |
| colestipol hcl oral granules | 1 or 1b* | |
| colestipol hcl oral packet | 1 or 1b* | |
| colestipol hcl oral tablet | 1 or 1b* | |
| prevalite oral packet | 1 or 1b* | |
| prevalite oral powder | 1 or 1b* | |
| QUESTRAN LIGHT ORAL POWDER | 3 | |
| QUESTRAN ORAL PACKET | 3 | |
| QUESTRAN ORAL POWDER | 3 | |
| *FIBRIC ACID DERIVATIVES*** | | |
| fenofibrate micronized oral capsule | 1 or 1b* | |
| fenofibrate oral capsule | 1 or 1b* | |
| fenofibrate oral tablet | 1 or 1b* | |
| fenofibric acid oral capsule 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 |
|---|----------|---------|
| fenofibric acid oral tablet 35 mg | 1 or 1b* | |
| FENOGLIDE ORAL TABLET | 3 | ST; QL |
| FIBRICOR ORAL TABLET | 3 | ST; QL |
| gemfibrozil oral tablet | 1 or 1b* | |
| LIPOFEN ORAL CAPSULE | 3 | ST; QL |
| LOPID ORAL TABLET | 3 | ST; QL |
| TRICOR ORAL TABLET | 3 | ST; QL |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| *HMG COA REDUCTASE INHIBITORS*** | | |
| 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* | |
| fluvastatin sodium er oral tablet extended release 24 hour | 1 or 1b* | \$0 |
| 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 |
| pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg | 1 or 1b* | DO; \$0 |
| pravastatin sodium oral tablet 80 mg | 1 or 1b* | \$0 |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | 1 or 1b* | DO; \$0 |
| rosuvastatin calcium oral tablet 20 mg | 1 or 1b* | DO |
| rosuvastatin calcium oral tablet 40 mg | 1 or 1b* | |
| 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 |
| *INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** | | |
| ezetimibe-simvastatin oral tablet | 1 or 1b* | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** | | |
| ezetimibe oral tablet | 1 or 1b* | ST; QL |
| *MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 3 | PA; DO; QL; LD |
| *NICOTINIC ACID DERIVATIVES*** | | |
| niacin (antihyperlipidemic) oral tablet | 1 or 1b* | ST; QL |
| niacin er (antihyperlipidemic) oral tablet extended release | 1 or 1b* | ST; QL |
| niacor oral tablet | 1 or 1b* | ST; QL |
| NIASPAN ORAL TABLET EXTENDED RELEASE | 3 | ST; QL |
| *PCSK9 INHIBITORS*** | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL |
| *ANTHYPERTENSIVES | | |
| *ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg | 1 or 1b* | |
| amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg | 1 or 1b* | DO |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| PRESTALIA ORAL TABLET 14-10 MG | 3 | |
| PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG | 3 | DO |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | 3 | |
| trandolapril-verapamil hcl er oral tablet extended release 1-240 mg | 1 or 1b* | DO |
| trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg | 1 or 1b* | |
| *ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** | | |
| ACCURETIC ORAL TABLET | 3 | |
| 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* | |
| captopril-hydrochlorothiazide oral tablet | 1 or 1b* | |
| enalapril-hydrochlorothiazide oral tablet | 1 or 1b* | |
| fosinopril sodium-hctz oral tablet | 1 or 1b* | |
| 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* | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG | 3 | DO |
| LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG | 3 | |
| quinapril-hydrochlorothiazide oral tablet | 1 or 1b* | |
| VASERETIC ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| ZESTORETIC ORAL TABLET 10-12.5 MG | 3 | DO |
| ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG | 3 | |
| *ACE INHIBITORS*** | | |
| benazepril hcl oral tablet | 1 or 1a* | |
| captopril oral tablet | 1 or 1b* | |
| enalapril maleate oral tablet | 1 or 1b* | |
| enalaprilat intravenous injectable | 1 or 1b* | |
| EPANED ORAL SOLUTION | 3 | |
| fosinopril sodium oral tablet | 1 or 1b* | |
| 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* | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| moexipril hcl oral tablet | 1 or 1b* | |
| perindopril erbumine oral tablet | 1 or 1b* | |
| QBRELIS ORAL SOLUTION | 3 | |
| quinapril hcl oral tablet | 1 or 1b* | |
| ramipril oral capsule | 1 or 1b* | |
| trandolapril oral tablet | 1 or 1b* | |
| *ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB*** | | |
| methyl dopa-hydrochlorothiazide oral tablet | 1 or 1b* | |
| *AGENTS FOR PHEOCHROMOCYTOMA*** | | |
| DEMSEER ORAL CAPSULE | 3 | PA; QL |
| DIBENZYLINE ORAL CAPSULE | 3 | PA; QL |
| metirosine oral capsule | 1 or 1b* | PA; QL |
| phenoxybenzamine hcl oral capsule | 1 or 1b* | PA; QL |
| phentolamine mesylate injection solution reconstituted | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** | | |
| amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg | 1 or 1b* | |
| 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* | |
| 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* | |
| telmisartan-amlodipine oral tablet 40-5 mg | 1 or 1b* | DO |
| TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG | 3 | |
| TWYNSTA ORAL TABLET 40-5 MG | 3 | DO |
| *ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** | | |
| candesartan cilexetil-hctz oral tablet | 1 or 1b* | |
| EDARBYCLOR ORAL TABLET | 3 | |
| irbesartan-hydrochlorothiazide oral tablet | 1 or 1b* | |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg | 1 or 1b* | |
| 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* | |
| 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* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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* | |
| *ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| candesartan cilexetil oral tablet | 1 or 1b* | |
| EDARBI ORAL TABLET 40 MG | 3 | DO |
| EDARBI ORAL TABLET 80 MG | 3 | |
| irbesartan oral tablet 150 mg, 75 mg | 1 or 1b* | DO |
| irbesartan oral tablet 300 mg | 1 or 1b* | |
| losartan potassium oral tablet | 1 or 1b* | |
| olmesartan medoxomil oral tablet 20 mg | 1 or 1b* | DO |
| olmesartan medoxomil oral tablet 40 mg, 5 mg | 1 or 1b* | |
| telmisartan oral tablet 20 mg, 40 mg | 1 or 1b* | DO |
| telmisartan oral tablet 80 mg | 1 or 1b* | |
| valsartan oral tablet | 1 or 1b* | |
| *ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** | | |
| amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg | 1 or 1b* | |
| 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* | |
| *ANTIADRENERGICS - CENTRALLY ACTING*** | | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY | 3 | |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY | 3 | |
| clonidine hcl oral tablet | 1 or 1a* | |
| clonidine transdermal patch weekly | 1 or 1b* | |
| guanfacine hcl oral tablet | 1 or 1b* | |
| methyl dopa oral tablet | 1 or 1b* | |
| *ANTIADRENERGICS - PERIPHERALLY ACTING*** | | |
| CARDURA ORAL TABLET | 3 | |
| doxazosin mesylate oral tablet | 1 or 1b* | |
| MINIPRESS ORAL CAPSULE | 3 | |
| prazosin hcl oral capsule | 1 or 1b* | |
| terazosin hcl oral capsule | 1 or 1b* | |
| *ANTIHYPERTENSIVES - MISC.*** | | |
| VECAMYL ORAL TABLET | 3 | |
| *BETA BLOCKER & DIURETIC COMBINATIONS*** | | |
| atenolol-chlorthalidone oral tablet | 1 or 1b* | |
| bisoprolol- hydrochlorothiazide oral tablet | 1 or 1b* | |
| DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| metoprolol- hydrochlorothiazide oral tablet | 1 or 1b* | |
| propranolol-hctz oral tablet | 1 or 1b* | |
| TENORETIC 100 ORAL TABLET | 3 | |
| TENORETIC 50 ORAL TABLET | 3 | |
| ZIAC ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE- LIKE COMB*** | | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG | 3 | DO |
| TEKTURNA HCT ORAL TABLET 150-25 MG, 300- 12.5 MG, 300-25 MG | 3 | |
| *DIRECT RENIN INHIBITORS*** | | |
| aliskiren fumarate oral tablet 150 mg | 1 or 1b* | DO |
| aliskiren fumarate oral tablet 300 mg | 1 or 1b* | |
| *DOPAMINE D1 RECEPTOR AGONISTS*** | | |
| CORLOPAM INTRAVENOUS SOLUTION | 3 | |
| *SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** | | |
| eprenone oral tablet | 1 or 1b* | |
| INSPIRA ORAL TABLET | 3 | |
| *VASODILATORS*** | | |
| hydralazine hcl injection solution | 1 or 1b* | |
| hydralazine hcl oral tablet | 1 or 1b* | |
| minoxidil oral tablet | 1 or 1b* | |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% | 3 | |
| nitroprusside sodium intravenous solution | 1 or 1b* | |
| sodium nitroprusside intravenous solution | 1 or 1b* | |
| *ANTI-INFECTIVE AGENTS - MISC.* | | |
| *ANTI-INFECTIVE AGENTS - MISC.*** | | |
| AEMCOLO ORAL TABLET DELAYED RELEASE | 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 |
|--|----------|--------|
| bacitracin intramuscular solution reconstituted | 1 or 1b* | |
| FLAGYL ORAL CAPSULE | 3 | |
| FLAGYL ORAL TABLET 500 MG | 3 | |
| IMPAVIDO ORAL CAPSULE | 3 | PA; QL |
| metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-% | 1 or 1b* | |
| METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-% | 3 | |
| metronidazole oral capsule | 1 or 1a* | |
| metronidazole oral tablet | 1 or 1a* | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED | 3 | |
| PENTAM INJECTION SOLUTION RECONSTITUTED | 3 | |
| pentamidine isethionate inhalation solution reconstituted | 1 or 1b* | |
| pentamidine isethionate injection solution reconstituted | 1 or 1b* | |
| PRIMSOL ORAL SOLUTION | 3 | |
| tinidazole oral tablet | 1 or 1b* | |
| trimethoprim oral tablet | 1 or 1a* | |
| XIFAXAN ORAL TABLET | 3 | PA; QL |
| *ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| BACTRIM DS ORAL TABLET | 3 | |
| BACTRIM ORAL TABLET | 3 | |
| sulfamethoxazole-trimethoprim intravenous solution | 1 or 1b* | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 or 1a* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| sulfamethoxazole-trimethoprim oral tablet | 1 or 1a* | |
| sulfatrim pediatric oral suspension | 1 or 1a* | |
| *ANTIPROTOZOAL AGENTS*** | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | 3 | |
| ALINIA ORAL TABLET | 3 | |
| atovaquone oral suspension | 1 or 1b* | |
| LAMPIT ORAL TABLET | 3 | |
| MEPRON ORAL SUSPENSION | 3 | |
| nitazoxanide oral tablet | 1 or 1b* | |
| *CARBAPENEM COMBINATIONS*** | | |
| imipenem-cilastatin intravenous solution reconstituted | 1 or 1b* | |
| PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG | 3 | |
| RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CARBAPENEMS*** | | |
| ertapenem sodium injection solution reconstituted | 1 or 1b* | |
| INVANZ INJECTION SOLUTION RECONSTITUTED | 3 | |
| meropenem intravenous solution reconstituted | 1 or 1b* | |
| MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| *CHLORAMPHENICALS *** | | |
| chloramphenicol sod succinate intravenous solution reconstituted | 1 or 1b* | |
| *CYCLIC LIPOPEPTIDES*** | | |
| CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 3 | |
| daptomycin intravenous solution reconstituted 500 mg | 1 or 1b* | |
| *GLYCOPEPTIDES*** | | |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | PA; QL |
| ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| VANCOGIN HCL ORAL CAPSULE 125 MG | 3 | PA; QL |
| VANCOGIN ORAL CAPSULE | 3 | PA; QL |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-% | 3 | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-% | 3 | |
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-% | 3 | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML | 3 | |
| vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 1000 mg, 5 gm, 500 mg, 750 mg | 1 or 1b* | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG | 3 | |
| vancomycin hcl oral capsule | 1 or 1b* | PA; QL |
| VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED | 3 | PA; QL |
| VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG | 3 | |
| *LEPROSTATICS*** | | |
| dapsone oral tablet | 1 or 1b* | |
| *LINCOSAMIDES*** | | |
| CLEOCIN ORAL CAPSULE | 3 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | 3 | |
| CLEOCIN PHOSPHATE INJECTION SOLUTION | 3 | |
| clindamycin hcl oral capsule | 1 or 1b* | |
| clindamycin palmitate hcl oral solution reconstituted | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| clindamycin phosphate in d5w intravenous solution | 1 or 1b* | |
| CLINDAMYCIN PHOSPHATE IN NA CL INTRAVENOUS SOLUTION | 3 | |
| clindamycin phosphate injection solution | 1 or 1b* | |
| LINCOCIN INJECTION SOLUTION | 3 | |
| lincomycin hcl injection solution | 1 or 1b* | |
| *MONOBACTAMS*** | | |
| AZACTAM INJECTION SOLUTION RECONSTITUTED | 3 | |
| aztreonam injection solution reconstituted | 1 or 1b* | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | 3 | LD; SP |
| *OXAZOLIDINONES*** | | |
| 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 |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| SIVEXTRO ORAL TABLET | 3 | PA; QL |
| ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML | 3 | |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | 3 | PA; QL |
| ZYVOX ORAL TABLET | 3 | PA; QL |
| *PLEUROMUTILINS*** | | |
| XENLETA INTRAVENOUS SOLUTION | 3 | LD |
| XENLETA ORAL TABLET | 3 | PA; QL; LD |

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

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *ANTIMYCOBACTERIAL AGENTS* | | |
| *ANTIMYCOBACTERIAL AGENTS*** | | |
| CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED | 3 | |
| cycloserine oral capsule | 1 or 1b* | |
| ethambutol hcl oral tablet | 1 or 1b* | |
| isoniazid injection solution | 1 or 1a* | |
| isoniazid oral syrup | 1 or 1a* | |
| isoniazid oral tablet | 1 or 1a* | |
| MYAMBUTOL ORAL TABLET 400 MG | 3 | |
| MYCOBUTIN ORAL CAPSULE | 3 | |
| PASER ORAL PACKET | 3 | |
| PRETOMANID ORAL TABLET | 3 | |
| PRIFTIN ORAL TABLET | 2 | |
| pyrazinamide oral tablet | 1 or 1b* | |
| rifabutin oral capsule | 1 or 1b* | |
| RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| rifampin intravenous solution reconstituted | 1 or 1b* | |
| rifampin oral capsule | 1 or 1b* | |
| SIRTURO ORAL TABLET | 3 | |
| TRECTOR ORAL TABLET | 3 | |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | |
| *ALKYLATING AGENTS*** | | |
| BELRAPZO INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| BENDEKA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| busulfan intravenous solution | 1 or 1b* | SP |
| BUSULFEX INTRAVENOUS SOLUTION | 3 | SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| carboplatin intravenous solution | 1 or 1b* | SP |
| cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml | 1 or 1b* | SP |
| CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| MYLERAN ORAL TABLET | 2 | |
| oxaliplatin intravenous solution | 1 or 1b* | SP |
| oxaliplatin intravenous solution reconstituted | 1 or 1b* | SP |
| paraplatin intravenous solution | 1 or 1b* | SP |
| TEPADINA INJECTION SOLUTION RECONSTITUTED | 3 | SP |
| thiotepa injection solution reconstituted | 1 or 1b* | SP |
| TREANDA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *ANDROGEN BIOSYNTHESIS INHIBITORS*** | | |
| abiraterone acetate oral tablet | 1 or 1b* | PA; QL; SP |
| YONSA ORAL TABLET | 3 | PA; QL; LD; SP |
| ZYTIGA ORAL TABLET 250 MG | 3 | PA; QL; LD; SP |
| ZYTIGA ORAL TABLET 500 MG | 2 | PA; QL; LD; SP |
| *ANTIADRENALS*** | | |
| LYSODREN ORAL TABLET | 2 | LD |
| *ANTIANDROGENS*** | | |
| bicalutamide oral tablet | 1 or 1b* | |
| CASODEX ORAL TABLET | 3 | |
| ERLEADA ORAL TABLET | 2 | PA; QL; LD; SP |
| flutamide oral capsule | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| NILANDRON ORAL TABLET | 3 | QL |
| nilutamide oral tablet | 1 or 1b* | QL |
| NUBEQA ORAL TABLET | 3 | PA; QL; LD; SP |
| XTANDI ORAL CAPSULE | 2 | PA; QL; LD; SP |
| *ANTIESTROGENS*** | | |
| FARESTON ORAL TABLET | 3 | |
| SOLTAMOX ORAL SOLUTION | 2 | \$0 |
| tamoxifen citrate oral tablet | 1 or 1b* | \$0 |
| toremifene citrate oral tablet | 1 or 1b* | |
| *ANTIMETABOLITES*** | | |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| ARRANON INTRAVENOUS SOLUTION | 3 | SP |
| azacitidine injection suspension reconstituted | 1 or 1b* | PA; QL; SP |
| capecitabine oral tablet | 1 or 1b* | PA; QL; SP |
| cladribine intravenous solution 10 mg/10ml | 1 or 1b* | SP |
| clofarabine intravenous solution | 1 or 1b* | SP |
| CLOLAR INTRAVENOUS SOLUTION | 3 | SP |
| cytarabine (pf) injection solution | 1 or 1b* | SP |
| cytarabine injection solution | 1 or 1b* | SP |
| DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| decitabine intravenous solution reconstituted | 1 or 1b* | SP |
| floxuridine injection solution reconstituted | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution | 1 or 1b* | SP |
| fludarabine phosphate intravenous solution reconstituted | 1 or 1b* | SP |
| fluorouracil intravenous solution | 1 or 1b* | SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| FOLOTYN INTRAVENOUS SOLUTION | 3 | SP |
| GEMCITABINE HCL INTRAVENOUS SOLUTION | 3 | SP |
| gemcitabine hcl intravenous solution reconstituted | 1 or 1b* | SP |
| INFUGEM INTRAVENOUS SOLUTION | 3 | SP |
| mercaptopurine oral tablet | 1 or 1b* | |
| methotrexate oral tablet | 1 or 1b* | |
| methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml | 1 or 1b* | |
| methotrexate sodium injection solution reconstituted | 1 or 1b* | |
| methotrexate sodium oral tablet | 1 or 1b* | |
| ONUREG ORAL TABLET | 3 | PA; QL; LD |
| PURIXAN ORAL SUSPENSION | 3 | PA; QL; LD |
| TABLOID ORAL TABLET | 2 | |
| TREXALL ORAL TABLET | 2 | |
| VIDAZA INJECTION SUSPENSION RECONSTITUTED | 3 | PA; QL; LD; SP |
| XATMEP ORAL SOLUTION | 3 | PA; QL; SP |
| XELODA ORAL TABLET | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY*** | | |
| PROVENGE INTRAVENOUS SUSPENSION | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - BCL-2 INHIBITORS*** | | |
| VENCLEXTA ORAL TABLET | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|--|------|----------------|
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** | | |
| BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** | | |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; QL; LD |
| TAFINLAR ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ZELBORAF ORAL TABLET | 2 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** | | |
| BALVERSA ORAL TABLET | 3 | PA; QL; LD |
| PEMAZYRE ORAL TABLET | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | | |
| DAURISMO ORAL TABLET | 3 | PA; QL; LD; SP |
| ERIVEDGE ORAL CAPSULE | 2 | PA; QL; LD; SP |
| ODOMZO ORAL CAPSULE | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** | | |
| BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| FARYDAK ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |

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| Drug Name | Tier | Notes |
|---|------|----------------|
| ROMIDEPSIN INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| ZOLINZA ORAL CAPSULE | 2 | PA; QL; SP |
| *ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** | | |
| LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION | 3 | |
| *ANTINEOPLASTIC - IMMUNOMODULATORS *** | | |
| POMALYST ORAL CAPSULE | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - MEK INHIBITORS*** | | |
| COTELLIC ORAL TABLET | 3 | PA; QL; LD; SP |
| KOSELUGO ORAL CAPSULE | 3 | PA; QL; LD |
| MEKINIST ORAL TABLET | 3 | PA; QL; LD; SP |
| MEKTOVI ORAL TABLET | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** | | |
| TAZVERIK ORAL TABLET | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - MONOCLONAL ANTIBODIES*** | | |
| ARZERRA INTRAVENOUS CONCENTRATE | 3 | PA; QL; LD; SP |
| BAVENCIO INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| CAMPATH INTRAVENOUS SOLUTION | 3 | |
| DANYELZA INTRAVENOUS SOLUTION | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|---|------|----------------|
| DARZALEX INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ERBITUX INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| GAZYVA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG | 3 | LD; SP |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| IMFINZI INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| KEYTRUDA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| LIBTAYO INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| OPDIVO INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| PERJETA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| PORTRAZZA INTRAVENOUS SOLUTION | 3 | LD; SP |
| POTELIGEO INTRAVENOUS SOLUTION | 3 | LD; SP |
| RIABNI INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| RITUXAN INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| RUXIENCE INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| SARCLISA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| TECENTRIQ INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG | 3 | SP |
| TRUXIMA INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| UNITUXIN INTRAVENOUS SOLUTION | 3 | LD |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML | 3 | PA; QL; SP |
| YERVOY INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE | 3 | PA; QL; SP |
| AFINITOR ORAL TABLET 10 MG | 2 | PA; QL; SP |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | PA; QL; SP |
| temsirolimus intravenous solution | 1 or 1b* | PA; QL; SP |
| TORISEL INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** | | |
| NEXAVAR ORAL TABLET | 2 | PA; QL; LD; SP |
| RYDAPT ORAL CAPSULE | 3 | PA; QL; SP |
| STIVARGA ORAL TABLET | 2 | PA; QL; LD; SP |
| SUTENT ORAL CAPSULE | 2 | PA; QL; LD; SP |
| TEPMETKO ORAL TABLET | 3 | PA; QL; LD |
| UKONIQ ORAL TABLET | 3 | PA; QL; LD |
| *ANTINEOPLASTIC - PROTEASOME INHIBITORS*** | | |
| BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL |
| KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| NINLARO ORAL CAPSULE | 3 | PA; QL; LD; SP |
| VELCADE INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| *ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** | | |
| ROZLYTREK ORAL CAPSULE | 3 | PA; QL; LD; SP |
| VITRAKVI ORAL CAPSULE | 3 | PA; QL; LD; SP |
| VITRAKVI ORAL SOLUTION | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** | | |
| ALECENSA ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ALUNBRIG ORAL TABLET | 3 | PA; QL; LD; SP |
| ALUNBRIG ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| AYVAKIT ORAL TABLET | 3 | PA; QL; LD |
| BOSULIF ORAL TABLET | 2 | PA; QL; SP |
| BRUKINSA ORAL CAPSULE | 3 | PA; QL; LD |
| CABOMETYX ORAL TABLET | 3 | PA; QL; LD; SP |
| CALQUENCE ORAL CAPSULE | 3 | PA; QL; LD |
| CAPRELSA ORAL TABLET | 2 | PA; QL; LD |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 3 | PA; QL; LD; SP |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 3 | PA; QL; LD; SP |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA; QL; LD; SP |
| erlotinib hcl oral tablet | 1 or 1b* | PA; QL; SP |
| GAVRETO ORAL CAPSULE | 3 | PA; QL; LD |
| GILOTRIF ORAL TABLET | 3 | PA; QL; LD |
| ICLUSIG ORAL TABLET | 2 | PA; QL; LD |
| imatinib mesylate oral tablet | 1 or 1b* | PA; QL; SP |
| IMBRUVICA ORAL CAPSULE | 3 | PA; QL; LD |
| IMBRUVICA ORAL TABLET | 3 | PA; QL; LD |
| INLYTA ORAL TABLET | 2 | PA; QL; LD; SP |
| IRESSA ORAL TABLET | 2 | PA; QL; LD; SP |
| lapatinib ditosylate oral tablet | 1 or 1b* | PA; QL; SP |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|------|----------------|
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| LORBRENA ORAL TABLET | 3 | PA; QL; LD; SP |
| NERLYNX ORAL TABLET | 3 | PA; QL; LD; SP |
| QINLOCK ORAL TABLET | 3 | PA; QL; LD |
| RETEVMO ORAL CAPSULE | 3 | PA; QL; LD; SP |
| SPRYCEL ORAL TABLET | 2 | PA; QL; SP |
| TABRECTA ORAL TABLET | 3 | PA; QL; SP |
| TAGRISSO ORAL TABLET | 3 | PA; QL; LD; SP |
| TARCEVA ORAL TABLET | 3 | PA; QL; LD; SP |
| TASIGNA ORAL CAPSULE | 2 | PA; QL; SP |
| TUKYSA ORAL TABLET | 3 | PA; QL; LD |
| TURALIO ORAL CAPSULE | 3 | PA; QL; LD |
| TYKERB ORAL TABLET | 3 | PA; QL; LD; SP |
| VIZIMPRO ORAL TABLET | 3 | PA; QL; LD; SP |
| VOTRIENT ORAL TABLET | 2 | PA; QL; LD; SP |
| XALKORI ORAL CAPSULE | 2 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| XOSPATA ORAL TABLET | 3 | PA; QL; LD |
| ZYKADIA ORAL TABLET | 3 | PA; QL; LD; SP |
| *ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| *ANTINEOPLASTIC ANTIBIOTICS*** | | |
| adriamycin intravenous solution | 1 or 1b* | SP |
| adriamycin intravenous solution reconstituted 10 mg, 50 mg | 1 or 1b* | SP |
| bleomycin sulfate injection solution reconstituted | 1 or 1b* | SP |
| COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| dactinomycin intravenous solution reconstituted | 1 or 1b* | SP |
| DAUNORUBICIN HCL INTRAVENOUS SOLUTION | 3 | SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| DOXIL INTRAVENOUS INJECTABLE | 3 | PA; QL; SP |
| doxorubicin hcl intravenous solution | 1 or 1b* | SP |
| doxorubicin hcl liposomal intravenous injectable | 1 or 1b* | PA; QL; SP |
| ELLECE INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml | 1 or 1b* | PA; QL; SP |
| IDAMYCIN PFS INTRAVENOUS SOLUTION | 3 | SP |
| idarubicin hcl intravenous solution | 1 or 1b* | SP |
| JELMYTO SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| mitomycin intravenous solution reconstituted | 1 or 1b* | SP |
| MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE | 3 | |
| mitoxantrone hcl intravenous concentrate | 1 or 1b* | SP |
| mutamycin intravenous solution reconstituted | 1 or 1b* | SP |
| valrubicin intravesical solution | 1 or 1b* | SP |
| VALSTAR INTRAVESICAL SOLUTION | 3 | LD; SP |
| *ANTINEOPLASTIC - ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** | | |
| ZEVALIN Y-90 INTRAVENOUS KIT | 3 | PA; QL; LD |
| *ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** | | |
| ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|--|------|----------------|
| BLENREP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG | 3 | PA; QL; LD; SP |
| PADCEV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| POLIVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| *ANTINEOPLASTIC COMBINATIONS*** | | |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| INQOVI ORAL TABLET | 3 | PA; QL; LD; SP |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| LONSURF ORAL TABLET | 3 | PA; QL; LD; SP |
| PHESGO SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|------|----------------|
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG | 3 | LD; SP |
| *ANTINEOPLASTIC ENZYMES*** | | |
| ASPARLAS INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| ERWINAZE INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ONCASPAR INJECTION SOLUTION | 3 | PA; QL; SP |
| *ANTINEOPLASTIC RADIOPHARMACEUTIC ALS*** | | |
| AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| LUTATHERA INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| QUADRAMET INTRAVENOUS SOLUTION | 3 | |
| STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION | 3 | |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML | 3 | PA; QL; LD |
| *ANTINEOPLASTICS - INTERLEUKINS*** | | |
| ELZONRIS INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |

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

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

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *CARBOXYPEPTIDASE ENZYME AGENTS*** | | |
| VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD |
| *CARDIAC PROTECTIVE AGENTS*** | | |
| dexrazoxane hcl intravenous solution reconstituted | 1 or 1b* | SP |
| TOTECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| *CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** | | |
| ELITEK INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| *CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** | | |
| KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** | | |
| IBRANCE ORAL CAPSULE | 2 | PA; QL; LD; SP |
| IBRANCE ORAL TABLET | 2 | PA; QL; LD; SP |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL; SP |
| VERZENIO ORAL TABLET | 3 | PA; QL; LD; SP |
| *ESTROGEN RECEPTOR ANTAGONIST*** | | |
| FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| fulvestrant intramuscular solution | 1 or 1b* | PA; QL; SP |
| *ESTROGENS-ANTINEOPLASTIC*** | | |
| EMCYT ORAL CAPSULE | 2 | PA; QL |
| *FOLIC ACID ANTAGONISTS RESCUE AGENTS*** | | |
| KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| leucovorin calcium injection solution | 1 or 1b* | |
| leucovorin calcium injection solution reconstituted | 1 or 1b* | |
| leucovorin calcium oral tablet | 1 or 1b* | |
| levoleucovorin calcium intravenous solution reconstituted 50 mg | 1 or 1b* | PA; QL |
| levoleucovorin calcium pf intravenous solution | 1 or 1b* | |
| *GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** | | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | SP |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA; QL; SP |
| ORGOVYX ORAL TABLET | 3 | PA; QL; LD |
| *IMIDAZOTETRAZINES *** | | |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED | 2 | PA; QL; SP |
| TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG | 3 | PA; QL; SP |
| temozolomide oral capsule | 1 or 1b* | PA; QL; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** | | |
| TIBSOVO ORAL TABLET | 3 | PA; QL; LD |
| *ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** | | |
| IDHIFA ORAL TABLET | 3 | PA; QL; LD; SP |
| *JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** | | |
| INREBIC ORAL CAPSULE | 3 | PA; QL; LD; SP |
| JAKAFI ORAL TABLET | 2 | PA; QL; LD; SP |
| *LHRH ANALOGS*** | | |
| ELIGARD SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| leuprolide acetate injection kit | 1 or 1b* | PA; QL; SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA; QL; SP |
| VANTAS SUBCUTANEOUS KIT | 3 | PA; QL; LD; SP |
| ZOLADEX SUBCUTANEOUS IMPLANT | 3 | PA; QL; SP |
| *MITOTIC INHIBITORS*** | | |
| ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML | 3 | PA; QL; SP |
| DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML | 3 | PA; QL; SP |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 1 or 1b* | SP |
| etoposide oral capsule | 1 or 1b* | SP |
| HALAVEN INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| JEVTANA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| MARQIBO INTRAVENOUS SUSPENSION | 3 | LD |
| NAVELBINE INTRAVENOUS SOLUTION | 3 | SP |
| paclitaxel intravenous concentrate | 1 or 1b* | SP |
| TENIPOSIDE INTRAVENOUS SOLUTION | 3 | SP |
| toposar intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml | 1 or 1b* | SP |
| vinblastine sulfate intravenous solution | 1 or 1b* | SP |
| vincristine sulfate intravenous solution | 1 or 1b* | SP |
| vinorelbine tartrate intravenous solution | 1 or 1b* | SP |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *MYELOPROTECTIVE AGENTS*** | | |
| COSELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD |
| *NITROGEN MUSTARDS*** | | |
| ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| ALKERAN ORAL TABLET | 3 | SP |
| cyclophosphamide injection solution reconstituted | 1 or 1b* | SP |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION | 3 | SP |
| cyclophosphamide oral capsule | 1 or 1b* | SP |
| EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| IFEX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| ifosfamide intravenous solution | 1 or 1b* | SP |
| ifosfamide intravenous solution reconstituted 1 gm | 1 or 1b* | SP |
| IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM | 3 | SP |
| LEUKERAN ORAL TABLET | 2 | |
| melphalan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| melphalan oral tablet | 1 or 1b* | SP |
| *NITROSOUREAS*** | | |
| BICNU INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| carmustine intravenous solution reconstituted | 1 or 1b* | SP |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | PA; QL |
| GLIADEL WAFER IMPLANT WAFER | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| *ONCOLYTIC VIRAL AGENTS - HSV1*** | | |
| IMLYGIC INTRALESIONAL SUSPENSION | 3 | LD |
| *PHOSPHATIDYLINOSI TOL 3-KINASE (PI3K) INHIBITORS*** | | |
| ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| COPIKTRA ORAL CAPSULE | 3 | PA; QL; LD |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 3 | PA; QL; SP |
| ZYDELIG ORAL TABLET | 3 | PA; QL; LD; SP |
| *POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** | | |
| LYNPARZA ORAL TABLET | 3 | PA; QL; LD; SP |
| RUBRACA ORAL TABLET | 3 | PA; QL; LD; SP |
| TALZENNA ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ZEJULA ORAL CAPSULE | 3 | PA; QL; LD |
| *PROGESTINS- ANTINEOPLASTIC*** | | |
| hydroxyprogesterone caproate intramuscular solution | 1 or 1b* | PA; QL; LD |
| megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml | 1 or 1b* | |
| megestrol acetate oral tablet | 1 or 1b* | |
| *RETINOIDS*** | | |
| tretinoin oral capsule | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *SELECTIVE RETINOID X RECEPTOR AGONISTS*** | | |
| bexarotene oral capsule | 1 or 1b* | PA; QL; SP |
| *TETRAHYDROISOQUI NOLINES*** | | |
| YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| *TOPOISOMERASE I INHIBITORS*** | | |
| CAMPTOSAR INTRAVENOUS SOLUTION | 3 | SP |
| HYCAMPIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| HYCAMPIN ORAL CAPSULE | 2 | PA; QL; SP |
| irinotecan hcl intravenous solution | 1 or 1b* | SP |
| ONIVYDE INTRAVENOUS INJECTABLE | 3 | LD |
| TOPOTECAN HCL INTRAVENOUS SOLUTION | 3 | SP |
| topotecan hcl intravenous solution reconstituted | 1 or 1b* | SP |
| *URINARY TRACT PROTECTIVE AGENTS*** | | |
| ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| mesna intravenous solution | 1 or 1b* | PA; QL |
| MESNEX INTRAVENOUS SOLUTION | 3 | PA; QL |
| MESNEX ORAL TABLET | 2 | PA; QL |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** | | |
| AVASTIN INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| CYRAMZA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| MVASI INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| ZALTRAP INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| ZIRABEV INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *ANTIPARKINSON AND RELATED THERAPY AGENTS* | | |
| *ADENOSINE RECEPTOR ANTAGONIST*** | | |
| NOURIANZ ORAL TABLET | 3 | PA; QL; LD; SP |
| *ANTIPARKINSON ANTICHOLINERGICS*** | | |
| benztropine mesylate injection solution | 1 or 1a* | |
| benztropine mesylate oral tablet | 1 or 1a* | |
| COGENTIN INJECTION SOLUTION | 3 | |
| trihexyphenidyl hcl oral solution | 1 or 1a* | |
| trihexyphenidyl hcl oral tablet | 1 or 1a* | |
| *ANTIPARKINSON DOPAMINERGICS*** | | |
| amantadine hcl oral capsule | 1 or 1b* | |
| amantadine hcl oral syrup | 1 or 1b* | |
| amantadine hcl oral tablet | 1 or 1b* | |
| bromocriptine mesylate oral capsule | 1 or 1b* | |
| bromocriptine mesylate oral tablet | 1 or 1b* | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG | 3 | PA; QL; LD |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG | 3 | PA; DO; QL; LD |
| INBRIJA INHALATION CAPSULE | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK | 3 | PA; QL; LD |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG | 3 | PA; DO; QL; LD |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG | 3 | PA; QL; LD |
| PARLODEL ORAL CAPSULE | 3 | |
| PARLODEL ORAL TABLET | 3 | |
| *ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| AZILECT ORAL TABLET | 3 | |
| rasagiline mesylate oral tablet | 1 or 1b* | |
| selegiline hcl oral capsule | 1 or 1b* | |
| selegiline hcl oral tablet | 1 or 1b* | |
| XADAGO ORAL TABLET | 3 | PA; QL |
| ZELAPAR ORAL TABLET DISPERSIBLE | 3 | PA; QL |
| *CENTRAL/PERIPHERAL COMT INHIBITORS*** | | |
| TASMAR ORAL TABLET 100 MG | 3 | PA; QL |
| tolcapone oral tablet | 1 or 1b* | PA; QL |
| *DECARBOXYLASE INHIBITORS*** | | |
| carbidopa oral tablet | 1 or 1b* | |
| LODOSYN ORAL TABLET | 3 | |
| *LEVODOPA COMBINATIONS*** | | |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 1 or 1b* | |
| carbidopa-levodopa oral tablet | 1 or 1b* | |
| carbidopa-levodopa oral tablet dispersible | 1 or 1b* | |
| carbidopa-levodopa-entacapone oral tablet | 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 |
|---|----------|----------------|
| DUOPA ENTERAL SUSPENSION | 3 | PA; QL; LD; SP |
| RYTARY ORAL CAPSULE EXTENDED RELEASE | 3 | |
| SINEMET ORAL TABLET | 3 | |
| STALEVO 100 ORAL TABLET | 3 | |
| STALEVO 125 ORAL TABLET | 3 | |
| STALEVO 150 ORAL TABLET | 3 | |
| STALEVO 200 ORAL TABLET | 3 | |
| STALEVO 50 ORAL TABLET | 3 | |
| STALEVO 75 ORAL TABLET | 3 | |
| *NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA; QL; LD; SP |
| KYNMOBI SUBLINGUAL FILM | 3 | PA; QL; LD |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG | 3 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 1 or 1b* | |
| pramipexole dihydrochloride oral tablet | 1 or 1b* | |
| ropinirole hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| ropinirole hcl oral tablet | 1 or 1b* | |
| *PERIPHERAL COMT INHIBITORS*** | | |
| COMTAN ORAL TABLET | 3 | |
| entacapone oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| ONGENTYS ORAL CAPSULE | 3 | PA; QL |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | |
| *ANTIMANIC AGENTS*** | | |
| lithium carbonate er oral tablet extended release | 1 or 1a* | |
| lithium carbonate oral capsule | 1 or 1a* | |
| lithium carbonate oral tablet | 1 or 1a* | |
| LITHIUM ORAL SOLUTION | 2 | |
| *ANTIPSYCHOTICS - MISC.*** | | |
| CAPLYTA ORAL CAPSULE | 3 | ST; QL |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| LATUDA ORAL TABLET 120 MG, 80 MG | 3 | |
| LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG | 3 | DO |
| NUPLAZID ORAL CAPSULE | 3 | PA; QL; LD; SP |
| NUPLAZID ORAL TABLET 10 MG | 3 | PA; QL; LD; SP |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG | 3 | ST; DO; QL |
| VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG | 3 | ST; QL |
| VRAYLAR ORAL CAPSULE THERAPY PACK | 3 | ST; QL |
| ziprasidone hcl oral capsule 20 mg, 40 mg | 1 or 1b* | DO |
| ziprasidone hcl oral capsule 60 mg, 80 mg | 1 or 1b* | |
| ziprasidone mesylate intramuscular solution reconstituted | 1 or 1b* | |
| *BENZISOXAZOLES*** | | |
| FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG | 3 | ST; DO; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG | 3 | ST; QL |
| FANAPT TITRATION PACK ORAL TABLET | 3 | ST; QL |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg | 1 or 1b* | DO |
| paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg | 1 or 1b* | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | 3 | |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 2 | |
| risperidone oral solution | 1 or 1b* | ST; QL |
| risperidone oral tablet | 1 or 1b* | |
| risperidone oral tablet dispersible | 1 or 1b* | |
| *BUTYROPHENONES*** | | |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION | 3 | |
| HALDOL INJECTION SOLUTION | 3 | |
| haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml | 1 or 1b* | |
| haloperidol lactate injection solution 5 mg/ml | 1 or 1b* | |
| haloperidol lactate oral concentrate | 1 or 1b* | |
| haloperidol oral tablet | 1 or 1b* | |
| *DIBENZODIAZEPINES** | | |
| clozapine oral tablet 100 mg, 200 mg | 1 or 1b* | |
| clozapine oral tablet 25 mg, 50 mg | 1 or 1b* | DO |

| Drug Name | Tier | Notes |
|---|----------|------------|
| clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg | 1 or 1b* | |
| clozapine oral tablet dispersible 12.5 mg, 25 mg | 1 or 1b* | DO |
| VERSACLOZ ORAL SUSPENSION | 3 | |
| *DIBENZO-OXEPINO PYRROLES*** | | |
| asenapine maleate sublingual tablet sublingual 10 mg | 1 or 1b* | ST; QL |
| asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg | 1 or 1b* | ST; DO; QL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG | 3 | ST; QL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG | 3 | ST; DO; QL |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| *DIBENZOTHIAZEPINE S*** | | |
| quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg | 1 or 1b* | DO |
| quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg | 1 or 1b* | |
| quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | DO |
| quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg | 1 or 1b* | |
| *DIBENZOAZEPINES** | | |
| * | | |
| ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | |
| loxapine succinate oral capsule | 1 or 1b* | |
| *DIHYDROINDOLONES** | | |
| molindone hcl oral tablet | 1 or 1b* | |
| *PHENOTHIAZINES*** | | |
| chlorpromazine hcl injection solution | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| chlorpromazine hcl oral tablet | 1 or 1b* | |
| 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* | |
| fluphenazine hcl oral elixir | 1 or 1b* | |
| fluphenazine hcl oral tablet | 1 or 1b* | |
| perphenazine oral tablet | 1 or 1b* | |
| prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml | 1 or 1b* | |
| prochlorperazine maleate oral tablet | 1 or 1a* | |
| prochlorperazine rectal suppository | 1 or 1b* | |
| thioridazine hcl oral tablet | 1 or 1b* | |
| trifluoperazine hcl oral tablet | 1 or 1b* | |
| *QUINOLINONE DERIVATIVES*** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 3 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | |
| ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG | 3 | ST; DO; QL |
| ABILIFY MYCITE ORAL TABLET 20 MG, 30 MG | 3 | ST; QL |
| aripiprazole oral solution | 1 or 1b* | |
| aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg | 1 or 1b* | DO |
| aripiprazole oral tablet 20 mg, 30 mg | 1 or 1b* | |
| aripiprazole oral tablet dispersible | 1 or 1b* | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | 3 | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 3 | ST; DO; QL |
| REXULTI ORAL TABLET 3 MG, 4 MG | 3 | ST; QL |
| *THIENBENZODIAZEPI NES*** | | |
| olanzapine intramuscular solution reconstituted | 1 or 1b* | |
| olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | 1 or 1b* | DO |
| olanzapine oral tablet 15 mg, 20 mg | 1 or 1b* | |
| olanzapine oral tablet dispersible 10 mg, 5 mg | 1 or 1b* | DO |
| olanzapine oral tablet dispersible 15 mg, 20 mg | 1 or 1b* | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| *THIOXANTHENES*** | | |
| thiothixene oral capsule | 1 or 1b* | |
| *ANTISEPTICS & DISINFECTANTS* | | |
| *ANTISEPTICS & DISINFECTANTS*** | | |
| FORMALDEHYDE EXTERNAL SOLUTION 37 % | 3 | |
| GLUTARALDEHYDE EXTERNAL SOLUTION | 2 | |
| *CHLORINE ANTISEPTICS*** | | |
| BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 % | 3 | |
| *IODINE ANTISEPTICS*** | | |
| IODINE TINCTURE EXTERNAL TINCTURE 2 % | 3 | |
| IODOFLEX EXTERNAL PAD | 3 | |
| IODOSORB EXTERNAL GEL | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------------|
| *ANTIVIRALS* | | |
| *ANTIRETROVIRAL COMBINATIONS*** | | |
| abacavir sulfate-lamivudine oral tablet | 1 or 1b* | QL |
| abacavir-lamivudine-zidovudine oral tablet | 1 or 1b* | QL |
| BIKTARVY ORAL TABLET | 2 | QL |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE | 3 | LD |
| CIMDUO ORAL TABLET | 3 | QL |
| COMBIVIR ORAL TABLET | 3 | QL |
| COMPLERA ORAL TABLET | 3 | PA; QL |
| DELSTRIGO ORAL TABLET | 3 | QL |
| DESCOVY ORAL TABLET | 3 | QL; ST; \$0 |
| DOVATO ORAL TABLET | 2 | |
| efavirenz-emtricitabine-tenofovir oral tablet | 1 or 1b* | ST; QL |
| efavirenz-lamivudine-tenofovir oral tablet | 1 or 1b* | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 or 1b* | |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 or 1b* | QL; \$0 |
| EPZICOM ORAL TABLET | 3 | QL |
| EVOTAZ ORAL TABLET | 3 | QL |
| GENVOYA ORAL TABLET | 2 | QL |
| JULUCA ORAL TABLET | 3 | PA; QL |
| KALETRA ORAL SOLUTION | 3 | QL |
| KALETRA ORAL TABLET | 2 | QL |
| lamivudine-zidovudine oral tablet | 1 or 1b* | QL |
| lopinavir-ritonavir oral solution | 1 or 1b* | QL |
| ODEFSEY ORAL TABLET | 3 | PA; QL |

| Drug Name | Tier | Notes |
|---|------|------------|
| PREZCOBIX ORAL TABLET | 3 | QL |
| STRIBILD ORAL TABLET | 2 | QL |
| SYMTUZA ORAL TABLET | 3 | QL |
| TEMIXYS ORAL TABLET | 3 | QL |
| TRIUMEQ ORAL TABLET | 2 | QL |
| TRIZIVIR ORAL TABLET | 3 | QL |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 2 | ST; QL |
| *ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** | | |
| SELZENTRY ORAL SOLUTION | 3 | QL |
| SELZENTRY ORAL TABLET | 2 | QL |
| *ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** | | |
| TROGARZO INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| *ANTIRETROVIRALS - FUSION INHIBITORS*** | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; QL; LD |
| *ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL |
| *ANTIRETROVIRALS - INTEGRASE INHIBITORS*** | | |
| ISENTRESS HD ORAL TABLET | 3 | QL |
| ISENTRESS ORAL PACKET | 3 | QL |
| ISENTRESS 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 |
|---|----------|--------|
| ISENTRISS ORAL TABLET CHEWABLE | 2 | QL |
| TIVICAY ORAL TABLET | 3 | QL |
| TIVICAY PD ORAL TABLET SOLUBLE | 3 | QL |
| *ANTIRETROVIRALS - PROTEASE INHIBITORS*** | | |
| APTIVUS ORAL CAPSULE | 2 | PA; QL |
| APTIVUS ORAL SOLUTION | 2 | PA; QL |
| atazanavir sulfate oral capsule | 1 or 1b* | QL |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | 2 | QL |
| fosamprenavir calcium oral tablet | 1 or 1b* | QL |
| INVIRASE ORAL TABLET | 2 | QL |
| LEXIVA ORAL SUSPENSION | 2 | QL |
| LEXIVA ORAL TABLET | 3 | QL |
| NORVIR ORAL PACKET | 3 | QL |
| NORVIR ORAL SOLUTION | 2 | QL |
| NORVIR ORAL TABLET | 3 | QL |
| PREZISTA ORAL SUSPENSION | 2 | QL |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | QL |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | 3 | QL |
| REYATAZ ORAL PACKET | 2 | QL |
| ritonavir oral tablet | 1 or 1b* | QL |
| VIRACEPT ORAL TABLET | 2 | QL |
| *ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** | | |
| EDURANT ORAL TABLET | 2 | PA; QL |
| efavirenz oral capsule | 1 or 1b* | QL |
| efavirenz oral tablet | 1 or 1b* | QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| INTELENCE ORAL TABLET | 2 | PA; QL |
| nevirapine er oral tablet extended release 24 hour 100 mg | 1 or 1b* | |
| nevirapine er oral tablet extended release 24 hour 400 mg | 1 or 1b* | QL |
| nevirapine oral suspension | 1 or 1b* | QL |
| nevirapine oral tablet | 1 or 1b* | QL |
| PIFELTRO ORAL TABLET | 3 | QL |
| SUSTIVA ORAL CAPSULE | 3 | QL |
| SUSTIVA ORAL TABLET | 3 | QL |
| VIRAMUNE ORAL SUSPENSION | 3 | QL |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | 3 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** | | |
| abacavir sulfate oral solution | 1 or 1b* | QL |
| abacavir sulfate oral tablet | 1 or 1b* | QL |
| ZIAGEN ORAL SOLUTION | 3 | QL |
| ZIAGEN ORAL TABLET | 3 | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** | | |
| emtricitabine oral capsule | 1 or 1b* | \$0 |
| EMTRIVA ORAL CAPSULE | 3 | QL |
| EMTRIVA ORAL SOLUTION | 2 | QL |
| EPIVIR ORAL SOLUTION | 3 | QL |
| EPIVIR ORAL TABLET | 3 | QL |
| lamivudine oral solution | 1 or 1b* | QL |
| lamivudine oral tablet 150 mg, 300 mg | 1 or 1b* | QL |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| *ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES*** | | |
| RETROVIR INTRAVENOUS SOLUTION | 2 | |
| RETROVIR ORAL CAPSULE | 3 | QL |
| RETROVIR ORAL SYRUP | 3 | QL |
| stavudine oral capsule | 1 or 1b* | QL |
| zidovudine oral capsule | 1 or 1b* | QL |
| zidovudine oral syrup | 1 or 1b* | QL |
| zidovudine oral tablet | 1 or 1b* | QL |
| *ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** | | |
| tenofovir disoproxil fumarate oral tablet | 1 or 1b* | \$0 |
| VIREAD ORAL POWDER | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| *ANTIRETROVIRALS ADJUVANTS*** | | |
| TYBOST ORAL TABLET | 3 | QL |
| *CMV AGENTS*** | | |
| cidofovir intravenous solution | 1 or 1b* | |
| foscarnet sodium intravenous solution 6000 mg/250ml | 1 or 1b* | |
| FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML | 3 | |
| GANCICLOVIR INTRAVENOUS SOLUTION | 3 | SP |
| GANCICLOVIR SODIUM INTRAVENOUS SOLUTION | 3 | SP |
| ganciclovir sodium intravenous solution reconstituted | 1 or 1b* | SP |
| PREVYMIS INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| PREVYMIS ORAL TABLET | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|----------|------------|
| VALCYTE ORAL SOLUTION RECONSTITUTED | 3 | |
| VALCYTE ORAL TABLET | 3 | |
| valganciclovir hcl oral solution reconstituted | 1 or 1b* | |
| valganciclovir hcl oral tablet | 1 or 1b* | |
| *HEPATITIS B AGENTS*** | | |
| adefovir dipivoxil oral tablet | 1 or 1b* | SP |
| BARACLUDE ORAL SOLUTION | 2 | |
| entecavir oral tablet | 1 or 1b* | |
| EPIVIR HBV ORAL SOLUTION | 3 | |
| EPIVIR HBV ORAL TABLET | 3 | |
| HEPSERA ORAL TABLET | 3 | SP |
| lamivudine oral tablet 100 mg | 1 or 1b* | |
| VEMLIDY ORAL TABLET | 3 | SP |
| *HEPATITIS C AGENT - COMBINATIONS*** | | |
| EPCLUSA ORAL TABLET | 3 | PA; QL; SP |
| HARVONI ORAL PACKET | 3 | PA; QL |
| HARVONI ORAL TABLET 45-200 MG | 3 | PA; QL |
| HARVONI ORAL TABLET 90-400 MG | 3 | PA; QL; SP |
| VOSEVI ORAL TABLET | 3 | PA; QL; SP |
| *HEPATITIS C AGENTS*** | | |
| PEGASYS SUBCUTANEOUS SOLUTION | 3 | LD; SP |
| PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML | 3 | SP |
| ribavirin oral capsule | 1 or 1b* | SP |
| ribavirin oral tablet 200 mg | 1 or 1b* | SP |
| *HERPES AGENTS - PURINE ANALOGUES*** | | |
| acyclovir oral capsule | 1 or 1b* | |

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

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

| Drug Name | Tier | Notes |
|--|----------|-------|
| *BETA BLOCKERS* | | |
| *ALPHA-BETA BLOCKERS*** | | |
| carvedilol oral tablet | 1 or 1b* | |
| carvedilol phosphate er oral capsule extended release 24 hour | 1 or 1b* | |
| labetalol hcl oral tablet | 1 or 1b* | |
| *BETA BLOCKERS CARDIO-SELECTIVE*** | | |
| acebutolol hcl oral capsule | 1 or 1b* | |
| atenolol oral tablet | 1 or 1a* | |
| betaxolol hcl oral tablet | 1 or 1b* | |
| bisoprolol fumarate oral tablet | 1 or 1b* | |
| BREVIBLOC IN NACL INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML | 3 | |
| BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION | 3 | |
| BREVIBLOC PREMIXED INTRAVENOUS SOLUTION | 3 | |
| BYSTOLIC ORAL TABLET | 2 | |
| esmolol hcl intravenous solution 100 mg/10ml | 1 or 1b* | |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML | 3 | |
| ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| esmolol hcl-sodium chloride intravenous solution | 1 or 1b* | |
| KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE | 3 | |
| metoprolol succinate 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 |
|--|----------|-------|
| metoprolol tartrate intravenous solution 5 mg/5ml | 1 or 1a* | |
| metoprolol tartrate oral tablet | 1 or 1a* | |
| *BETA BLOCKERS NON-SELECTIVE*** | | |
| HEMANGEOL ORAL SOLUTION | 3 | |
| INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 1 or 1b* | |
| pindolol oral tablet | 1 or 1b* | |
| propranolol hcl er oral capsule extended release 24 hour | 1 or 1b* | |
| propranolol hcl intravenous solution | 1 or 1b* | |
| propranolol hcl oral solution | 1 or 1b* | |
| propranolol hcl oral tablet | 1 or 1b* | |
| sorine oral tablet | 1 or 1b* | |
| sotalol hcl (af) oral tablet | 1 or 1b* | |
| SOTALOL HCL INTRAVENOUS SOLUTION | 3 | |
| sotalol hcl oral tablet | 1 or 1b* | |
| SOTYLIZE ORAL SOLUTION | 3 | |
| timolol maleate oral tablet | 1 or 1b* | |
| *CALCIUM CHANNEL BLOCKERS* | | |
| *CALCIUM CHANNEL BLOCKERS*** | | |
| amlodipine besylate oral tablet 10 mg | 1 or 1b* | |
| amlodipine besylate oral tablet 2.5 mg, 5 mg | 1 or 1b* | DO |
| CALAN SR ORAL TABLET EXTENDED RELEASE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-% | 3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG | 3 | DO |
| CARDIZEM ORAL TABLET 120 MG | 3 | |
| CARDIZEM ORAL TABLET 30 MG, 60 MG | 3 | DO |
| cartia xt oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| cartia xt oral capsule extended release 24 hour 240 mg, 300 mg | 1 or 1b* | |
| CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML | 3 | |
| CONJUPRI ORAL TABLET 2.5 MG | 3 | ST; DO; QL |
| CONJUPRI ORAL TABLET 5 MG | 3 | ST; QL |
| diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg | 1 or 1b* | DO |
| diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg | 1 or 1b* | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg | 1 or 1b* | |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg | 1 or 1b* | DO |
| diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | |
| diltiazem hcl er oral capsule extended release 12 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 |
|--|----------|-------|
| diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| diltiazem hcl er oral capsule extended release 24 hour 240 mg | 1 or 1b* | |
| diltiazem hcl intravenous solution | 1 or 1b* | |
| DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| diltiazem hcl oral tablet 120 mg, 90 mg | 1 or 1b* | |
| diltiazem hcl oral tablet 30 mg, 60 mg | 1 or 1b* | DO |
| DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-% | 3 | |
| DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-% | 3 | |
| dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg | 1 or 1b* | DO |
| dilt-xr oral capsule extended release 24 hour 240 mg | 1 or 1b* | |
| felodipine er oral tablet extended release 24 hour 10 mg | 1 or 1b* | |
| felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg | 1 or 1b* | DO |
| isradipine oral capsule | 1 or 1b* | |
| KATERZIA ORAL SUSPENSION | 3 | |
| matzim la oral tablet extended release 24 hour 180 mg | 1 or 1b* | DO |
| matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg | 1 or 1b* | |
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-% | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% | 3 | |
| nicardipine hcl intravenous solution | 1 or 1b* | |
| nicardipine hcl oral capsule | 1 or 1b* | |
| nifedipine er oral tablet extended release 24 hour 30 mg | 1 or 1b* | DO |
| nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg | 1 or 1b* | |
| nifedipine er osmotic release oral tablet extended release 24 hour 30 mg | 1 or 1b* | DO |
| nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg | 1 or 1b* | |
| nifedipine oral capsule | 1 or 1b* | |
| nimodipine oral capsule | 1 or 1b* | |
| 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* | |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | |
| PROCARDIA ORAL CAPSULE | 3 | |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG | 3 | DO |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | 3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG | 3 | DO |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG | 3 | |
| taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 360 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 |
|---|----------|-------|
| taztia xt oral capsule extended release 24 hour 240 mg, 300 mg | 1 or 1b* | |
| tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg | 1 or 1b* | DO |
| tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg | 1 or 1b* | |
| THIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG | 3 | DO |
| THIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 420 MG | 3 | |
| 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* | |
| verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 or 1b* | |
| verapamil hcl intravenous solution | 1 or 1b* | |
| verapamil hcl oral tablet | 1 or 1b* | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG | 3 | DO |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 360 MG | 3 | |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | DO |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG | 3 | |
| *CARDIOTONICS* | | |
| *CARDIAC GLYCOSIDES*** | | |
| digitek oral tablet | 1 or 1b* | |
| digox oral tablet | 1 or 1b* | |
| digoxin injection solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| digoxin oral solution | 1 or 1b* | |
| digoxin oral tablet | 1 or 1b* | |
| LANOXIN INJECTION SOLUTION 0.25 MG/ML | 3 | |
| LANOXIN ORAL TABLET 62.5 MCG | 2 | |
| LANOXIN PEDIATRIC INJECTION SOLUTION | 2 | |
| *PHOSPHODIESTERASE INHIBITORS*** | | |
| milrinone lactate in dextrose intravenous solution | 1 or 1b* | |
| milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml | 1 or 1b* | |
| *CARDIOVASCULAR AGENTS - MISC.* | | |
| *CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** | | |
| amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg | 1 or 1b* | |
| amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg | 1 or 1b* | DO |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10- 40 MG, 10-80 MG, 5-80 MG | 3 | |
| CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG | 3 | DO |
| *NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** | | |
| ENTRESTO ORAL TABLET | 3 | PA; QL |
| *NITRATE & VASODILATOR COMBINATIONS*** | | |
| BIDIL ORAL TABLET | 2 | |
| *PERIPHERAL VASODILATORS*** | | |
| papaverine hcl injection solution | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *PROSTAGLANDIN - IMPOTENCE AGENTS*** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 3 | PA; QL |
| CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG | 3 | PA; QL |
| EDEX INTRACAVERNOSAL KIT | 3 | PA; QL |
| MUSE URETHRAL PELLETT | 3 | PA; QL |
| *PROSTAGLANDIN VASODILATORS*** | | |
| epoprostenol sodium intravenous solution reconstituted | 1 or 1b* | PA; QL; LD; SP |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE | 3 | PA; QL; LD; SP |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML | 3 | PA; QL; LD; SP |
| treprostinil injection solution | 1 or 1b* | PA; QL; LD; SP |
| TYVASO INHALATION SOLUTION | 3 | PA; QL; LD; SP |
| TYVASO REFILL INHALATION SOLUTION | 3 | PA; QL; LD; SP |
| TYVASO STARTER INHALATION SOLUTION | 3 | PA; QL; LD; SP |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| VENTAVIS INHALATION SOLUTION | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| ADEMPAS ORAL TABLET | 3 | PA; QL; LD; SP |
| *PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| ambrisentan oral tablet | 1 or 1b* | PA; QL; LD; SP |
| bosentan oral tablet | 1 or 1b* | PA; QL; LD; SP |
| OPSUMIT ORAL TABLET | 3 | PA; QL; LD; SP |
| TRACLEER ORAL TABLET | 3 | PA; QL; LD; SP |
| TRACLEER ORAL TABLET SOLUBLE | 3 | PA; QL; LD; SP |
| *PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| alyq oral tablet | 1 or 1b* | PA; QL; SP |
| sildenafil citrate intravenous solution | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral suspension reconstituted | 1 or 1b* | PA; QL; SP |
| sildenafil citrate oral tablet 20 mg | 1 or 1b* | PA; QL; SP |
| tadalafil (pah) oral tablet | 1 or 1b* | PA; QL; SP |
| *PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI ORAL TABLET | 3 | PA; QL; LD; SP |
| UPTRAVI ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| *SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** | | |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 or 1b* | PA; QL |
| tadalafil oral tablet | 1 or 1b* | PA; QL |
| vardenafil hcl oral tablet | 1 or 1b* | PA; QL |
| vardenafil hcl oral tablet dispersible | 1 or 1b* | PA; QL |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *SEPTAL AGENTS - ABLATION** | | |
| ABLYSINOL INTRA-ARTERIAL SOLUTION | 3 | |
| *SINUS NODE INHIBITORS** | | |
| CORLANOR ORAL SOLUTION | 3 | PA; QL |
| CORLANOR ORAL TABLET | 2 | PA; QL |
| *TRANSTHYRETIN STABILIZERS*** | | |
| VYNDAMAX ORAL CAPSULE | 3 | PA; QL; LD; SP |
| VYNDAQEL ORAL CAPSULE | 3 | PA; QL; LD; SP |
| *VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO ORAL TABLET | 3 | PA; QL |
| *CEPHALOSPORINS* | | |
| *CEPHALOSPORIN COMBINATIONS*** | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CEPHALOSPORINS - 1ST GENERATION*** | | |
| cefadroxil oral capsule | 1 or 1b* | |
| cefadroxil oral suspension reconstituted | 1 or 1b* | |
| cefadroxil oral tablet | 1 or 1b* | |
| CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-% | 3 | |
| cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg | 1 or 1b* | |
| CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML | 3 | |
| cefazolin sodium intravenous solution reconstituted | 1 or 1b* | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-% | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-% | 3 | |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML) | 3 | |
| cephalexin oral capsule | 1 or 1a* | |
| cephalexin oral suspension reconstituted | 1 or 1a* | |
| cephalexin oral tablet | 1 or 1a* | |
| KEFLEX ORAL CAPSULE 750 MG | 3 | |
| *CEPHALOSPORINS - 2ND GENERATION*** | | |
| CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| cefactor oral capsule | 1 or 1b* | |
| cefactor oral suspension reconstituted | 1 or 1b* | |
| CEFOTAN INJECTION SOLUTION RECONSTITUTED | 3 | |
| cefotetan disodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML) | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| cefoxitin sodium injection solution reconstituted | 1 or 1b* | |
| cefoxitin sodium intravenous solution reconstituted | 1 or 1b* | |
| CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML) | 3 | |
| 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 7.5 gm, 750 mg | 1 or 1b* | |
| cefuroxime sodium intravenous solution reconstituted 1.5 gm | 1 or 1b* | |
| *CEPHALOSPORINS - 3RD GENERATION*** | | |
| cefdinir oral capsule | 1 or 1b* | |
| cefdinir oral suspension reconstituted | 1 or 1b* | |
| cefixime oral capsule | 1 or 1b* | |
| cefixime oral suspension reconstituted | 1 or 1b* | |
| cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg | 1 or 1b* | |
| cefpodoxime proxetil oral suspension reconstituted | 1 or 1b* | |
| cefpodoxime proxetil oral tablet | 1 or 1b* | |
| CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML) | 3 | |
| ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm | 1 or 1b* | |
| ceftriaxone sodium in dextrose intravenous solution | 1 or 1b* | |
| ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM | 3 | |
| ceftriaxone sodium intravenous solution reconstituted | 1 or 1b* | |
| CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML) | 3 | |
| FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG | 3 | |
| FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM | 3 | |
| SUPRAX ORAL CAPSULE | 3 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED | 3 | |
| SUPRAX ORAL TABLET CHEWABLE | 3 | |
| tazicef injection solution reconstituted | 1 or 1b* | |
| TAZICEF INTRAVENOUS SOLUTION | 3 | |
| tazicef intravenous solution reconstituted | 1 or 1b* | |
| *CEPHALOSPORINS - 4TH GENERATION*** | | |
| cefepime hcl injection solution reconstituted | 1 or 1b* | |
| CEFEPIME HCL INTRAVENOUS SOLUTION | 3 | |
| CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML) | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *CEPHALOSPORINS - 5TH GENERATION*** | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CEPHALOSPORINS - SIDEROPHORES*** | | |
| FETROJA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *CONTRACEPTIVES* | | |
| *BIPHASIC CONTRACEPTIVES - ORAL*** | | |
| azurette oral tablet | 1 or 1b* | \$0 |
| bekyree 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 |
| LO LOESTRIN FE ORAL TABLET | 2 | |
| MIRCETTE ORAL TABLET | 3 | |
| pimtrea oral tablet | 1 or 1b* | \$0 |
| simliya oral tablet | 1 or 1b* | \$0 |
| viorele oral tablet | 1 or 1b* | \$0 |
| volnea oral tablet | 1 or 1b* | \$0 |
| *COMBINATION CONTRACEPTIVES - ORAL*** | | |
| 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 |

| Drug Name | Tier | Notes |
|--|----------|-------|
| BALCOLTRA ORAL TABLET | 3 | |
| balziva oral tablet | 1 or 1a* | \$0 |
| BEYAZ ORAL TABLET | 3 | |
| 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 |
| cryselles-28 oral tablet | 1 or 1a* | \$0 |
| cyclafem 1/35 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 |
| 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 |
| FALESSA ORAL KIT 20-1-0.1 MCG-MG | 3 | |
| falmina oral tablet | 1 or 1a* | \$0 |
| femynor oral tablet | 1 or 1a* | \$0 |
| gemmily oral capsule | 1 or 1b* | \$0 |
| GENERESS FE ORAL TABLET CHEWABLE | 3 | |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| lillow oral tablet | 1 or 1a* | \$0 |
| loestrin 1.5/30 (21) oral tablet | 1 or 1a* | \$0 |
| loestrin 1/20 (21) oral tablet | 1 or 1a* | \$0 |
| loestrin fe 1.5/30 oral tablet | 1 or 1a* | \$0 |
| loestrin fe 1/20 oral tablet | 1 or 1a* | \$0 |
| loryna oral tablet | 1 or 1b* | \$0 |
| low-ogestrel oral tablet | 1 or 1a* | \$0 |
| lo-zumandimine oral tablet | 1 or 1b* | \$0 |
| lutera oral tablet | 1 or 1a* | \$0 |
| marlissa oral tablet | 1 or 1a* | \$0 |
| melodetta 24 fe oral tablet chewable | 1 or 1a* | \$0 |
| merzee oral capsule | 1 or 1b* | \$0 |
| mibelas 24 fe oral tablet chewable | 1 or 1a* | \$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 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| 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 |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE | 3 | |
| mono-linyah 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 |
| nymyo oral tablet | 1 or 1a* | \$0 |
| ocella oral tablet | 1 or 1b* | \$0 |
| orsythia oral tablet | 1 or 1a* | \$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 |
| previfem oral tablet | 1 or 1a* | \$0 |
| reclipsen oral tablet | 1 or 1a* | \$0 |
| SAFYRAL ORAL TABLET | 3 | |
| 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 |
| tarina fe 1/20 oral tablet | 1 or 1a* | \$0 |
| TAYTULLA ORAL CAPSULE | 3 | |
| TYBLUME ORAL TABLET | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| tydemy oral tablet | 1 or 1b* | \$0 |
| vienna 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 |
| YASMIN 28 ORAL TABLET | 3 | |
| YAZ ORAL TABLET | 3 | |
| zarah oral tablet | 1 or 1b* | \$0 |
| zovia 1/35 (28) oral tablet | 1 or 1a* | \$0 |
| zovia 1/35e (28) oral tablet | 1 or 1a* | \$0 |
| zumandimine oral tablet | 1 or 1b* | \$0 |
| *COMBINATION CONTRACEPTIVES - TRANSDERMAL*** | | |
| TWIRLA TRANSDERMAL PATCH WEEKLY | 3 | |
| xulane transdermal patch weekly | 1 or 1b* | \$0 |
| *COMBINATION CONTRACEPTIVES - VAGINAL*** | | |
| ANNOVERA VAGINAL RING | 3 | |
| eluryng vaginal ring | 1 or 1b* | \$0 |
| etonogestrel-ethinyl estradiol vaginal ring | 1 or 1b* | \$0 |
| NUVARING VAGINAL RING | 3 | |
| *CONTINUOUS CONTRACEPTIVES - ORAL*** | | |
| amethyst oral tablet | 1 or 1b* | \$0 |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg | 1 or 1b* | \$0 |
| *COPPER CONTRACEPTIVES - IUD*** | | |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE | 3 | |

| Drug Name | Tier | Notes |
|---|----------|----------|
| *EMERGENCY CONTRACEPTIVES*** | | |
| aftera 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 |
| ELLA ORAL TABLET | 3 | \$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 |
| prevenza oral tablet | 1 or 1b* | OTC; \$0 |
| react oral tablet | 1 or 1b* | OTC; \$0 |
| take action oral tablet | 1 or 1b* | OTC; \$0 |
| *EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** | | |
| amethia lo oral tablet | 1 or 1b* | \$0 |
| 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 |
| LOSEASONIQUE ORAL TABLET | 3 | |
| QUARTETTE ORAL TABLET | 3 | |
| rivelsa oral tablet | 1 or 1b* | \$0 |
| SEASONIQUE ORAL TABLET | 3 | |
| setlakin oral tablet | 1 or 1b* | \$0 |
| simpesse 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 |
|--|----------|--------|
| *FOUR PHASE CONTRACEPTIVES - ORAL*** | | |
| NATAZIA ORAL TABLET | 3 | |
| *PROGESTIN CONTRACEPTIVES - IMPLANTS*** | | |
| NEXPLANON SUBCUTANEOUS IMPLANT | 3 | LD; SP |
| *PROGESTIN CONTRACEPTIVES - INJECTABLE*** | | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| medroxyprogesterone acetate intramuscular suspension | 1 or 1b* | \$0 |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 or 1b* | \$0 |
| *PROGESTIN CONTRACEPTIVES - IUD*** | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; SP |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY | 3 | LD; SP |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; SP |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE | 3 | LD; SP |
| *PROGESTIN CONTRACEPTIVES - ORAL*** | | |
| camila oral tablet | 1 or 1b* | \$0 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| deblitane oral tablet | 1 or 1b* | \$0 |
| errin oral tablet | 1 or 1b* | \$0 |
| heather oral tablet | 1 or 1b* | \$0 |
| incassia oral tablet | 1 or 1b* | \$0 |
| jencycla oral tablet | 1 or 1b* | \$0 |
| lyleq oral tablet | 1 or 1b* | \$0 |
| lyza oral tablet | 1 or 1b* | \$0 |
| nora-be oral tablet | 1 or 1b* | \$0 |
| norethindrone oral tablet | 1 or 1b* | \$0 |
| norlyda oral tablet | 1 or 1b* | \$0 |
| norlyroc oral tablet | 1 or 1b* | \$0 |
| ORTHO MICRONOR ORAL TABLET | 3 | |
| sharobel oral tablet | 1 or 1b* | \$0 |
| SLYND ORAL TABLET | 3 | |
| tulana oral tablet | 1 or 1b* | \$0 |
| *TRIPHASIC CONTRACEPTIVES - ORAL*** | | |
| alyacen 7/7/7 oral tablet | 1 or 1a* | \$0 |
| aranelle oral tablet | 1 or 1a* | \$0 |
| caziant oral tablet | 1 or 1a* | \$0 |
| cyclafem 7/7/7 oral tablet | 1 or 1a* | \$0 |
| dasetta 7/7/7 oral tablet | 1 or 1a* | \$0 |
| enpresse-28 oral tablet | 1 or 1a* | \$0 |
| ESTROSTEP FE ORAL TABLET | 3 | |
| 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 |
| ORTHO TRI-CYCLEN LO ORAL TABLET | 3 | |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| tri-lo-estarylla oral tablet | 1 or 1b* | \$0 |
| tri-lo-marzia oral tablet | 1 or 1b* | \$0 |
| tri-lo-mili oral tablet | 1 or 1b* | \$0 |
| tri-lo-sprintec oral tablet | 1 or 1b* | \$0 |
| tri-mili oral tablet | 1 or 1b* | \$0 |
| tri-nymyo oral tablet | 1 or 1b* | \$0 |
| tri-previfem 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 |
| *CORTICOSTEROIDS* | | |
| *GLUCOCORTICOSTEROIDS*** | | |
| ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE | 3 | PA; QL; LD |
| budesonide er oral tablet extended release 24 hour | 1 or 1b* | |
| budesonide oral capsule delayed release particles | 1 or 1b* | |
| CORTEF ORAL TABLET | 3 | |
| decadron oral tablet | 1 or 1a* | |
| DEPO-MEDROL INJECTION SUSPENSION | 3 | |
| DEXABLISS ORAL TABLET THERAPY PACK | 3 | |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE | 2 | |
| dexamethasone oral elixir | 1 or 1a* | |
| dexamethasone oral solution | 1 or 1a* | |
| dexamethasone oral tablet | 1 or 1a* | |
| dexamethasone oral tablet therapy pack | 1 or 1b* | |
| dexamethasone sod phosphate pf injection solution | 1 or 1b* | |
| DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 4 MG/ML | 3 | |
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | 1 or 1b* | |
| DXEVO 11-DAY ORAL TABLET THERAPY PACK | 3 | |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | |
| HEMADY ORAL TABLET | 3 | |
| hydrocortisone oral tablet | 1 or 1b* | |
| KENALOG INJECTION SUSPENSION | 3 | |
| KENALOG-80 INJECTION SUSPENSION | 3 | |
| MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET 2 MG | 2 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| methylprednisolone oral tablet | 1 or 1a* | |
| methylprednisolone oral tablet therapy pack | 1 or 1a* | |
| methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg | 1 or 1b* | |
| MILLIPRED ORAL TABLET | 3 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG | 3 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG | 3 | DO |
| ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| PEDIAPRED ORAL SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| 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* | |
| prednisolone sodium phosphate oral tablet dispersible 15 mg | 1 or 1a* | DO |
| PREDNISONE INTENSOL ORAL CONCENTRATE | 3 | |
| prednisone oral solution | 1 or 1a* | |
| prednisone oral tablet | 1 or 1a* | |
| prednisone oral tablet therapy pack | 1 or 1a* | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED | 3 | |
| SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED | 3 | |
| taperdex 12-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 6-day oral tablet therapy pack | 1 or 1b* | |
| taperdex 7-day oral tablet therapy pack 1.5 mg (27) | 1 or 1b* | |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| ZCORT 7-DAY ORAL TABLET THERAPY PACK | 3 | |
| ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; LD |
| *MINERALOCORTICOIDSD*** | | |
| fludrocortisone acetate oral tablet | 1 or 1b* | |
| *STEROID COMBINATIONS*** | | |
| BSP 0820 INJECTION KIT | 3 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| CELESTONE SOLUSPAN INJECTION SUSPENSION | 3 | |
| *COUGH/COLD/ALLERGY* | | |
| *ANTITUSSIVE - NONNARCOTIC*** | | |
| benzonatate oral capsule | 1 or 1b* | |
| TESSALON PERLES ORAL CAPSULE | 3 | |
| *ANTITUSSIVE - OPIOID*** | | |
| HYCODAN ORAL SYRUP | 3 | |
| hydrocodone-homatropine oral syrup | 1 or 1a* | |
| hydrocodone-homatropine oral tablet | 1 or 1a* | |
| hydromet oral syrup | 1 or 1a* | |
| *ANTITUSSIVE-EXPECTORANT*** | | |
| CODITUSSIN AC ORAL LIQUID | 3 | OTC |
| g tussin ac oral solution | 1 or 1a* | OTC |
| guaiaatussin ac oral syrup | 1 or 1a* | OTC |
| guaifenesin ac oral syrup | 1 or 1a* | OTC |
| guaifenesin-codeine oral solution | 1 or 1a* | OTC |
| MAR-COF CG EXPECTORANT ORAL LIQUID | 2 | OTC |
| maxi-tuss ac oral solution | 1 or 1a* | OTC |
| M-CLEAR WC ORAL SOLUTION | 2 | OTC |
| NINJACOF-XG ORAL LIQUID | 3 | OTC |
| trymine cg oral liquid | 1 or 1a* | OTC |
| virtussin a/c oral solution | 1 or 1a* | OTC |
| virtussin ac w/alc oral liquid | 1 or 1a* | OTC |
| *ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** | | |
| CODITUSSIN DAC ORAL LIQUID | 3 | OTC |
| TUSNEL C ORAL SYRUP | 2 | OTC |
| VIRTUSSIN DAC ORAL SOLUTION | 2 | OTC |

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

| Drug Name | Tier | Notes |
|--|----------|--------|
| *DECONGESTANT & ANTIHISTAMINE*** | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL |
| promethazine-phenylephrine oral syrup | 1 or 1b* | |
| *DECONGESTANT W/ EXPECTORANT*** | | |
| GILPHEX TR ORAL TABLET | 3 | |
| *IODINE EXPECTORANTS*** | | |
| SSKI ORAL SOLUTION | 3 | |
| *MISC. RESPIRATORY INHALANTS*** | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION | 3 | |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 or 1b* | |
| *MUCOLYTICS*** | | |
| acetylcysteine inhalation solution | 1 or 1b* | |
| *NON-NARC ANTITUSSIVE-ANTIANTHISTAMINE*** | | |
| promethazine-dm oral syrup | 1 or 1a* | |
| *NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIANTHISTAMINE*** | | |
| pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml | 1 or 1b* | |
| *OPIOID ANTITUSSIVE-ANTIANTHISTAMINE*** | | |
| hydrocod polst-cpm polst er oral suspension extended release | 1 or 1b* | |
| promethazine-codeine oral solution | 1 or 1a* | |
| promethazine-codeine oral syrup | 1 or 1a* | |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG | 2 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | 3 | |
| *OPIOID ANTITUSSIVE-DECONGESTANT-ANTIANTHISTAMINE*** | | |
| CAPCOF ORAL SYRUP | 3 | OTC |
| HISTEX-AC ORAL SYRUP | 3 | OTC |
| MAR-COF BP ORAL LIQUID | 3 | OTC |
| MAXI-TUSS CD ORAL LIQUID | 2 | OTC |
| M-END PE ORAL LIQUID | 3 | OTC |
| POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML | 2 | OTC |
| promethazine-phenyleph-codeine oral syrup | 1 or 1b* | |
| PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML | 3 | OTC |
| RYDEX ORAL LIQUID | 2 | OTC |
| *DERMATOLOGICALS* | | |
| *ACNE ANTIBIOTICS*** | | |
| CLEOCIN-T EXTERNAL LOTION | 3 | ST; QL |
| clindacin etz external swab | 1 or 1b* | |
| clindacin-p external swab | 1 or 1b* | |
| clindamycin phosphate external foam | 1 or 1b* | |
| clindamycin phosphate external gel | 1 or 1b* | |
| clindamycin phosphate external lotion | 1 or 1b* | |
| clindamycin phosphate external solution | 1 or 1b* | |
| clindamycin phosphate external swab | 1 or 1b* | |
| dapsone external gel | 1 or 1b* | ST; QL |
| ery external pad | 1 or 1b* | |
| ERYGEL EXTERNAL GEL | 3 | |
| erythromycin external gel | 1 or 1b* | |
| erythromycin external solution | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| EVOCLIN EXTERNAL FOAM | 3 | ST; QL |
| KLARON EXTERNAL LOTION | 3 | |
| sulfacetamide sodium (acne) external lotion | 1 or 1b* | |
| *ACNE COMBINATIONS*** | | |
| adapalene-benzoyl peroxide external gel | 1 or 1b* | PA; QL |
| BENZAMYCIN EXTERNAL GEL | 3 | ST; QL |
| benzoyl peroxide-erythromycin external gel | 1 or 1b* | |
| clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 % | 1 or 1b* | |
| clindamycin-tretinoin external gel | 1 or 1b* | |
| neuac external gel | 1 or 1b* | |
| ONEXTON EXTERNAL GEL | 2 | |
| sulfacetamide sod-sulfur wash external liquid | 1 or 1b* | PA; QL |
| TAROXIA EXTERNAL GEL | 3 | |
| *ACNE PRODUCTS*** | | |
| ABSORICA LD ORAL CAPSULE | 3 | ST; QL |
| ABSORICA ORAL CAPSULE | 3 | ST; QL |
| accutane oral capsule 20 mg, 30 mg, 40 mg | 2 | ST; QL |
| adapalene external cream | 1 or 1b* | PA; QL |
| adapalene external gel | 1 or 1b* | PA; QL |
| adapalene external pad | 1 or 1b* | PA; QL |
| AKLIEF EXTERNAL CREAM | 3 | ST; QL |
| amnestem oral capsule | 2 | PA; QL |
| ARAZLO EXTERNAL LOTION | 3 | ST; QL |
| avita external cream | 1 or 1b* | PA; QL |
| avita external gel | 1 or 1b* | PA; QL |
| bp wash external liquid 2.5 %, 7 % | 1 or 1b* | |
| claravis oral capsule | 2 | PA; QL |
| isotretinoin oral capsule | 2 | PA; QL |
| myorisan oral capsule | 2 | PA; QL |

| Drug Name | Tier | Notes |
|---|----------|--------|
| 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; QL |
| *AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** | | |
| VEREGEN EXTERNAL OINTMENT | 3 | |
| *AGENTS FOR FACIAL WRINKLES - RETINOIDS*** | | |
| refissa external cream | 1 or 1b* | PA; QL |
| RENOVA EXTERNAL CREAM | 3 | PA; QL |
| RENOVA PUMP EXTERNAL CREAM | 3 | PA; QL |
| tretinoin (emollient) external cream | 1 or 1b* | PA; QL |
| *ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** | | |
| CORTISPORIN EXTERNAL CREAM | 3 | |
| CORTISPORIN EXTERNAL OINTMENT | 3 | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| *ANTIBIOTICS - TOPICAL*** | | |
| ALTABAX EXTERNAL OINTMENT | 2 | |
| CENTANY EXTERNAL OINTMENT | 3 | |
| gentamicin sulfate external cream | 1 or 1b* | |
| gentamicin sulfate external ointment | 1 or 1b* | |
| mupirocin calcium external cream | 1 or 1b* | |
| mupirocin external ointment | 1 or 1b* | |
| XEPI EXTERNAL CREAM | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| *ANTIFUNGALS - TOPICAL COMBINATIONS*** | | |
| clotrimazole-betamethasone external cream | 1 or 1b* | |
| clotrimazole-betamethasone external lotion | 1 or 1b* | |
| miconazole-zinc oxide-petrolat external ointment | 1 or 1b* | |
| nystatin-triamcinolone external cream | 1 or 1b* | |
| nystatin-triamcinolone external ointment | 1 or 1b* | |
| VUSION EXTERNAL OINTMENT | 3 | |
| *ANTIFUNGALS - TOPICAL*** | | |
| ciclopirox external gel | 1 or 1b* | |
| ciclopirox external shampoo | 1 or 1b* | |
| ciclopirox external solution | 1 or 1b* | |
| ciclopirox olamine external cream | 1 or 1b* | |
| ciclopirox olamine external suspension | 1 or 1b* | |
| LOPROX EXTERNAL CREAM | 3 | ST; QL |
| LOPROX EXTERNAL SHAMPOO | 3 | |
| LOPROX EXTERNAL SUSPENSION | 3 | ST; QL |
| MENTAX EXTERNAL CREAM | 3 | ST; QL |
| naftifine hcl external cream 1 % | 1 or 1b* | ST; QL |
| naftifine hcl external cream 2 % | 1 or 1b* | |
| naftifine hcl external gel | 1 or 1b* | ST; QL |
| NAFTIN EXTERNAL GEL | 3 | ST; QL |
| nyamyc external powder | 1 or 1b* | |
| nystatin external cream | 1 or 1b* | |
| nystatin external ointment | 1 or 1b* | |
| nystatin external powder | 1 or 1b* | |
| nystop external powder | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *ANTI-INFLAMMATORY AGENTS - TOPICAL*** | | |
| diclofenac sodium external gel 1 % | 1 or 1b* | |
| *ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** | | |
| VALCHLOR EXTERNAL GEL | 3 | PA; QL; LD |
| *ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** | | |
| CARAC EXTERNAL CREAM | 3 | ST; QL |
| EFUDEX EXTERNAL CREAM | 3 | ST; QL |
| FLUOROPLEX EXTERNAL CREAM | 3 | ST; QL |
| fluorouracil external cream 0.5 % | 1 or 1b* | ST; QL |
| fluorouracil external cream 5 % | 1 or 1b* | |
| fluorouracil external solution | 1 or 1b* | |
| *ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.*** | | |
| PICATO EXTERNAL GEL | 3 | ST; QL |
| *ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** | | |
| diclofenac sodium external gel 3 % | 1 or 1b* | PA; QL |
| *ANTINEOPLASTIC RETINOIDS - TOPICAL*** | | |
| PANRETIN EXTERNAL GEL | 3 | SP |
| *ANTIPRURITICS - TOPICAL*** | | |
| doxepin hcl external cream | 1 or 1b* | PA; QL |
| *ANTIPSORIATICS - SYSTEMIC*** | | |
| acitretin oral capsule | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD; SP |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 3 | PA; QL; LD; SP |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| methoxsalen rapid oral capsule | 1 or 1b* | SP |
| OXSORALEN ULTRA ORAL CAPSULE | 3 | SP |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| SORIATANE ORAL CAPSULE 10 MG, 25 MG | 3 | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 3 | PA; QL; SP |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *ANTIPSORIATICS*** | | |
| calcipotriene external cream | 1 or 1b* | |
| CALCIPOTRIENE EXTERNAL FOAM | 3 | |
| calcipotriene external ointment | 1 or 1b* | |
| calcipotriene external solution | 1 or 1b* | |
| calcitrene external ointment | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| calcitriol external ointment | 1 or 1b* | |
| DOVONEX EXTERNAL CREAM | 3 | |
| SORILUX EXTERNAL FOAM | 3 | |
| tazarotene external cream | 1 or 1b* | |
| TAZORAC EXTERNAL CREAM 0.05 % | 2 | |
| TAZORAC EXTERNAL GEL | 2 | |
| *ANTISEBORRHEIC COMBINATIONS*** | | |
| SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID | 3 | |
| *ANTISEBORRHEIC PRODUCTS*** | | |
| selenium sulfide external lotion | 1 or 1a* | |
| *ANTIVIRAL TOPICAL COMBINATIONS*** | | |
| XERESE EXTERNAL CREAM | 3 | PA; QL |
| *ANTIVIRALS - TOPICAL*** | | |
| acyclovir external cream | 1 or 1b* | PA; QL |
| acyclovir external ointment | 1 or 1b* | |
| DENAVIR EXTERNAL CREAM | 3 | PA; QL |
| ZOVIRAX EXTERNAL OINTMENT | 3 | |
| *ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *BURN PRODUCTS*** | | |
| mafenide acetate external packet | 1 or 1b* | |
| SILVADENE EXTERNAL CREAM | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|--------|
| silver sulfadiazine external cream | 1 or 1a* | |
| ssd external cream | 1 or 1a* | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| SULFAMYLON EXTERNAL PACKET | 3 | |
| *CORTICOSTEROIDS - TOPICAL*** | | |
| ala-cort external cream | 1 or 1a* | |
| alclometasone dipropionate external cream | 1 or 1b* | |
| alclometasone dipropionate external ointment | 1 or 1b* | |
| amcinonide external cream | 3 | ST; QL |
| amcinonide external lotion | 3 | ST; QL |
| beser external lotion | 1 or 1b* | |
| betamethasone dipropionate aug external cream | 1 or 1b* | |
| betamethasone dipropionate aug external gel | 1 or 1b* | |
| betamethasone dipropionate aug external lotion | 1 or 1b* | |
| betamethasone dipropionate aug external ointment | 1 or 1b* | |
| betamethasone dipropionate external cream | 1 or 1b* | |
| betamethasone dipropionate external lotion | 1 or 1b* | |
| betamethasone dipropionate external ointment | 1 or 1b* | |
| betamethasone valerate external cream | 1 or 1b* | |
| betamethasone valerate external foam | 3 | ST; QL |
| betamethasone valerate external lotion | 1 or 1b* | ST; QL |
| betamethasone valerate external ointment | 1 or 1b* | |
| clobetasol prop emollient base external cream | 1 or 1b* | |
| clobetasol propionate e external cream | 1 or 1b* | |
| clobetasol propionate emulsion external foam | 1 or 1b* | |
| clobetasol propionate external cream | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| clobetasol propionate external foam | 1 or 1b* | |
| clobetasol propionate external gel | 1 or 1b* | |
| clobetasol propionate external liquid | 1 or 1b* | |
| clobetasol propionate external lotion | 1 or 1b* | |
| clobetasol propionate external ointment | 1 or 1b* | |
| clobetasol propionate external shampoo | 1 or 1b* | |
| clobetasol propionate external solution | 1 or 1b* | |
| clocortolone pivalate external cream | 3 | ST; QL |
| clodan external shampoo | 1 or 1b* | |
| desonide external cream | 1 or 1b* | |
| desonide external gel | 1 or 1b* | |
| desonide external lotion | 1 or 1b* | |
| desonide external ointment | 1 or 1b* | |
| desoximetasone external cream | 3 | ST; QL |
| desoximetasone external gel | 3 | ST; QL |
| desoximetasone external liquid | 3 | ST; QL |
| desoximetasone external ointment | 3 | ST; QL |
| diflorasone diacetate external cream | 3 | ST; QL |
| diflorasone diacetate external ointment | 3 | ST; QL |
| fluocinolone acetonide body external oil | 1 or 1b* | ST; QL |
| fluocinolone acetonide external cream | 1 or 1b* | |
| fluocinolone acetonide external ointment | 1 or 1b* | |
| fluocinolone acetonide external solution | 1 or 1b* | |
| fluocinolone acetonide scalp external oil | 1 or 1b* | |
| fluocinonide emulsified base external cream | 1 or 1b* | |
| fluocinonide external cream | 1 or 1b* | |
| fluocinonide external gel | 1 or 1b* | |
| fluocinonide external ointment | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| fluocinonide external solution | 1 or 1b* | |
| flurandrenolide external cream | 3 | ST; QL |
| flurandrenolide external lotion | 3 | ST; QL |
| flurandrenolide external ointment | 3 | ST; QL |
| fluticasone propionate external cream | 1 or 1b* | |
| fluticasone propionate external lotion | 1 or 1b* | |
| fluticasone propionate external ointment | 1 or 1b* | |
| halcinonide external cream | 3 | ST; QL |
| halobetasol propionate external cream | 1 or 1b* | |
| halobetasol propionate external ointment | 1 or 1b* | |
| hydrocortisone butyr lipo base external cream | 3 | ST; QL |
| hydrocortisone butyrate external cream | 3 | ST; QL |
| hydrocortisone butyrate external lotion | 3 | ST; QL |
| hydrocortisone butyrate external ointment | 3 | ST; QL |
| hydrocortisone butyrate external solution | 3 | ST; QL |
| hydrocortisone external cream 1 %, 2.5 % | 1 or 1a* | |
| hydrocortisone external lotion 2.5 % | 1 or 1a* | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 or 1a* | |
| hydrocortisone valerate external cream | 3 | ST; QL |
| hydrocortisone valerate external ointment | 3 | ST; QL |
| mometasone furoate external cream | 1 or 1b* | |
| mometasone furoate external ointment | 1 or 1b* | |
| mometasone furoate external solution | 1 or 1b* | |
| nolix external lotion | 3 | ST; QL |
| prednicarbate external cream | 1 or 1b* | |
| prednicarbate external ointment | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| tovet external foam | 1 or 1b* | |
| triamcinolone acetonide external aerosol solution | 3 | ST; QL |
| triamcinolone acetonide external cream | 1 or 1a* | |
| triamcinolone acetonide external lotion | 1 or 1a* | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 or 1a* | |
| triamcinolone acetonide external ointment 0.05 % | 3 | ST; QL |
| triderm external cream | 1 or 1a* | |
| *DEPIGMENTING AGENTS*** | | |
| blanche external cream | 1 or 1b* | |
| remergent hq external cream | 1 or 1b* | |
| *DEPIGMENTING COMBINATIONS*** | | |
| TRI-LUMA EXTERNAL CREAM | 3 | |
| *EMOLLIENT COMBINATIONS*** | | |
| lactic acid e external cream | 1 or 1b* | |
| *EMOLLIENT/KERATOLYTIC AGENTS*** | | |
| CEROVEL EXTERNAL LOTION | 3 | |
| *EMOLLIENTS*** | | |
| ammonium lactate external cream | 1 or 1b* | |
| ammonium lactate external lotion | 1 or 1b* | |
| lactic acid external lotion | 1 or 1b* | |
| *ENZYMES - TOPICAL*** | | |
| SANTYL EXTERNAL OINTMENT | 3 | |
| *GLABELLAR LINES (FROWN LINES) AGENTS*** | | |
| BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; QL |
| *IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| clotrimazole external cream | 1 or 1b* | |

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

| Drug Name | Tier | Notes |
|---|----------|--------|
| clotrimazole external solution | 1 or 1b* | |
| econazole nitrate external cream | 1 or 1b* | |
| ECOZA EXTERNAL FOAM | 3 | ST; QL |
| ERTACZO EXTERNAL CREAM | 3 | ST; QL |
| EXELDERM EXTERNAL CREAM | 3 | ST; QL |
| EXELDERM EXTERNAL SOLUTION | 3 | ST; QL |
| EXTINA EXTERNAL FOAM | 3 | |
| JUBLIA EXTERNAL SOLUTION | 3 | |
| ketoconazole external cream | 1 or 1b* | |
| ketoconazole external foam | 1 or 1b* | |
| ketoconazole external shampoo 2 % | 1 or 1b* | |
| luliconazole external cream | 1 or 1b* | ST; QL |
| LUZU EXTERNAL CREAM | 3 | ST; QL |
| oxiconazole nitrate external cream | 1 or 1b* | |
| OXISTAT EXTERNAL CREAM | 3 | ST; QL |
| OXISTAT EXTERNAL LOTION | 3 | ST; QL |
| sulconazole nitrate external cream | 1 or 1b* | ST; QL |
| sulconazole nitrate external solution | 1 or 1b* | ST; QL |
| XOLEGEL EXTERNAL GEL | 3 | |
| *IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** | | |
| ALDARA EXTERNAL CREAM | 3 | ST; QL |
| imiquimod external cream 3.75 % | 1 or 1b* | ST; QL |
| imiquimod external cream 5 % | 1 or 1b* | |
| imiquimod pump external cream | 1 or 1b* | ST; QL |
| ZYCLARA EXTERNAL CREAM | 3 | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|------------|
| ZYCLARA PUMP EXTERNAL CREAM | 3 | ST; QL |
| *KERATOLYTIC/ANTIMITOTIC AGENTS*** | | |
| CONDYLOX EXTERNAL GEL | 3 | |
| podofilox external solution | 1 or 1b* | |
| *LOCAL ANESTHETICS - TOPICAL*** | | |
| glydo external prefilled syringe | 1 or 1b* | |
| lidocaine external ointment 5 % | 1 or 1b* | |
| lidocaine external patch 5 % | 1 or 1b* | PA; QL |
| lidocaine hcl external solution | 1 or 1b* | |
| lidocaine hcl urethral/mucosal external gel | 1 or 1b* | |
| lidocaine hcl urethral/mucosal external prefilled syringe | 1 or 1b* | |
| *MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** | | |
| pimecrolimus external cream | 1 or 1b* | ST; QL |
| tacrolimus external ointment | 1 or 1b* | ST; QL |
| *MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** | | |
| SCENESSE SUBCUTANEOUS IMPLANT | 3 | PA; QL; LD |
| *MICROTUBULE INHIBITORS - TOPICAL*** | | |
| KLISYRI EXTERNAL OINTMENT | 3 | ST; QL |
| *MISC. DERMATOLOGICAL PRODUCTS*** | | |
| ILIDERM EXTERNAL EMULSION | 3 | |
| *MISC. TOPICAL*** | | |
| BORIC ACID EXTERNAL GRANULES | 3 | |
| QBREXZA EXTERNAL PAD | 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 |
|---|----------|--------|
| *ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL*** | | |
| VANIQA EXTERNAL CREAM | 3 | |
| *OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** | | |
| KERYDIN EXTERNAL SOLUTION | 3 | ST; QL |
| tavorole external solution | 1 or 1b* | ST; QL |
| *PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** | | |
| EUCRISA EXTERNAL OINTMENT | 3 | ST; QL |
| *PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** | | |
| AMELUZ EXTERNAL GEL | 3 | |
| LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| *PROSTAGLANDINS - TOPICAL*** | | |
| bimatoprost external solution | 1 or 1b* | |
| LATISSE EXTERNAL SOLUTION | 3 | |
| *ROSACEA AGENTS*** | | |
| azelaic acid external gel | 1 or 1b* | |
| FINACEA EXTERNAL FOAM | 2 | |
| METROCREAM EXTERNAL CREAM | 3 | ST; QL |
| metronidazole external cream | 1 or 1b* | |
| metronidazole external gel | 1 or 1b* | |
| metronidazole external lotion | 1 or 1b* | |
| MIRVASO EXTERNAL GEL | 3 | |
| NORITATE EXTERNAL CREAM | 3 | ST; QL |
| RHOFADE EXTERNAL CREAM | 3 | |
| rosadan external cream | 1 or 1b* | |
| rosadan external gel | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| SOOLANTRA EXTERNAL CREAM | 3 | |
| ZILXI EXTERNAL FOAM | 3 | ST; QL |
| *SCABICIDES & PEDICULICIDES*** | | |
| crotan external lotion | 1 or 1b* | |
| ELIMITE EXTERNAL CREAM | 3 | |
| ivermectin external lotion | 1 or 1b* | |
| lindane external shampoo | 1 or 1b* | |
| malathion external lotion | 1 or 1b* | |
| NATROBA EXTERNAL SUSPENSION | 3 | |
| OVIDE EXTERNAL LOTION | 3 | |
| permethrin external cream | 1 or 1b* | |
| SKLICE EXTERNAL LOTION | 3 | |
| spinosad external suspension | 1 or 1b* | |
| SULFURATED LIME EXTERNAL SOLUTION | 3 | |
| *SEBORRHEIC KERATOSIS PRODUCTS** | | |
| ESKATA EXTERNAL SOLUTION | 3 | |
| *SKIN CLEANSERS*** | | |
| ESSENTRA WIPES 9X9" EXTERNAL | 3 | |
| *STEROID-LOCAL ANESTHETIC COMBINATIONS*** | | |
| EPIFOAM EXTERNAL FOAM | 3 | |
| PRAMOSONE EXTERNAL CREAM 1-1 % | 2 | |
| PRAMOSONE EXTERNAL LOTION | 2 | |
| *TAR PRODUCTS*** | | |
| coal tar external solution | 1 or 1b* | |
| *TISSUE REPLACEMENTS*** | | |
| AFFINITY EXTERNAL SHEET | 3 | |

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

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| Drug Name | Tier | Notes |
|---|------|-------|
| AMNIOFIX INJECTION SUSPENSION RECONSTITUTED | 3 | |
| AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED | 3 | |
| APLIGRAF EXTERNAL DISK | 3 | |
| BIOVANCE EXTERNAL SHEET | 3 | |
| EPICORD EXTERNAL SHEET | 3 | |
| EPIFIX EXTERNAL DISK | 3 | |
| EPIFIX EXTERNAL SHEET | 3 | |
| EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG | 3 | |
| KARDIAMEMBRANE EXTERNAL SHEET | 3 | |
| NEOX 100 EXTERNAL SHEET | 3 | |
| NEOX CORD 1K EXTERNAL SHEET | 3 | |
| NOVACHOR EXTERNAL SHEET | 3 | |
| NUSHIELD EXTERNAL DISK | 3 | |
| NUSHIELD EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM | 3 | |
| PALINGEN FLOW INJECTION INJECTABLE | 3 | |
| PALINGEN HYDROMEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN INOVOFLO INJECTION INJECTABLE | 3 | |
| PALINGEN MEMBRANE EXTERNAL SHEET | 3 | |
| PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| PALINGEN XPLUS MEMBRANE EXTERNAL SHEET | 3 | |
| STRAVIX EXTERNAL SHEET | 3 | |
| TRUSKIN EXTERNAL SHEET | 3 | |
| *TOPICAL ANESTHETIC COMBINATIONS*** | | |
| FLEXIN EXTERNAL PATCH | 3 | |
| lidocaine-prilocaine external cream | 1 or 1b* | |
| lidocaine-prilocaine external kit | 1 or 1b* | |
| PREPIV SUPPLY COMBINATION KIT | 3 | |
| PRILO PATCH II EXTERNAL KIT | 3 | |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT | 3 | |
| *TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** | | |
| TARGETIN EXTERNAL GEL | 2 | PA; QL; SP |
| *TOPICAL STEROID COMBINATIONS*** | | |
| calcipotriene-betameth diprop external ointment | 1 or 1b* | |
| calcipotriene-betameth diprop external suspension | 1 or 1b* | |
| DUOBRII EXTERNAL LOTION | 3 | PA; QL |
| ENSTILAR EXTERNAL FOAM | 3 | |
| TACLONEX EXTERNAL OINTMENT | 3 | |
| TACLONEX EXTERNAL SUSPENSION | 3 | |
| WYNZORA EXTERNAL CREAM | 3 | |
| *TYPE II 5-ALPHA REDUCTASE INHIBITORS*** | | |
| finasteride oral tablet 1 mg | 1 or 1b* | |
| PROPECIA ORAL TABLET | 3 | |

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

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| Drug Name | Tier | Notes |
|--|------|-------------|
| *WOUND CARE - GROWTH FACTOR AGENTS*** | | |
| REGRANEX EXTERNAL GEL | 3 | |
| *WOUND DRESSINGS*** | | |
| KENDALL HYDROGEL WOUND DRESS EXTERNAL | 3 | |
| TEGADERM AG MESH EXTERNAL PAD 2"X2" | 2 | |
| *DIAGNOSTIC PRODUCTS* | | |
| *DIAGNOSTIC TESTS*** | | |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP | 2 | QL; OTC |
| ACCU-CHEK COMPACT PLUS IN VITRO STRIP | 2 | QL; OTC |
| ACCU-CHEK GUIDE IN VITRO STRIP | 2 | QL; OTC |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP | 2 | QL; OTC |
| ACCUTREND GLUCOSE IN VITRO STRIP | 2 | QL; OTC |
| ONETOUCH ULTRA IN VITRO STRIP | 2 | ST; QL; OTC |
| ONETOUCH VERIO IN VITRO STRIP | 2 | QL; OTC |
| *DIGESTIVE AIDS* | | |
| *DIGESTIVE ENZYMES*** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | ST; QL |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | ST; QL |
| SUCRAID ORAL SOLUTION | 3 | PA; QL; LD |
| VIOKACE ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 2 | |
| *DIURETICS* | | |
| *CARBONIC ANHYDRASE INHIBITORS*** | | |
| acetazolamide er oral capsule extended release 12 hour | 1 or 1b* | |
| acetazolamide oral tablet | 1 or 1b* | |
| acetazolamide sodium injection solution reconstituted | 1 or 1b* | |
| KEVEYIS ORAL TABLET | 3 | PA; QL; LD |
| methazolamide oral tablet | 1 or 1b* | |
| *DIURETIC COMBINATIONS*** | | |
| ALDACTAZIDE ORAL TABLET | 3 | |
| amiloride-hydrochlorothiazide oral tablet | 1 or 1b* | |
| MAXZIDE ORAL TABLET | 3 | |
| MAXZIDE-25 ORAL TABLET | 3 | |
| spironolactone-hctz oral tablet | 1 or 1b* | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 or 1a* | |
| triamterene-hctz oral tablet | 1 or 1a* | |
| *LOOP DIURETICS*** | | |
| bumetanide injection solution | 1 or 1b* | |
| bumetanide oral tablet | 1 or 1b* | |
| BUMEX ORAL TABLET 0.5 MG | 3 | |
| EDECIN ORAL TABLET | 3 | |
| ethacrynate sodium intravenous solution reconstituted | 1 or 1b* | |
| ethacrynic acid oral tablet | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION | 3 | |
| furosemide injection solution 10 mg/ml | 1 or 1a* | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 or 1a* | |
| furosemide oral tablet | 1 or 1a* | |
| LASIX ORAL TABLET | 3 | |
| SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| torsemide oral tablet | 1 or 1b* | |
| *OSMOTIC DIURETICS*** | | |
| mannitol intravenous solution 20 %, 25 % | 1 or 1b* | |
| osmitrol intravenous solution 10 %, 15 %, 20 % | 1 or 1b* | |
| *POTASSIUM SPARING DIURETICS*** | | |
| ALDACTONE ORAL TABLET | 3 | |
| amiloride hcl oral tablet | 1 or 1b* | |
| CAROSPIR ORAL SUSPENSION | 3 | |
| spironolactone oral tablet | 1 or 1a* | |
| triamterene oral capsule | 1 or 1b* | |
| *THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| chlorothiazide sodium intravenous solution reconstituted | 1 or 1b* | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 or 1a* | |
| DIURIL ORAL SUSPENSION | 3 | |
| hydrochlorothiazide oral capsule | 1 or 1a* | DO |
| hydrochlorothiazide oral tablet 12.5 mg, 25 mg | 1 or 1a* | DO |
| hydrochlorothiazide oral tablet 50 mg | 1 or 1a* | |
| indapamide oral tablet | 1 or 1b* | |
| metolazone oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | |
| *ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** | | |
| MIFEPREX ORAL TABLET | 3 | |
| mifepristone oral tablet | 1 or 1b* | |
| *ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** | | |
| REVCovi INTRAMUSCULAR SOLUTION | 3 | PA; QL; LD |
| *BISPHOSPHONATES*** | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | |
| alendronate sodium oral solution | 1 or 1b* | |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 or 1b* | |
| ATELVIA ORAL TABLET DELAYED RELEASE | 3 | |
| BINOSTO ORAL TABLET EFFERVESCENT | 3 | |
| BONIVA INTRAVENOUS SOLUTION | 3 | |
| BONIVA ORAL TABLET 150 MG | 3 | ST; QL |
| FOSAMAX ORAL TABLET 70 MG | 3 | |
| FOSAMAX PLUS D ORAL TABLET | 2 | |
| ibandronate sodium intravenous solution 3 mg/3ml | 1 or 1b* | |
| ibandronate sodium oral tablet | 1 or 1b* | ST; QL |
| pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml | 1 or 1b* | SP |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML | 3 | SP |
| pamidronate disodium intravenous solution reconstituted | 1 or 1b* | SP |
| RECLAST INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 or 1b* | |
| risedronate sodium oral tablet delayed release | 1 or 1b* | |
| zoledronic acid intravenous concentrate | 1 or 1b* | PA; QL; SP |
| ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML | 3 | PA; QL; SP |
| zoledronic acid intravenous solution 5 mg/100ml | 1 or 1b* | PA; QL; SP |
| *CALCIMIMETIC AGENTS*** | | |
| cinacalcet hcl oral tablet | 1 or 1b* | PA; QL |
| PARSABIV INTRAVENOUS SOLUTION | 3 | PA; QL |
| SENSIPAR ORAL TABLET | 3 | PA; QL |
| *CALCITONINS*** | | |
| calcitonin (salmon) nasal solution | 1 or 1b* | |
| MIACALCIN INJECTION SOLUTION | 3 | |
| *CARNITINE REPLENISHER - AGENTS*** | | |
| CARNITOR INTRAVENOUS SOLUTION | 3 | |
| CARNITOR ORAL SOLUTION | 3 | |
| CARNITOR ORAL TABLET | 3 | |
| CARNITOR SF ORAL SOLUTION | 3 | |
| levocarnitine oral solution | 1 or 1b* | |
| levocarnitine oral tablet | 1 or 1b* | |
| levocarnitine sf oral solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *CORTICOTROPIN*** | | |
| ACTHAR INJECTION GEL | 3 | PA; QL; LD; SP |
| *CORTISOL SYNTHESIS INHIBITORS*** | | |
| ISTURISA ORAL TABLET | 3 | PA; QL; LD |
| *DOPAMINE RECEPTOR AGONISTS*** | | |
| cabergoline oral tablet | 1 or 1b* | |
| *FABRY DISEASE - AGENTS*** | | |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| GALAFOLD ORAL CAPSULE | 3 | PA; QL; LD |
| *GAA DEFICIENCY TREATMENT - AGENTS*** | | |
| LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *GNRH/LHRH ANTAGONISTS*** | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | 3 | PA; QL; SP |
| GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ORILISSA ORAL TABLET | 3 | PA; QL |
| *GROWTH HORMONE RECEPTOR ANTAGONISTS*** | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *GROWTH HORMONE RELEASING HORMONES (GHRH)*** | | |
| EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *GROWTH HORMONES*** | | |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; LD; SP |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; LD; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; LD; SP |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 3 | PA; QL; LD |
| ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| *HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** | | |
| XURIDEN ORAL PACKET | 3 | PA; QL; LD |
| *HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** | | |
| nitisinone oral capsule | 1 or 1b* | PA; QL; SP |
| NITYR ORAL TABLET | 3 | PA; QL; LD |
| ORFADIN ORAL CAPSULE | 3 | PA; QL; LD |
| ORFADIN ORAL SUSPENSION | 3 | PA; QL; LD |
| *HOMOCYSTINURIA TREATMENT - AGENTS*** | | |
| CYSTADANE ORAL POWDER | 3 | LD |
| *HYPERAMMONEMIA TREATMENT - AGENTS*** | | |
| CARBAGLU ORAL TABLET | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** | | |
| calcitriol intravenous solution 1 mcg/ml | 1 or 1b* | PA; QL |
| calcitriol oral capsule | 1 or 1b* | PA; QL |
| calcitriol oral solution | 1 or 1b* | PA; QL |
| doxercalciferol intravenous solution | 1 or 1b* | PA; QL |
| doxercalciferol oral capsule | 1 or 1b* | PA; QL |
| HECTOROL INTRAVENOUS SOLUTION | 3 | PA; QL |
| paricalcitol intravenous solution | 1 or 1b* | PA; QL |
| paricalcitol oral capsule | 1 or 1b* | PA; QL |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | PA; QL |
| ROCALTROL ORAL CAPSULE | 3 | PA; QL |
| ROCALTROL ORAL SOLUTION | 3 | PA; QL |
| ZEMPLAR INTRAVENOUS SOLUTION | 3 | PA; QL |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | PA; QL |
| *HYPOPHOSPHATASIA (HPP) AGENTS*** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |
| *INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** | | |
| TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| *INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** | | |
| INCRELEX SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|--|------|----------------|
| *LEPTIN ANALOGUES*** | | |
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| *LHRH/GNRH AGONIST ANALOG COMBINATIONS*** | | |
| LUPANETA PACK COMBINATION KIT | 3 | PA; QL; SP |
| *LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| FENSOLVI (6 MONTH) SUBCUTANEOUS KIT | 3 | PA; QL; LD |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| SUPPRELIN LA SUBCUTANEOUS KIT | 3 | PA; QL; LD; SP |
| SYNAREL NASAL SOLUTION | 3 | PA; QL; SP |
| TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; LD |
| *LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** | | |
| KANUMA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *MUCOPOLYSACCHARI DOSIS I (MPS I) - AGENTS*** | | |
| ALDURAZyme INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *MUCOPOLYSACCHARI DOSIS II (MPS II) - AGENTS*** | | |
| ELAPRASE INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|------|----------------|
| *MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS*** | | |
| VIMIZIM INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS*** | | |
| NAGLAZYME INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS*** | | |
| MEPSEVII INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| *OVULATION STIMULANTS-GONADOTROPINS*** | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| GONAL-F INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED | 2 | PA; QL; SP |
| OVIDREL SUBCUTANEOUS INJECTABLE | 3 | PA; QL; SP |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *OVULATION STIMULANTS-SYNTHETIC*** | | |
| clomiphene citrate oral tablet | 1 or 1b* | PA; QL |
| *PARATHYROID HORMONE AND DERIVATIVES*** | | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| NATPARA SUBCUTANEOUS CARTRIDGE | 3 | PA; QL; LD; SP |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| *PHENYLKETONURIA TREATMENT - AGENTS*** | | |
| KUVAN ORAL PACKET | 3 | PA; QL; LD; SP |
| KUVAN ORAL TABLET SOLUBLE | 2 | PA; QL; LD; SP |
| PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| sapropterin dihydrochloride oral packet | 1 or 1b* | PA; QL; SP |
| sapropterin dihydrochloride oral tablet soluble | 1 or 1b* | PA; QL; SP |
| *RANK LIGAND (RANKL) INHIBITORS*** | | |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| XGEVA SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *SCLEROSTIN INHIBITORS*** | | |
| EVENTITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** | | |
| EVISTA ORAL TABLET | 3 | |
| OSPHENA ORAL TABLET | 3 | PA; QL |
| raloxifene hcl oral tablet | 1 or 1b* | \$0 |
| *SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** | | |
| JYNARQUE ORAL TABLET | 3 | PA; QL; LD |
| JYNARQUE ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| SAMSCA ORAL TABLET | 3 | PA; QL; LD; SP |
| tolvaptan oral tablet | 1 or 1b* | PA; QL |
| *SOMATOSTATIC AGENTS*** | | |
| BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; SP |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; QL; LD; SP |
| octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 or 1b* | PA; QL; SP |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | PA; QL; SP |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | 3 | PA; QL; SP |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 3 | PA; QL; LD |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| *UREA CYCLE DISORDER - AGENTS*** | | |
| AMMONUL INTRAVENOUS SOLUTION | 3 | |
| BUPHENYL ORAL POWDER 3 GM/TSP | 3 | PA; QL; LD |
| BUPHENYL ORAL TABLET | 3 | PA; QL; LD |
| RAVICTI ORAL LIQUID | 3 | PA; QL; LD; SP |
| sod benz-sod phenylacet intravenous solution | 1 or 1b* | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 1 or 1b* | PA; QL |
| sodium phenylbutyrate oral tablet | 1 or 1b* | PA; QL |
| *V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** | | |
| VAPRISOL INTRAVENOUS SOLUTION | 3 | |
| *VASOPRESSIN*** | | |
| DDAVP INJECTION SOLUTION 4 MCG/ML | 3 | |
| DDAVP ORAL TABLET 0.1 MG | 3 | DO |
| DDAVP ORAL TABLET 0.2 MG | 3 | |
| DDAVP RHINAL TUBE NASAL SOLUTION | 3 | |
| 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* | |
| desmopressin acetate spray nasal solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| NOCDURNA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL |
| STIMATE NASAL SOLUTION | 3 | |
| VASOSTRICT INTRAVENOUS SOLUTION | 3 | |
| *X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** | | |
| CRYSVITA SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| *ESTROGENS* | | |
| *ESTROGEN & PROGESTIN*** | | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | |
| amabelz oral tablet | 1 or 1b* | |
| ANGELIQ ORAL TABLET | 3 | |
| BIJUVA ORAL CAPSULE | 2 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY | 2 | |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | |
| estradiol-norethindrone acet oral tablet | 1 or 1b* | |
| FEMHRT LOW DOSE ORAL TABLET | 3 | |
| fyavolv oral tablet | 1 or 1b* | |
| jinteli oral tablet | 1 or 1b* | |
| mimvey oral tablet | 1 or 1b* | |
| norethindrone-eth estradiol oral tablet | 1 or 1b* | |
| PREFEST ORAL TABLET | 3 | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| *ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** | | |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | |
| *ESTROGENS*** | | |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY | 3 | |
| CLIMARA TRANSDERMAL PATCH WEEKLY | 3 | |
| DELESTROGEN INTRAMUSCULAR OIL | 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| DIVIGEL TRANSDERMAL GEL | 2 | |
| dotti transdermal patch twice weekly | 1 or 1b* | |
| ELESTRIN TRANSDERMAL GEL | 3 | |
| ESTRADIOL IMPLANT PELLET 6 MG | 3 | |
| estradiol oral tablet | 1 or 1b* | |
| estradiol transdermal patch twice weekly | 1 or 1b* | |
| estradiol transdermal patch weekly | 1 or 1b* | |
| estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml | 1 or 1b* | |
| ESTROGEL TRANSDERMAL GEL | 3 | |
| EVAMIST TRANSDERMAL SOLUTION | 2 | |
| lyllana transdermal patch twice weekly | 1 or 1b* | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 2 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 3 | |
| PREMARIN INJECTION SOLUTION RECONSTITUTED | 2 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| PREMARIN ORAL TABLET | 2 | |
| *ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** | | |
| DUAVEE ORAL TABLET | 3 | PA; QL |
| *FLUOROQUINOLONES | | |
| * | | |
| *FLUOROQUINOLONES *** | | |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| BAXDELA ORAL TABLET | 3 | PA; QL |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | QL |
| ciprofloxacin hcl oral tablet | 1 or 1b* | QL |
| ciprofloxacin in d5w intravenous solution | 1 or 1b* | |
| LEVAQUIN ORAL TABLET 500 MG, 750 MG | 3 | QL |
| levofloxacin in d5w intravenous solution | 1 or 1b* | |
| levofloxacin intravenous solution | 1 or 1b* | |
| levofloxacin oral solution | 1 or 1b* | QL |
| levofloxacin oral tablet | 1 or 1b* | QL |
| moxifloxacin hcl in nacl intravenous solution | 1 or 1b* | |
| MOXIFLOXACIN HCL INTRAVENOUS SOLUTION | 3 | |
| moxifloxacin hcl oral tablet | 1 or 1b* | |
| ofloxacin oral tablet 300 mg | 1 or 1b* | QL |
| ofloxacin oral tablet 400 mg | 1 or 1b* | |
| *GASTROINTESTINAL AGENTS - MISC.* | | |
| *BILE ACID SYNTHESIS DISORDER AGENTS*** | | |
| CHOLBAM ORAL CAPSULE | 3 | PA; QL; LD |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| *FARNESOID X RECEPTOR (FXR) AGONISTS*** | | |
| OCALIVA ORAL TABLET | 3 | PA; QL; LD; SP |
| *GALLSTONE SOLUBILIZING AGENTS*** | | |
| CHENODAL ORAL TABLET | 3 | PA; QL; LD |
| RELTONE ORAL CAPSULE | 3 | |
| URSO 250 ORAL TABLET | 3 | |
| URSO FORTE ORAL TABLET | 3 | |
| ursodiol oral capsule | 1 or 1b* | |
| ursodiol oral tablet | 1 or 1b* | |
| *GASTROINTESTINAL ANTIALLERGY AGENTS*** | | |
| cromolyn sodium oral concentrate | 1 or 1b* | |
| GASTROCROM ORAL CONCENTRATE | 3 | |
| *GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** | | |
| AMITIZA ORAL CAPSULE | 2 | |
| lubiprostone oral capsule | 1 or 1b* | |
| *GASTROINTESTINAL STIMULANTS*** | | |
| DEXPANTHENOL INJECTION SOLUTION | 3 | |
| GIMOTI NASAL SOLUTION | 3 | PA; QL |
| metoclopramide hcl injection solution | 1 or 1a* | |
| metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 or 1a* | |
| metoclopramide hcl oral tablet | 1 or 1a* | |
| METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG | 3 | ST; QL |
| metoclopramide hcl oral tablet dispersible 5 mg | 1 or 1a* | ST; QL |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| REGLAN ORAL TABLET | 3 | |
| *GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** | | |
| GATTEX SUBCUTANEOUS KIT | 3 | PA; QL; LD; SP |
| *IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** | | |
| LINZESS ORAL CAPSULE | 2 | |
| *IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** | | |
| VIBERZI ORAL TABLET | 3 | PA; QL |
| *IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** | | |
| alosetron hcl oral tablet | 1 or 1b* | PA; QL |
| LOTRONEX ORAL TABLET | 3 | PA; QL |
| *INFLAMMATORY BOWEL AGENTS*** | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE | 3 | |
| AZULFIDINE ORAL TABLET | 3 | |
| balsalazide disodium oral capsule | 1 or 1b* | |
| CANASA RECTAL SUPPOSITORY | 3 | |
| DELZICOL ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| DIPENTUM ORAL CAPSULE | 3 | ST; QL |
| mesalamine er oral capsule extended release 24 hour | 1 or 1b* | |
| mesalamine oral capsule delayed release | 1 or 1b* | |
| mesalamine oral tablet delayed release | 1 or 1b* | |
| mesalamine rectal enema | 1 or 1b* | |
| mesalamine rectal suppository | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| mesalamine-cleanser rectal kit | 1 or 1b* | |
| PENTASA ORAL CAPSULE EXTENDED RELEASE | 2 | |
| ROWASA RECTAL KIT | 3 | |
| SFROWASA RECTAL ENEMA | 3 | |
| sulfasalazine oral tablet | 1 or 1b* | |
| sulfasalazine oral tablet delayed release | 1 or 1b* | |
| *INTEGRIN RECEPTOR ANTAGONISTS*** | | |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *INTERLEUKIN ANTAGONISTS*** | | |
| STELARA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *INTESTINAL ACIDIFIERS*** | | |
| enulose oral solution | 1 or 1b* | |
| generlac oral solution | 1 or 1b* | |
| lactulose encephalopathy oral solution | 1 or 1b* | |
| *PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** | | |
| alvimopan oral capsule | 1 or 1b* | |
| ENTEREG ORAL CAPSULE | 3 | |
| MOVANTIK ORAL TABLET | 2 | |
| RELISTOR ORAL TABLET | 3 | ST; QL |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | ST; QL |
| SYMPROIC ORAL TABLET | 3 | ST; QL |
| *PHOSPHATE BINDER AGENTS*** | | |
| AURYXIA ORAL TABLET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| calcium acetate (phos binder) oral capsule | 1 or 1b* | |
| calcium acetate (phos binder) oral tablet | 1 or 1b* | |
| calcium acetate oral tablet 667 mg | 1 or 1b* | |
| FOSRENOL ORAL PACKET | 3 | ST; QL |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 3 | ST; QL |
| lanthanum carbonate oral tablet chewable | 1 or 1b* | |
| PHOSLYRA ORAL SOLUTION | 3 | ST; QL |
| RENVELA ORAL PACKET | 3 | ST; QL |
| RENVELA ORAL TABLET | 3 | ST; QL |
| sevelamer carbonate oral packet | 1 or 1b* | |
| sevelamer carbonate oral tablet | 1 or 1b* | |
| sevelamer hcl oral tablet | 1 or 1b* | |
| VELPHORO ORAL TABLET CHEWABLE | 3 | ST; QL |
| *TRYPTOPHAN HYDROXYLASE INHIBITORS*** | | |
| XERMELO ORAL TABLET | 3 | PA; QL; LD |
| *TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** | | |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *GENERAL ANESTHETICS* | | |
| *ANESTHETICS - MISC.*** | | |
| AMIDATE INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| ANESTHESIA S/I-40A INTRAVENOUS KIT | 3 | |
| ANESTHESIA S/I-40H INTRAVENOUS KIT | 3 | |
| ANESTHESIA S/I-40S INTRAVENOUS KIT | 3 | |
| DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML | 3 | |
| etomidate intravenous solution | 1 or 1b* | |
| fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| KETALAR INJECTION SOLUTION | 3 | |
| ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml | 1 or 1b* | |
| KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | 3 | |
| propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml | 1 or 1b* | |
| *BARBITURATE ANESTHETICS*** | | |
| BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG | 3 | |
| METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML | 3 | |
| *VOLATILE ANESTHETICS*** | | |
| desflurane inhalation solution | 1 or 1b* | |
| FORANE INHALATION SOLUTION | 3 | |
| isoflurane inhalation solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| sevoflurane inhalation solution | 1 or 1b* | |
| SUPRANE INHALATION SOLUTION | 3 | |
| terrell inhalation solution | 1 or 1b* | |
| ULTANE INHALATION SOLUTION | 3 | |
| *GENTOURINARY AGENTS - MISCELLANEOUS* | | |
| *5-ALPHA REDUCTASE INHIBITORS*** | | |
| dutasteride oral capsule | 1 or 1b* | |
| finasteride oral tablet 5 mg | 1 or 1b* | |
| PROSCAR ORAL TABLET | 3 | |
| *ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 or 1b* | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| silodosin oral capsule | 1 or 1b* | |
| tamsulosin hcl oral capsule | 1 or 1b* | |
| *ANTI-INFECTIVE GENTOURINARY IRRIGANTS*** | | |
| neomycin-polymyxin b gu irrigation solution | 1 or 1b* | |
| *CITRATES*** | | |
| pot & sod cit-cit ac oral solution | 1 or 1b* | |
| potassium citrate er oral tablet extended release | 1 or 1b* | |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE | 3 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE | 3 | |
| UROCIT-K 5 ORAL TABLET EXTENDED RELEASE | 3 | |
| *CYSTINOSIS AGENTS*** | | |
| CYSTAGON ORAL CAPSULE | 3 | LD; SP |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL; LD |
| PROCYSBI ORAL PACKET | 3 | ST; QL; LD |
| *GENITOURINARY IRRIGANTS*** | | |
| acetic acid irrigation solution | 1 or 1b* | |
| aminoacetic acid irrigation solution | 1 or 1b* | |
| argyle sterile saline irrigation solution | 1 or 1b* | |
| curity sterile saline irrigation solution | 1 or 1b* | |
| glycine irrigation solution | 1 or 1b* | |
| glycine urologic irrigation solution | 1 or 1b* | |
| RENACIDIN IRRIGATION SOLUTION | 3 | |
| RESECTISOL IRRIGATION SOLUTION | 3 | |
| sodium chloride irrigation solution 0.9 % | 1 or 1b* | |
| SORBITOL IRRIGATION SOLUTION | 3 | |
| SORBITOL-MANNITOL IRRIGATION SOLUTION | 3 | |
| *INTERSTITIAL CYSTITIS AGENTS*** | | |
| ELMIRON ORAL CAPSULE | 3 | |
| RIMSO-50 INTRAVESICAL SOLUTION | 3 | |
| *PHOSPHATES*** | | |
| K-PHOS NO 2 ORAL TABLET | 3 | |
| *PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** | | |
| dutasteride-tamsulosin hcl oral capsule | 1 or 1b* | |
| JALYN ORAL CAPSULE | 3 | |
| *SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** | | |
| OXLUMO SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *URINARY STONE AGENTS*** | | |
| LITHOSTAT ORAL TABLET | 3 | |
| THIOLA EC ORAL TABLET DELAYED RELEASE | 3 | PA; QL; LD |
| *VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** | | |
| DEFLUX INJECTION PREFILLED SYRINGE | 3 | |
| *GOUT AGENTS* | | |
| *GOUT AGENT COMBINATIONS*** | | |
| colchicine-probenecid oral tablet | 1 or 1b* | |
| *GOUT AGENTS*** | | |
| allopurinol oral tablet | 1 or 1a* | |
| allopurinol sodium intravenous solution reconstituted | 1 or 1b* | |
| ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| colchicine oral tablet | 2 | |
| febuxostat oral tablet | 1 or 1b* | ST; QL |
| GLOPERBA ORAL SOLUTION | 3 | ST; QL |
| KRYSTEXXA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| ZYLOPRIM ORAL TABLET | 3 | |
| *URICOSURICS*** | | |
| probenecid oral tablet | 1 or 1b* | |
| *HEMATOLOGICAL AGENTS - MISC.* | | |
| *AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** | | |
| GIVLAARI SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| *ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| *ANTIHEMOPHILIC PRODUCTS*** | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| AFSTYLA INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; QL; LD; SP |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| BENEFIX INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| CORIFACT INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|------|----------------|
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT | 3 | PA; QL; LD; SP |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT | 3 | PA; QL; LD; SP |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | 3 | PA; QL; LD; SP |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| KCENTRA INTRAVENOUS KIT | 3 | |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| KOGENATE FS INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| NUWIQ INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| WILATE INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| XYNTHA SOLOFUSE INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| *ANTI-VON WILLEBRAND FACTOR AGENTS*** | | |
| CABLIVI INJECTION KIT | 3 | PA; QL; LD |
| *BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| FIRAZYR SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| icatibant acetate subcutaneous solution | 1 or 1b* | PA; QL; SP |
| *C1 INHIBITORS*** | | |
| BERINERT INTRAVENOUS KIT | 3 | PA; QL; LD; SP |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *COMPLEMENT INHIBITORS*** | | |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML | 3 | PA; QL; LD; SP |
| ULTOMIRIS INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| *DIRECT-ACTING P2Y12 INHIBITORS*** | | |
| BRILINTA ORAL TABLET | 2 | |
| KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** | | |
| AGGRASTAT INTRAVENOUS CONCENTRATE | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% | 3 | |
| eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml | 1 or 1b* | |
| INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 75 MG/100ML | 3 | |
| *HEMATORHEOLOGIC AGENTS*** | | |
| pentoxifylline er oral tablet extended release | 1 or 1b* | |
| *HEMIN*** | | |
| PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 3 | |
| *HUMAN PROTEIN C*** | | |
| CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |
| *PHOSPHODIESTERASE III INHIBITORS*** | | |
| cilostazol oral tablet | 1 or 1b* | |
| *PLASMA EXPANDERS*** | | |
| HESPAN INTRAVENOUS SOLUTION | 3 | |
| hetastarch-nacl intravenous solution | 1 or 1b* | |
| HEXTEND INTRAVENOUS SOLUTION | 3 | |
| lmd in d5w intravenous solution | 1 or 1b* | |
| lmd in nacl intravenous solution | 1 or 1b* | |
| *PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *PLASMA KALLIKREIN INHIBITORS*** | | |
| KALBITOR SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| ORLADEYO ORAL CAPSULE | 3 | PA; QL; LD |
| *PLASMA PROTEINS*** | | |
| albuked 25 intravenous solution | 1 or 1b* | |
| albuked 5 intravenous solution | 1 or 1b* | |
| albumin human intravenous solution | 1 or 1b* | |
| ALBUMINEX INTRAVENOUS SOLUTION | 3 | |
| albumin-zlb intravenous solution | 1 or 1b* | |
| alburx intravenous solution | 1 or 1b* | |
| albutein intravenous solution | 1 or 1b* | |
| flexbumin intravenous solution | 1 or 1b* | |
| human albumin grifols intravenous solution | 1 or 1b* | |
| kedbumin intravenous solution | 1 or 1b* | |
| OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION | 3 | |
| OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION | 3 | |
| plasbumin-25 intravenous solution | 1 or 1b* | |
| plasbumin-5 intravenous solution | 1 or 1b* | |
| PLASMANATE INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *PLATELET AGGREGATION INHIBITOR COMBINATIONS*** | | |
| aspirin-dipyridamole er oral capsule extended release 12 hour | 1 or 1b* | |
| ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG | 3 | PA; QL |
| YOSPRALA ORAL TABLET DELAYED RELEASE | 3 | PA; QL |
| *PLATELET AGGREGATION INHIBITORS*** | | |
| dipyridamole oral tablet | 1 or 1b* | |
| DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA; QL |
| *PROTAMINE*** | | |
| protamine sulfate intravenous solution | 1 or 1b* | |
| *PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** | | |
| ZONTIVITY ORAL TABLET | 3 | PA; QL |
| *QUINAZOLINE AGENTS*** | | |
| AGRYLIN ORAL CAPSULE | 3 | |
| anagrelide hcl oral capsule | 1 or 1b* | |
| *SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** | | |
| TAVALISSE ORAL TABLET | 3 | PA; QL; LD |
| *THIENOPYRIDINE DERIVATIVES*** | | |
| clopidogrel bisulfate oral tablet | 1 or 1b* | |
| prasugrel hcl oral tablet 10 mg | 1 or 1b* | |
| prasugrel hcl oral tablet 5 mg | 1 or 1b* | DO |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *THROMBOLYTIC AGENT - MISC*** | | |
| DEFITELIO INTRAVENOUS SOLUTION | 3 | |
| *TISSUE PLASMINOGEN ACTIVATORS*** | | |
| ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED | 3 | |
| RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT | 3 | |
| RETAVASE INTRAVENOUS KIT 2 X 10 UNIT | 3 | |
| TNKASE INTRAVENOUS KIT | 3 | |
| *HEMATOPOIETIC AGENTS* | | |
| *AGENTS FOR GAUCHER DISEASE*** | | |
| CERDELGA ORAL CAPSULE | 3 | PA; QL; LD; SP |
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT | 3 | PA; QL; LD; SP |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| miglustat oral capsule | 1 or 1b* | PA; QL; SP |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *AMINO ACIDS*** | | |
| ENDARI ORAL PACKET | 3 | PA; QL; LD |
| *COBALAMIN COMBINATIONS*** | | |
| LIPO-B INTRAMUSCULAR SOLUTION | 3 | |
| NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *COBALAMINS*** | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 or 1a* | |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML | 3 | |
| hydroxocobalamin acetate intramuscular solution | 1 or 1b* | |
| METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED | 3 | |
| *CXCR4 RECEPTOR ANTAGONIST*** | | |
| MOZOBIL SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| *CYTOTOXIC AGENTS*** | | |
| DROXIA ORAL CAPSULE | 2 | |
| SIKLOS ORAL TABLET | 3 | PA; QL; SP |
| *ERYTHROID MATURATION AGENTS*** | | |
| REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | 3 | PA; QL; SP |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL; SP |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD |
| PROCRIT INJECTION SOLUTION | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|--|----------|------------|
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 3 | PA; QL; SP |
| *FOLIC ACID/FOLATE COMBINATIONS*** | | |
| fa-vitamin b-6-vitamin b-12 oral tablet | 1 or 1b* | |
| FOLGARD RX ORAL TABLET | 3 | |
| foltabs 800 oral tablet | 1 or 1b* | OTC; \$0 |
| millguard oral tablet | 1 or 1b* | OTC; \$0 |
| *FOLIC ACID/FOLATES*** | | |
| cvs folic acid oral tablet 800 mcg | 1 or 1a* | OTC; \$0 |
| fa-8 oral capsule | 1 or 1b* | OTC; \$0 |
| fa-8 oral tablet | 1 or 1a* | 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 |
| *GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| GRANIX SUBCUTANEOUS SOLUTION | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 3 | PA; QL; SP |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| NIVESTYM INJECTION SOLUTION | 3 | PA; QL; SP |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| *GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** | | |
| LEUKINE INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| *HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** | | |
| OXBRYTA ORAL TABLET | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| *IRON COMBINATIONS*** | | |
| foltrin oral capsule | 1 or 1b* | |
| *IRON*** | | |
| FERAHEME INTRAVENOUS SOLUTION | 3 | |
| FERRLECIT INTRAVENOUS SOLUTION | 3 | |
| INFED INJECTION SOLUTION | 3 | |
| INJECTAFER INTRAVENOUS SOLUTION | 3 | |
| MONOFERRIC INTRAVENOUS SOLUTION | 3 | |
| na ferric gluc cplx in sucrose intravenous solution | 1 or 1b* | |
| TRIFERIC HEMODIALYSIS PACKET | 3 | |
| TRIFERIC HEMODIALYSIS SOLUTION | 3 | |
| VENOFER INTRAVENOUS SOLUTION | 3 | |
| *SELECTIN BLOCKERS*** | | |
| ADAKVEO INTRAVENOUS SOLUTION | 3 | PA; QL; SP |
| *THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** | | |
| DOPTELET ORAL TABLET 20 MG | 3 | PA; QL; LD; SP |
| MUPLETA ORAL TABLET | 3 | PA; QL; SP |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG | 3 | PA; QL |
| NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|--------------------|
| PROMACTA ORAL PACKET 12.5 MG | 3 | PA; DO; QL; LD; SP |
| PROMACTA ORAL PACKET 25 MG | 3 | PA; QL; LD; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG | 3 | PA; DO; QL; LD; SP |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 3 | PA; QL; LD; SP |
| *HEMOSTATICS* | | |
| *HEMOSTATIC COMBINATIONS - TOPICAL*** | | |
| ARTISS EXTERNAL SOLUTION | 3 | |
| THROMBI-GEL 10 EXTERNAL PAD | 3 | |
| THROMBI-GEL 100 EXTERNAL PAD | 3 | |
| THROMBI-GEL 40 EXTERNAL PAD | 3 | |
| THROMBI-PAD EXTERNAL PAD | 3 | |
| TISSEEL EXTERNAL KIT | 3 | |
| TISSEEL EXTERNAL SOLUTION | 3 | |
| *HEMOSTATICS - SYSTEMIC*** | | |
| AMICAR ORAL SOLUTION | 3 | |
| AMICAR ORAL TABLET | 3 | |
| aminocaproic acid intravenous solution | 1 or 1b* | |
| aminocaproic acid oral solution | 1 or 1b* | |
| aminocaproic acid oral tablet | 1 or 1b* | |
| CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML | 3 | |
| LYSTEDA ORAL TABLET | 3 | |
| tranexamic acid intravenous solution 1000 mg/10ml | 1 or 1b* | |
| tranexamic acid oral tablet | 1 or 1b* | |
| TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|------|-------|
| *HEMOSTATICS - TOPICAL*** | | |
| ACTIFOAM COLLAGEN SPONGE EXTERNAL | 3 | |
| AVITENE EXTERNAL PAD | 3 | |
| AVITENE FLOUR EXTERNAL POWDER | 3 | |
| ENDO AVITENE EXTERNAL | 3 | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | 3 | |
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | 3 | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | 3 | |
| GELFOAM MOUTH/THROAT POWDER | 3 | |
| GELFOAM SPONGE EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 100 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 200 EXTERNAL | 3 | |
| GELFOAM SPONGE SIZE 50 EXTERNAL | 3 | |
| INSTAT EXTERNAL PAD | 3 | |
| INTERCEED (TC7) EXTERNAL PAD | 3 | |
| INTERCEED EXTERNAL PAD | 3 | |
| RECOTHROM EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| SURGICEL FIBRILLAR EXTERNAL PAD | 3 | |
| SURGICEL NU-KNIT EXTERNAL PAD | 3 | |
| SYRINGE AVITENE EXTERNAL | 3 | |
| TACHOSIL EXTERNAL PATCH | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|--------|
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL KIT | 3 | |
| THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| THROMBOGEN EXTERNAL KIT | 3 | |
| THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED | 3 | |
| ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X25X1CM EXTERNAL | 3 | |
| ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL | 3 | |
| *HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS* | | |
| *BARBITURATE HYPNOTICS*** | | |
| NEMBUTAL INJECTION SOLUTION | 3 | |
| pentobarbital sodium injection solution | 1 or 1b* | |
| phenobarbital oral elixir | 1 or 1b* | |
| phenobarbital oral tablet | 1 or 1b* | |
| phenobarbital sodium injection solution | 1 or 1b* | |
| *BENZODIAZEPINE HYPNOTICS*** | | |
| BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| DORAL ORAL TABLET | 3 | ST; QL |
| estazolam oral tablet | 1 or 1b* | |
| flurazepam hcl oral capsule | 1 or 1b* | |
| HALCION ORAL TABLET | 3 | |
| midazolam hcl (pf) injection solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| 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* | |
| MIDAZOLAM HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-% | 3 | |
| MIDAZOLAM HCL- SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML- %, 5-0.9 MG/5ML-%, 55- 0.9 MG/55ML-% | 3 | |
| MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION | 3 | |
| MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-% | 3 | |
| quazepam oral tablet | 1 or 1b* | |
| RESTORIL ORAL CAPSULE | 3 | |
| temazepam oral capsule | 1 or 1b* | |
| triazolam oral tablet | 1 or 1b* | |
| *HYPNOTICS - TRICYCLIC AGENTS*** | | |
| doxepin hcl oral tablet | 1 or 1b* | ST; QL |
| SILENOR ORAL TABLET | 3 | ST; QL |
| *NON- BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** | | |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL | 3 | ST; QL |
| eszopiclone oral tablet | 1 or 1b* | |
| zaleplon oral capsule | 1 or 1b* | |
| zolpidem tartrate er oral tablet extended release | 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 |
|---|----------|------------|
| zolpidem tartrate oral tablet | 1 or 1b* | |
| zolpidem tartrate sublingual tablet sublingual | 1 or 1b* | ST; QL |
| ZOLPIMIST ORAL SOLUTION | 3 | ST; QL |
| *OREXIN RECEPTOR ANTAGONISTS*** | | |
| BELSOMRA ORAL TABLET | 3 | ST; QL |
| DAYVIGO ORAL TABLET | 3 | ST; QL |
| *SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** | | |
| dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML | 3 | |
| dexmedetomidine hcl intravenous solution 200 mcg/2ml | 1 or 1b* | |
| DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML | 3 | |
| *SELECTIVE MELATONIN RECEPTOR AGONISTS*** | | |
| HETLIOZ ORAL CAPSULE | 3 | PA; QL; LD |
| ramelteon oral tablet | 1 or 1b* | ST; QL |
| *LAXATIVES* | | |
| *BOWEL EVACUANT COMBINATIONS*** | | |
| CLENPIQ ORAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|----------|
| gavilyte-c oral solution reconstituted | 1 or 1a* | \$0 |
| gavilyte-g oral solution reconstituted | 1 or 1a* | \$0 |
| gavilyte-h oral kit | 1 or 1b* | \$0 |
| gavilyte-n with flavor pack oral solution reconstituted | 1 or 1a* | \$0 |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM | 3 | |
| MOVIPREP ORAL SOLUTION RECONSTITUTED | 3 | |
| NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED | 3 | |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | 1 or 1a* | \$0 |
| peg-3350/electrolytes oral solution reconstituted | 1 or 1a* | \$0 |
| peg-3350/electrolytes/ascorbic acid oral solution reconstituted | 1 or 1b* | \$0 |
| peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted | 1 or 1b* | \$0 |
| peg-prep oral kit | 1 or 1b* | \$0 |
| PLENVU ORAL SOLUTION RECONSTITUTED | 3 | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 2 | |
| SUTAB ORAL TABLET | 3 | |
| *LAXATIVES - MISCELLANEOUS*** | | |
| 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 |

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

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| Drug Name | Tier | Notes |
|---|----------|----------|
| 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 |
| kl laxaclear oral powder | 1 or 1b* | OTC; \$0 |
| KRISTALOSE ORAL PACKET | 3 | |
| LACTULOSE ORAL PACKET | 1 or 1b* | |
| lactulose oral solution | 1 or 1b* | |
| mm clearlax oral powder | 1 or 1b* | OTC; \$0 |
| peg 3350 oral packet | 1 or 1b* | OTC; \$0 |
| peg 3350 oral powder | 1 or 1b* | OTC; \$0 |
| polyethylene glycol 3350 oral packet | 1 or 1b* | \$0 |
| polyethylene glycol 3350 oral powder | 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 |
| *LUBRICANT LAXATIVES*** | | |
| mineral oil heavy oral oil | 1 or 1b* | |
| *SALINE LAXATIVE MIXTURES*** | | |
| OSMOPREP ORAL TABLET | 3 | |
| *SALINE LAXATIVES*** | | |
| citrate of magnesia oral solution | 1 or 1a* | OTC; \$0 |
| citroma oral solution | 1 or 1a* | OTC; \$0 |
| cvs citrate of magnesia 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 |
| dulcolax milk of magnesia oral suspension | 1 or 1b* | OTC; \$0 |
| dulcolax oral suspension | 1 or 1b* | OTC; \$0 |
| eq magnesium citrate oral solution | 1 or 1a* | OTC; \$0 |

| Drug Name | Tier | Notes |
|--|----------|----------|
| eql magnesium citrate oral solution | 1 or 1a* | OTC; \$0 |
| eql milk of magnesia oral suspension | 1 or 1b* | OTC; \$0 |
| gnp magnesium citrate oral solution | 1 or 1a* | OTC; \$0 |
| gnp milk of magnesia oral suspension | 1 or 1b* | OTC; \$0 |
| goodsense magnesium citrate oral solution | 1 or 1a* | 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 | 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 |
| *STIMULANT LAXATIVES*** | | |
| alophen oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| bisacodyl ec oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| CASCARA SAGRADA ORAL FLUID EXTRACT | 3 | |
| correctol 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.

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| Drug Name | Tier | Notes |
|--|----------|----------|
| cvs bisacodyl 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 |
| ducodyl oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| 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 bisa-lax oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| gnp gentle laxative oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| gnp laxative oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| gnp womens gentle laxative oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| gnp womens laxative oral tablet delayed release | 1 or 1a* | OTC; \$0 |
| goodsense bisacodyl ec 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 |
| ra laxative oral tablet delayed release | 1 or 1a* | OTC; \$0 |

| Drug Name | Tier | Notes |
|---|----------|----------|
| 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 |
| veracolate 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 |
| *LOCAL ANESTHETICS-PARENTERAL* | | |
| *LOCAL ANESTHETIC & SYMPATHOMIMETIC** | | |
| * | | |
| articadent dental injection solution cartridge | 3 | |
| bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |
| bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |
| CITANEST FORTE DENTAL INJECTION SOLUTION | 3 | |
| 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* | |
| MARCAINE/EPINEPHRI NE INJECTION SOLUTION | 3 | |
| MARCAINE/EPINEPHRI NE PF INJECTION SOLUTION | 3 | |
| ORABLOC INJECTION SOLUTION CARTRIDGE | 3 | |
| sensorcaine/epinephrine injection solution | 1 or 1b* | |
| sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000 | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % | 3 | |
| xylocaine dental injection solution | 1 or 1b* | |
| XYLOCAINE/EPINEPHRINE INJECTION SOLUTION | 3 | |
| XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION | 3 | |
| *LOCAL ANESTHETIC COMBINATIONS*** | | |
| LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 % | 3 | |
| POINT OF CARE LM-2.5 INJECTION KIT | 3 | |
| *LOCAL ANESTHETICS - AMIDES*** | | |
| BUPIVACAINE FISIOPHARMA INJECTION SOLUTION | 3 | |
| bupivacaine hcl (pf) injection solution | 1 or 1b* | |
| bupivacaine hcl injection solution 0.25 %, 0.5 % | 1 or 1b* | |
| BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 % | 3 | |
| BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 % | 3 | |
| bupivacaine in dextrose intrathecal solution | 1 or 1b* | |
| bupivacaine spinal intrathecal solution | 1 or 1b* | |
| CARBOCAINE INJECTION SOLUTION | 3 | |
| CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION | 3 | |
| CITANEST PLAIN DENTAL INJECTION SOLUTION | 3 | |
| lidocaine hcl (pf) injection solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| lidocaine hcl injection solution 0.5 % | 1 or 1b* | |
| LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML | 3 | |
| lidocaine hcl intradermal jet-injector | 1 or 1b* | |
| LIDOCAINE IN DEXTROSE SOLUTION | 3 | |
| MARCAINE INJECTION SOLUTION | 3 | |
| MARCAINE PRESERVATIVE FREE INJECTION SOLUTION | 3 | |
| MARCAINE SPINAL INTRATHECAL SOLUTION | 3 | |
| MONOJECT BONE MARROW BIOPSY INJECTION KIT | 3 | |
| NAROPIN INJECTION SOLUTION | 3 | |
| polocaine injection solution | 1 or 1b* | |
| polocaine-mpf injection solution | 1 or 1b* | |
| ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml | 1 or 1b* | |
| ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 % | 3 | |
| sensorcaine injection solution | 1 or 1b* | |
| sensorcaine-mpf injection solution | 1 or 1b* | |
| XARACOLL IMPLANT IMPLANT | 3 | |
| XYLOCAINE INJECTION SOLUTION | 3 | |
| XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % | 3 | |
| ZINGO INTRADERMAL JET-INJECTOR | 3 | |
| *LOCAL ANESTHETICS - ESTERS*** | | |
| chloroprocaine hcl (pf) injection solution | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| CLOROTEKAL INTRATHECAL SOLUTION | 3 | |
| NESACAINE INJECTION SOLUTION | 3 | |
| NESACAINE-MPF INJECTION SOLUTION | 3 | |
| *MACROLIDES* | | |
| *AZITHROMYCIN*** | | |
| azithromycin intravenous solution reconstituted 500 mg | 1 or 1b* | |
| 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 |
| ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ZITHROMAX ORAL PACKET | 3 | QL |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 3 | QL |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | QL |
| ZITHROMAX TRI-PAK ORAL TABLET | 3 | QL |
| ZITHROMAX Z-PAK ORAL TABLET | 3 | QL |
| *CLARITHROMYCIN*** | | |
| clarithromycin er oral tablet extended release 24 hour | 1 or 1b* | |
| clarithromycin oral suspension reconstituted | 1 or 1b* | |
| clarithromycin oral tablet | 1 or 1b* | |
| *ERYTHROMYCINS*** | | |
| e.e.s. 400 oral tablet | 1 or 1b* | |
| ery-tab oral tablet delayed release | 1 or 1b* | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------------|
| erythrocin stearate oral tablet 250 mg | 1 or 1b* | |
| erythromycin base oral capsule delayed release particles | 1 or 1b* | |
| erythromycin base oral tablet | 1 or 1b* | |
| erythromycin base oral tablet delayed release | 1 or 1b* | |
| erythromycin ethylsuccinate oral suspension reconstituted | 1 or 1b* | |
| erythromycin ethylsuccinate oral tablet | 1 or 1b* | |
| erythromycin oral tablet delayed release | 1 or 1b* | |
| *FIDAXOMICIN*** | | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | 3 | |
| DIFICID ORAL TABLET | 3 | |
| *MEDICAL DEVICES AND SUPPLIES* | | |
| *CERVICAL CAPS*** | | |
| FEMCAP VAGINAL DEVICE | 2 | \$0 |
| *CONDOMS - FEMALE*** | | |
| FC FEMALE CONDOM | 2 | QL; OTC; \$0 |
| FC2 FEMALE CONDOM | 2 | QL; OTC; \$0 |
| *DENTAL DESENSITIZING PRODUCTS*** | | |
| REMESENSE DENTAL | 3 | |
| *DENTIFRICES*** | | |
| MI PASTE DENTAL PASTE | 3 | |
| MI PASTE PLUS DENTAL PASTE | 3 | |
| *DIAPHRAGMS*** | | |
| CAYA VAGINAL DIAPHRAGM | 2 | \$0 |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | 3 | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | 2 | \$0 |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | 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 |
|---|------|---------|
| 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 |
| *GLUCOSE MONITORING TEST SUPPLIES*** | | |
| 1ST TIER UNILET COMFORTOUCH | 2 | QL; OTC |
| ACCU-CHEK FASTCLIX LANCET KIT | 2 | OTC |
| ACCU-CHEK FASTCLIX LANCETS | 2 | QL; OTC |
| ACCU-CHEK MULTICLIX LANCETS | 2 | QL; OTC |
| ACCU-CHEK SAFE-T PRO LANCETS | 2 | QL; OTC |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | 2 | OTC |
| ACCU-CHEK SOFTCLIX LANCETS | 2 | QL; OTC |
| ACTI-LANCE 28G | 2 | QL; OTC |
| ACTI-LANCE LITE LANCETS 28G | 2 | QL; OTC |
| ACTI-LANCE SPECIAL LANCETS 17G | 2 | QL; OTC |
| ACTI-LANCE UNIVERSAL 23G | 2 | QL; OTC |
| ADJUSTABLE LANCING DEVICE | 2 | OTC |
| ADVANCED MOBILE LANCET | 2 | QL; OTC |
| ADVOCATE LANCETS | 2 | QL; OTC |
| ADVOCATE LANCETS 30G | 2 | QL; OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| ADVOCATE LANCING DEVICE | 2 | OTC |
| ADVOCATE RAPID-SAFE LANCING | 2 | OTC |
| ADVOCATE SAFETY LANCETS | 2 | QL; OTC |
| ADVOCATE SAFETY LANCETS 26G | 2 | QL; OTC |
| AGAMATRIX ULTRA-THIN LANCETS | 2 | QL; OTC |
| AIMSCO TWIST LANCETS 32G | 2 | QL; OTC |
| AIMSCO TWIST LANCETS 33G | 2 | QL; OTC |
| AQUALANCE LANCETS 30G | 2 | QL; OTC |
| ASSURE COMFORT LANCETS 28G | 2 | QL; OTC |
| ASSURE HAEMOLANCE PLUS HIGH | 2 | QL; OTC |
| ASSURE HAEMOLANCE PLUS LOW | 2 | QL; OTC |
| ASSURE HAEMOLANCE PLUS MICRO | 2 | QL; OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | 2 | QL; OTC |
| ASSURE HAEMOLANCE PLUS PED | 2 | QL; OTC |
| ASSURE LANCE LANCETS | 2 | QL; OTC |
| ASSURE LANCE LANCETS 21G | 2 | QL; OTC |
| ASSURE LANCE PLUS SAFETY 25G | 2 | QL; OTC |
| ASSURE LANCE PLUS SAFETY 30G | 2 | QL; OTC |
| ASSURE LANCE SAFETY LANCET 28G | 2 | QL; OTC |
| AURORA LANCET SUPER THIN 30G | 2 | QL; OTC |
| AURORA LANCET THIN 23G | 2 | QL; OTC |
| AUTO-LANCET | 2 | OTC |
| AUTO-LANCET MINI | 2 | OTC |
| AUTOLET II CLINISAFE KIT | 2 | OTC |
| AUTOLET LANCING DEVICE | 2 | OTC |

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

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| Drug Name | Tier | Notes |
|-------------------------------|------|---------|
| AUTOLET LITE CLINISAFE KIT | 2 | OTC |
| AUTOLET LITE STARTER PACK KIT | 2 | OTC |
| AUTOLET MINI | 2 | OTC |
| AUTOLET PLATFORMS | 2 | OTC |
| AUTOLET PLUS | 2 | OTC |
| BD LANCET ULTRAFINE 30G | 2 | QL; OTC |
| BD LANCET ULTRAFINE 33G | 2 | QL; OTC |
| BD MICROTAINER LANCETS | 2 | QL; OTC |
| CARDIOCOM LANCING DEVICE | 2 | OTC |
| CAREONE ADVANCED LANCING DEV | 2 | OTC |
| CAREONE LANCET SUPER THIN 30G | 2 | QL; OTC |
| CAREONE LANCET THIN 23G | 2 | QL; OTC |
| CARESENS LANCETS | 2 | QL; OTC |
| CARETOUCH LANCING/EJECTOR | 2 | OTC |
| CARETOUCH SAFETY LANCETS | 2 | QL; OTC |
| CARETOUCH SAFETY LANCETS 26G | 2 | QL; OTC |
| CARETOUCH TWIST LANCETS 28G | 2 | QL; OTC |
| CARETOUCH TWIST LANCETS 30G | 2 | QL; OTC |
| CARETOUCH TWIST LANCETS 33G | 2 | QL; OTC |
| CLEANLET LANCETS 28G | 2 | QL; OTC |
| CLEVER CHEK LANCETS | 2 | QL; OTC |
| CLEVER CHOICE LANCETS 21G | 2 | QL; OTC |
| CLEVER CHOICE LANCETS 23G | 2 | QL; OTC |
| CLEVER CHOICE LANCETS 28G | 2 | QL; OTC |
| COAGUCHEK LANCETS | 2 | QL; OTC |
| COMFORT ASSURED LANCETS 28G | 2 | QL; OTC |

| Drug Name | Tier | Notes |
|-------------------------------------|------|---------|
| COMFORT ASSURED LANCETS 33G | 2 | QL; OTC |
| COMFORT LANCETS | 2 | QL; OTC |
| CVS LANCETS 21G | 2 | QL; OTC |
| CVS LANCETS MICRO THIN 33G | 2 | QL; OTC |
| CVS LANCETS ORIGINAL | 2 | QL; OTC |
| CVS LANCETS THIN 26G | 2 | QL; OTC |
| CVS LANCETS ULTRA THIN 30G | 2 | QL; OTC |
| CVS LANCETS ULTRA-THIN 30G | 2 | QL; OTC |
| CVS LANCING DEVICE | 2 | OTC |
| CVS ULTRA THIN LANCETS | 2 | QL; OTC |
| DEXCOM G4 PLAT PED RCV/SHARE DEVICE | 2 | PA; QL |
| DEXCOM G4 PLAT PED RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G4 PLATINUM RCV/SHARE DEVICE | 2 | PA; QL |
| DEXCOM G4 PLATINUM RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G4 PLATINUM TRANSMITTER | 2 | PA; QL |
| DEXCOM G4 SENSOR | 2 | PA; QL |
| DEXCOM G5 MOB/G4 PLAT SENSOR | 2 | PA; QL |
| DEXCOM G5 MOBILE RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G5 MOBILE TRANSMITTER | 2 | PA; QL |
| DEXCOM G5 RECEIVER KIT DEVICE | 2 | PA; QL |
| DEXCOM G6 RECEIVER DEVICE | 2 | PA; QL |
| DEXCOM G6 SENSOR | 2 | PA; QL |
| DEXCOM G6 TRANSMITTER | 2 | PA; QL |
| DIATHRIVE LANCET ULTRA THIN 30 | 2 | QL; OTC |
| DIATHRIVE LANCETS | 2 | QL; OTC |
| DIATHRIVE LANCING DEVICE | 2 | OTC |
| DROPLET GENTEEL LANCING DEVICE | 2 | OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| DROPLET LANCETS ULTRA THIN 30G | 2 | QL; OTC |
| DROPLET LANCING DEVICE | 2 | OTC |
| DROPLET PERSONAL LANCETS 30G | 2 | QL; OTC |
| DRUG MART LANCETS THIN 26G | 2 | QL; OTC |
| DRUG MART LANCING DEVICE | 2 | OTC |
| DRUG MART ON-THE-GO LANCET 30G | 2 | QL; OTC |
| DRUG MART UNILET LANCETS 28G | 2 | QL; OTC |
| DRUG MART UNILET LANCETS 30G | 2 | QL; OTC |
| DRUG MART UNILET LANCETS 33G | 2 | QL; OTC |
| EASY COMFORT LANCETS | 2 | QL; OTC |
| EASY COMFORT LANCETS TWIST TOP | 2 | QL; OTC |
| EASY MINI EJECT LANCING DEVICE | 2 | OTC |
| EASY MINI LANCING DEVICE | 2 | OTC |
| EASY TOUCH LANCETS 21G | 2 | QL; OTC |
| EASY TOUCH LANCETS 23G | 2 | QL; OTC |
| EASY TOUCH LANCETS 26G | 2 | QL; OTC |
| EASY TOUCH LANCETS 28G | 2 | QL; OTC |
| EASY TOUCH LANCETS 28G/TWIST | 2 | QL; OTC |
| EASY TOUCH LANCETS 30G | 2 | QL; OTC |
| EASY TOUCH LANCETS 30G/TWIST | 2 | QL; OTC |
| EASY TOUCH LANCETS 32G | 2 | QL; OTC |
| EASY TOUCH LANCETS 32G/TWIST | 2 | QL; OTC |
| EASY TOUCH LANCETS 33G/TWIST | 2 | QL; OTC |
| EASY TOUCH LANCING DEVICE | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| EASY TOUCH SAFETY LANCETS 21G | 2 | QL; OTC |
| EASY TOUCH SAFETY LANCETS 23G | 2 | QL; OTC |
| EASY TOUCH SAFETY LANCETS 26G | 2 | QL; OTC |
| EASY TOUCH SAFETY LANCETS 28G | 2 | QL; OTC |
| EMBRACE LANCETS ULTRA THIN 30G | 2 | QL; OTC |
| EMBRACE LANCING DEVICE/EJECTOR | 2 | OTC |
| ENLITE GLUCOSE SENSOR | 3 | PA; QL |
| EQL COLOR LANCETS 21G | 2 | QL; OTC |
| EQL COLOR LANCETS MICRO 33G | 2 | QL; OTC |
| EQL SUPER THIN LANCETS 30G | 2 | QL; OTC |
| EQL THIN LANCETS 26G | 2 | QL; OTC |
| EVERSENSE SENSOR/HOLDER | 3 | PA; QL |
| EVERSENSE SMART TRANSMITTER | 3 | PA; QL |
| E-Z JECT LANCET MICRO-THIN 33G | 2 | QL; OTC |
| E-Z JECT LANCET SUPER THIN 30G | 2 | QL; OTC |
| E-Z JECT LANCETS | 2 | QL; OTC |
| E-Z JECT LANCETS 21G | 2 | QL; OTC |
| E-Z JECT LANCETS THIN 26G | 2 | QL; OTC |
| EZ-LETS LANCETS 21G | 2 | QL; OTC |
| EZ-LETS LANCETS 26G | 2 | QL; OTC |
| EZ-LETS LANCETS 28G | 2 | QL; OTC |
| EZ-LETS LANCETS 30G | 2 | QL; OTC |
| FIFTY50 SAFETY SEAL LANCETS | 2 | QL; OTC |
| FIFTY50 UNILET LANCETS 33G | 2 | QL; OTC |
| FINE 30 | 2 | QL; OTC |
| FINGERSTIX LANCETS | 2 | QL; OTC |
| FORA LANCETS | 2 | QL; OTC |
| FORA LANCING DEVICE | 2 | OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------------|------|---------|
| FREDS PHARMACY AUTOLET LANCING | 2 | OTC |
| FREDS PHARMACY UNILET LANC 28G | 2 | QL; OTC |
| FREDS PHARMACY UNILET LANC 30G | 2 | QL; OTC |
| FREESTYLE LANCETS | 2 | QL; OTC |
| FREESTYLE LIBRE 14 DAY READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE 2 READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA; QL |
| FREESTYLE LIBRE READER DEVICE | 2 | PA; QL |
| FREESTYLE LIBRE SENSOR SYSTEM | 2 | PA; QL |
| FREESTYLE UNISTICK II LANCETS | 2 | QL; OTC |
| GENTEEL BUTTERFLY TOUCH LANCET | 2 | QL; OTC |
| GENTEEL CONTACT TIPS (BLUE) | 2 | OTC |
| GENTEEL CONTACT TIPS (CLEAR) | 2 | OTC |
| GENTEEL CONTACT TIPS (GREEN) | 2 | OTC |
| GENTEEL CONTACT TIPS (ORANGE) | 2 | OTC |
| GENTEEL CONTACT TIPS (RAINBOW) | 2 | OTC |
| GENTEEL CONTACT TIPS (VIOLET) | 2 | OTC |
| GENTEEL CONTACT TIPS (YELLOW) | 2 | OTC |
| GENTEEL LANCING KIT (BLUE) KIT | 2 | OTC |
| GENTEEL NOZZLES | 2 | OTC |
| GENTEEL PLUS LANCING (BLACK) | 2 | OTC |
| GENTEEL PLUS LANCING (PURPLE) | 2 | OTC |
| GENTEEL PLUS LANCING (WHITE) | 2 | OTC |
| GENTEEL PLUS LANCING DEV(BLUE) | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| GENTEEL PLUS LANCING DEV(PINK) | 2 | OTC |
| GENTLE-LET GP LANCETS | 2 | QL; OTC |
| GENTLE-LET LANCETS | 2 | QL; OTC |
| GENTLE-LET PLATFORMS | 2 | OTC |
| GLOBAL INJECT EASE LANCETS 28G | 2 | QL; OTC |
| GLOBAL INJECT EASE LANCETS 30G | 2 | QL; OTC |
| GLOBAL LANCING DEVICE | 2 | OTC |
| GLUCOCOM LANCETS 28G | 2 | QL; OTC |
| GLUCOCOM LANCETS 30G | 2 | QL; OTC |
| GLUCOCOM LANCETS 33G | 2 | QL; OTC |
| GNP LANCETS | 2 | QL; OTC |
| GNP LANCETS 21G | 2 | QL; OTC |
| GNP LANCETS MICRO THIN 33G | 2 | QL; OTC |
| GNP LANCETS SUPER THIN 30G | 2 | QL; OTC |
| GNP LANCETS THIN | 2 | QL; OTC |
| GNP LANCETS THIN 26G | 2 | QL; OTC |
| GNP MICRO THIN LANCETS 33G | 2 | QL; OTC |
| GNP SUPER THIN LANCETS 30G | 2 | QL; OTC |
| GOJJI LANCING DEVICE/CLEAR CAP | 2 | OTC |
| GOJJI STERILE LANCETS | 2 | QL; OTC |
| GOODSENSE COLOR LANCETS 33G | 2 | QL; OTC |
| GOODSENSE LANCETS 26G UNIV | 2 | QL; OTC |
| GOODSENSE LANCETS 30G | 2 | QL; OTC |
| GOODSENSE LANCETS 30G UNIV | 2 | QL; OTC |
| GOODSENSE LANCETS 33G | 2 | QL; OTC |
| GOODSENSE LANCETS 33G UNIV | 2 | QL; OTC |

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

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| Drug Name | Tier | Notes |
|---------------------------------------|------|---------|
| GOODSENSE LANCING DEVICE | 2 | OTC |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA; QL |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA; QL |
| GUARDIAN REAL-TIME REPLACE PED DEVICE | 3 | PA; QL |
| GUARDIAN SENSOR (3) | 3 | PA; QL |
| GUARDIAN SENSOR 3 | 3 | PA; QL |
| HAEMOLANCE | 2 | QL; OTC |
| HAEMOLANCE LOW FLOW LANCETS | 2 | QL; OTC |
| HAEMOLANCE PLUS | 2 | QL; OTC |
| HAEMOLANCE PLUS HIGH FLOW | 2 | QL; OTC |
| HAEMOLANCE PLUS LOW FLOW | 2 | QL; OTC |
| HAEMOLANCE PLUS MAX FLOW | 2 | QL; OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2 | QL; OTC |
| HEALTH CARE LANCING DEVICE | 2 | OTC |
| HEALTHY ACCENTS LANCING DEVICE | 2 | OTC |
| HEALTHY ACCENTS UNILET LANCETS | 2 | QL; OTC |
| H-E-B INCONTROL ADV LANCING | 2 | OTC |
| H-E-B INCONTROL LANCETS 28G | 2 | QL; OTC |
| H-E-B INCONTROL LANCETS 30G | 2 | QL; OTC |
| H-E-B INCONTROL LANCETS 33G | 2 | QL; OTC |
| HYPOLANCE AST LANCING KIT | 2 | OTC |
| HY-VEE LANCETS | 2 | QL; OTC |
| HY-VEE THIN LANCETS | 2 | QL; OTC |
| IN TOUCH LANCING DEVICE | 2 | OTC |
| IN TOUCH STERILE LANCETS 30G | 2 | QL; OTC |
| KINNEY LANCETS | 2 | QL; OTC |
| KINNEY THIN LANCETS | 2 | QL; OTC |
| KROGER AUTOLET LANCING DEVICE | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| KROGER HEALTHPRO LANCET 26G | 2 | QL; OTC |
| KROGER LANCETS | 2 | QL; OTC |
| KROGER LANCETS 21G | 2 | QL; OTC |
| KROGER LANCETS MICRO THIN 33G | 2 | QL; OTC |
| KROGER LANCETS SUPER THIN | 2 | QL; OTC |
| KROGER LANCETS THIN | 2 | QL; OTC |
| KROGER LANCETS THIN 26G | 2 | QL; OTC |
| KROGER LANCETS ULTRATHIN 30G | 2 | QL; OTC |
| KROGER LANCING DEVICE | 2 | OTC |
| LANCET DEVICE | 2 | OTC |
| LANCET DEVICE WITH EJECTOR | 2 | OTC |
| LANCET TRANSPORTER CASE | 2 | OTC |
| LANCETS | 2 | QL; OTC |
| LANCETS 30G | 2 | QL; OTC |
| LANCETS 33G | 2 | QL; OTC |
| LANCETS MICRO THIN 33G | 2 | QL; OTC |
| LANCETS SUPER THIN 28G | 2 | QL; OTC |
| LANCETS THIN | 2 | QL; OTC |
| LANCETS ULTRA THIN | 2 | QL; OTC |
| LANCETS ULTRA THIN 30G | 2 | QL; OTC |
| LANCING DEVICE | 2 | OTC |
| LANZO | 2 | OTC |
| LEADER ADVANCED LANCING DEVICE | 2 | OTC |
| LIBERTY MEDICAL LANCETS | 2 | QL; OTC |
| LIBERTY MINI LANCING DEVICE | 2 | OTC |
| LIFESCAN UNISTIK 2 | 2 | QL; OTC |
| LIFESCAN UNISTIK II LANCETS | 2 | QL; OTC |
| LITE TOUCH LANCETS | 2 | QL; OTC |
| LITE TOUCH LANCING PEN | 2 | OTC |
| LITETOUCH LANCETS | 2 | QL; OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| LIVE BETTER ADV LANCING DEVICE | 2 | OTC |
| LIVE BETTER LANCET SUPER THIN | 2 | QL; OTC |
| LIVE BETTER LANCET ULTRA THIN | 2 | QL; OTC |
| LONGS LANCETS STANDARD | 2 | QL; OTC |
| LONGS LANCETS THIN | 2 | QL; OTC |
| LONGS LANCETS ULTRA THIN | 2 | QL; OTC |
| MEDICHOICE SAFETY LANCET | 2 | QL; OTC |
| MEDICHOICE SAFETY LANCET EXTRA | 2 | QL; OTC |
| MEDICHOICE SAFETY LANCET NORM | 2 | QL; OTC |
| MEDISENSE THIN LANCETS | 2 | QL; OTC |
| MEDLANCE EXTRA 21G | 2 | QL; OTC |
| MEDLANCE LITE 25G | 2 | QL; OTC |
| MEDLANCE PLUS EXTRA 21G | 2 | QL; OTC |
| MEDLANCE PLUS LANCETS | 2 | QL; OTC |
| MEDLANCE PLUS LITE 25G | 2 | QL; OTC |
| MEDLANCE PLUS SPECIAL 0.8MM | 2 | QL; OTC |
| MEDLANCE PLUS SUPERLITE 30G | 2 | QL; OTC |
| MEDLANCE PLUS UNIVERSAL 21G | 2 | QL; OTC |
| MEDLANCE UNIVERSAL 21G | 2 | QL; OTC |
| MEIJER LANCETS | 2 | QL; OTC |
| MEIJER LANCETS THIN | 2 | QL; OTC |
| MEIJER LANCETS UNIVERSAL 21G | 2 | QL; OTC |
| MEIJER LANCETS UNIVERSAL 30G | 2 | QL; OTC |
| MEIJER LANCETS UNIVERSAL 33G | 2 | QL; OTC |
| MEIJER SUPER THIN LANCETS | 2 | QL; OTC |
| MICROLET LANCETS | 2 | QL; OTC |
| MICROLET NEXT LANCING DEVICE | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| MINI LANCING DEVICE | 2 | OTC |
| MM LANCING DEVICE | 2 | OTC |
| MM TWIST LANCETS | 2 | QL; OTC |
| MONOLET LANCETS | 2 | QL; OTC |
| MONOLET OPD LANCETS | 2 | QL; OTC |
| MONOLETTOR SAFETY LANCETS | 2 | QL; OTC |
| MPD SAFETY LANCET 21G | 2 | QL; OTC |
| MPD SAFETY LANCET 23G | 2 | QL; OTC |
| MPD SAFETY LANCET 28G | 2 | QL; OTC |
| MPD SAFETY LANCET 30G | 2 | QL; OTC |
| MULTI-LANCET DEVICE | 2 | OTC |
| MULTI-LANCET DEVICE 2 KIT | 2 | OTC |
| MYGLUCOHEALTH LANCETS 30G | 2 | QL; OTC |
| NOVA SAFETY LANCETS 23G | 2 | QL; OTC |
| NOVA SAFETY LANCETS 28G | 2 | QL; OTC |
| NOVA SUREFLEX LANCETS | 2 | QL; OTC |
| NOVA SUREFLEX LANCING DEVICE | 2 | OTC |
| ONETOUCH CLUB LANCETS FINE PT | 2 | QL; OTC |
| ONETOUCH DELICA LANCETS 30G | 2 | QL; OTC |
| ONETOUCH DELICA LANCETS 33G | 2 | QL; OTC |
| ONETOUCH DELICA LANCING DEV | 2 | OTC |
| ONETOUCH DELICA PLUS LANCET30G | 2 | QL; OTC |
| ONETOUCH DELICA PLUS LANCET33G | 2 | QL; OTC |
| ONETOUCH DELICA PLUS LANCING | 2 | OTC |
| ONETOUCH FINEPOINT LANCETS | 2 | QL; OTC |
| ONETOUCH SURESOFT LANCING DEV | 2 | OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| ONETOUCH ULTRASOFT LANCETS | 2 | QL; OTC |
| PC LANCETS SUPER THIN 30G | 2 | QL; OTC |
| PENLET II BLOOD SAMPLER KIT | 2 | OTC |
| PENLET II REPLACEMENT CAP | 2 | OTC |
| PERFECT LANCETS 28G | 2 | QL; OTC |
| PERFECT LANCETS 30G | 2 | QL; OTC |
| PHARMACIST CHOICE LANCETS | 2 | QL; OTC |
| PHARMACY COUNTER LANCETS | 2 | QL; OTC |
| PIP LANCETS 28G | 2 | QL; OTC |
| PIP LANCETS 30G | 2 | QL; OTC |
| PRECISION THINS GP LANCETS | 2 | QL; OTC |
| PREFERRED PLUS LANCETS COLORED | 2 | QL; OTC |
| PREFERRED PLUS LANCETS THIN | 2 | QL; OTC |
| PRESSURE ACTIVAT SAFETY LANCET | 2 | QL; OTC |
| PRO COMFORT LANCETS 30G | 2 | QL; OTC |
| PRO COMFORT LANCETS 31G | 2 | QL; OTC |
| PRODIGY LANCETS 28G | 2 | QL; OTC |
| PRODIGY LANCING DEVICE | 2 | OTC |
| PRODIGY SAFETY LANCETS 26G | 2 | QL; OTC |
| PRODIGY TWIST TOP LANCETS 28G | 2 | QL; OTC |
| PSS SELECT GP LANCETS | 2 | QL; OTC |
| PSS SELECT PLATFORMS | 2 | OTC |
| PSS SELECT SAFETY LANCETS | 2 | QL; OTC |
| PUSH BUTTON SAFETY LANCETS | 2 | QL; OTC |
| PUSH BUTTON SAFETY LANCETS 28G | 2 | QL; OTC |
| PX ADVANCED LANCING DEVICE | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| PX LANCET AUTO INJECTOR | 2 | OTC |
| PX LANCETS ULTRA THIN | 2 | QL; OTC |
| PX LANCETS ULTRA THIN 28G | 2 | QL; OTC |
| QC ADVANCED LANCING DEVICE | 2 | OTC |
| QC LANCETS SUPER THIN 30G | 2 | QL; OTC |
| QC LANCETS ULTRA THIN | 2 | QL; OTC |
| QC UNILET LANCETS 28G | 2 | QL; OTC |
| QC UNILET LANCETS MICRO THIN | 2 | QL; OTC |
| RA E-ZJECT LANCETS 28G | 2 | QL; OTC |
| RA E-ZJECT LANCETS THIN 26G | 2 | QL; OTC |
| RA E-ZJECT LANCETS THIN 28G | 2 | QL; OTC |
| RA E-ZJECT LANCETS ULTRA THIN | 2 | QL; OTC |
| READYLANC SAFETY LANCETS | 2 | QL; OTC |
| REALITY LANCETS | 2 | QL; OTC |
| REALITY TRIGGER LANCETS | 2 | QL; OTC |
| RELION LANCET DEVICES 30G | 2 | OTC |
| RELION LANCETS MICRO-THIN 33G | 2 | QL; OTC |
| RELION LANCETS THIN 26G | 2 | QL; OTC |
| RELION LANCETS ULTRA-THIN 30G | 2 | QL; OTC |
| RELION LANCING DEVICE | 2 | OTC |
| RELION LANCING DEVICE KIT | 2 | OTC |
| RELION ULTRA THIN LANCETS 30G | 2 | QL; OTC |
| RELION ULTRA THIN PLUS LANCETS | 2 | QL; OTC |
| REXALL LANCETS ULTRA THIN 30G | 2 | QL; OTC |
| RIGHTEST ALTERNATE SITE ADAPT | 2 | OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| RIGHTEST GD500 LANCING DEVICE | 2 | OTC |
| RIGHTEST GL300 LANCETS | 2 | QL; OTC |
| SAFE-T-LANCE | 2 | QL; OTC |
| SAFE-T-LANCE PLUS | 2 | QL; OTC |
| SAFETY LANCET 21G/PRESSURE ACT | 2 | QL; OTC |
| SAFETY LANCET 23G/PRESSURE ACT | 2 | QL; OTC |
| SAFETY LANCET 28G/PRESSURE ACT | 2 | QL; OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2 | QL; OTC |
| SAFETY LANCETS | 2 | QL; OTC |
| SAFETY LANCETS 21G | 2 | QL; OTC |
| SAFETY LANCETS 28G | 2 | QL; OTC |
| SAPS HEALTH TWIST TOP LANCETS | 2 | QL; OTC |
| SAPS TWIST TOP LANCETS | 2 | QL; OTC |
| SAPSCARE TWIST TOP LANCETS | 2 | QL; OTC |
| SB LANCETS THIN | 2 | QL; OTC |
| SB LANCETS ULTRA THIN | 2 | QL; OTC |
| SELECT-LITE DEVICE/LANCETS KIT | 2 | OTC |
| SELECT-LITE LANCING DEVICE | 2 | OTC |
| SHOPKO AUTOLET LANCING DEVICE | 2 | OTC |
| SHOPKO ON-THE-GO LANCETS 30G | 2 | QL; OTC |
| SHOPKO UNILET LANCETS 28G | 2 | QL; OTC |
| SHOPKO UNILET LANCETS 30G | 2 | QL; OTC |
| SIDE BUTTON SAFETY LANCET | 2 | QL; OTC |
| SIMPLE DIAGNOSTICS LANCING DEV | 2 | OTC |
| SINGLE-LET | 2 | QL; OTC |
| SM LANCETS 33G | 2 | QL; OTC |
| SM TRUEDRAW LANCING DEVICE | 2 | OTC |
| SMART DIABETES VANTAGE LANCING | 2 | OTC |

| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| SMART SENSE COLOR LANCETS 33G | 2 | QL; OTC |
| SMART SENSE STANDARD LANCETS | 2 | QL; OTC |
| SMART SENSE SUPER THIN LANCETS | 2 | QL; OTC |
| SMART SENSE THIN LANCETS 26G | 2 | QL; OTC |
| SMARTEST LANCETS 28G | 2 | QL; OTC |
| SOLUS V2 LANCETS 28G | 2 | QL; OTC |
| SOLUS V2 LANCING DEVICE | 2 | OTC |
| SOLUS V2 TWIST LANCETS 30G | 2 | QL; OTC |
| STERILANCE PA | 2 | OTC |
| STERILANCE TL | 2 | QL; OTC |
| SUPER THIN LANCETS | 2 | QL; OTC |
| SURE COMFORT LANCETS 18G | 2 | QL; OTC |
| SURE COMFORT LANCETS 21G | 2 | QL; OTC |
| SURE COMFORT LANCETS 23G | 2 | QL; OTC |
| SURE COMFORT LANCETS 28G | 2 | QL; OTC |
| SURE COMFORT LANCETS 30G | 2 | QL; OTC |
| SURE COMFORT LANCING PEN | 2 | OTC |
| SURE-LANCE FLAT LANCETS | 2 | QL; OTC |
| SURE-LANCE LANCETS 26G | 2 | QL; OTC |
| SURE-LANCE THIN LANCETS 28G | 2 | QL; OTC |
| SURE-LANCE ULTRA THIN LANCETS | 2 | QL; OTC |
| SURELITE LANCETS | 2 | QL; OTC |
| SURE-PEN | 2 | OTC |
| SURE-TOUCH LANCETS UNIVERSAL | 2 | QL; OTC |
| TECHLITE AST LANCETS | 2 | QL; OTC |
| TECHLITE LANCETS | 2 | QL; OTC |
| TECHLITE LANCETS 30G | 2 | QL; OTC |

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

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| Drug Name | Tier | Notes |
|--------------------------------|------|---------|
| TGT LANCET MICRO THIN 33G | 2 | QL; OTC |
| TGT LANCET THIN 26G | 2 | QL; OTC |
| TGT LANCET ULTRA THIN 30G | 2 | QL; OTC |
| TGT LANCING DEVICE | 2 | OTC |
| THINLETS GP LANCETS | 2 | QL; OTC |
| TODAYS HEALTH LANCING DEVICE | 2 | OTC |
| TODAYS HEALTH THIN LANCETS 28G | 2 | QL; OTC |
| TODAYS HEALTH THIN LANCETS 30G | 2 | QL; OTC |
| TOPCARE LANCETS MICRO-THIN 33G | 2 | QL; OTC |
| TRAVEL LANCETS | 2 | QL; OTC |
| TRAVEL LANCETS ADVANCED 28G | 2 | QL; OTC |
| TRUE COMFORT TWIST TOP LANCETS | 2 | QL; OTC |
| TRUEPLUS LANCETS 26G | 2 | QL; OTC |
| TRUEPLUS LANCETS 28G | 2 | QL; OTC |
| TRUEPLUS LANCETS 30G | 2 | QL; OTC |
| TRUEPLUS LANCETS 33G | 2 | QL; OTC |
| TRUEPLUS SAFETY LANCETS 28G | 2 | QL; OTC |
| ULTI-LANCE AUTOMATIC | 2 | OTC |
| ULILET CLASSIC LANCETS | 2 | QL; OTC |
| ULILET LANCETS | 2 | QL; OTC |
| ULILET SAFETY LANCETS | 2 | QL; OTC |
| ULILET SAFETY LANCETS 23G | 2 | QL; OTC |
| ULTRA THIN LANCETS 31G | 2 | QL; OTC |
| ULTRA-CARE LANCETS 30G | 2 | QL; OTC |
| ULTRA-THIN II AUTO LANCET | 2 | QL; OTC |
| ULTRA-THIN II LANCETS | 2 | QL; OTC |

| Drug Name | Tier | Notes |
|-------------------------------|------|---------|
| UNILET COMFORTOUCH LANCET | 2 | QL; OTC |
| UNILET EXCELITE | 2 | QL; OTC |
| UNILET EXCELITE II | 2 | QL; OTC |
| UNILET G.P. LANCET | 2 | QL; OTC |
| UNILET G.P. SUPERLITE LANCET | 2 | QL; OTC |
| UNILET GP 28 ULTRA THIN | 2 | QL; OTC |
| UNILET LANCET | 2 | QL; OTC |
| UNILET MICRO-THIN 33G | 2 | QL; OTC |
| UNILET SUPERLITE LANCET | 2 | QL; OTC |
| UNILET SUPER-THIN 30G | 2 | QL; OTC |
| UNILET ULTRA-THIN 28G | 2 | QL; OTC |
| UNISTIK 1 | 2 | OTC |
| UNISTIK 2 | 2 | OTC |
| UNISTIK 2 COMFORT | 2 | OTC |
| UNISTIK 2 EXTRA | 2 | OTC |
| UNISTIK 2 NEONATAL | 2 | OTC |
| UNISTIK 2 NORMAL | 2 | OTC |
| UNISTIK 2 SUPER | 2 | OTC |
| UNISTIK 3 | 2 | OTC |
| UNISTIK 3 COMFORT | 2 | OTC |
| UNISTIK 3 EXTRA | 2 | OTC |
| UNISTIK 3 GENTLE | 2 | QL; OTC |
| UNISTIK 3 NEONATAL | 2 | OTC |
| UNISTIK 3 NORMAL | 2 | OTC |
| UNISTIK CZT COMFORT | 2 | OTC |
| UNISTIK CZT NORMAL | 2 | OTC |
| UNISTIK PRO SAFETY LANCET | 2 | QL; OTC |
| UNISTIK SAFETY LANCETS 28G | 2 | QL; OTC |
| UNISTIK SAFETY LANCETS 30G | 2 | QL; OTC |
| UNISTIK TOUCH SAFETY LANC 21G | 2 | QL; OTC |
| UNISTIK TOUCH SAFETY LANC 23G | 2 | QL; OTC |

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

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| Drug Name | Tier | Notes |
|-----------------------------------|----------|-------------|
| UNISTIK TOUCH SAFETY LANC 28G | 2 | QL; OTC |
| UNISTIK TOUCH SAFETY LANC 30G | 2 | QL; OTC |
| UNIVERSAL 1 LANCETS THIN 26G | 2 | QL; OTC |
| UNIVERSAL 1 LANCETS THIN 33G | 2 | QL; OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2 | QL; OTC |
| VALUE PLUS LANCET STANDARD 21G | 2 | QL; OTC |
| VALUE PLUS LANCETS SUPER THIN | 2 | QL; OTC |
| VALUE PLUS LANCETS THIN 26G | 2 | QL; OTC |
| VALUE PLUS LANCING DEVICE | 2 | OTC |
| VALUMARK LANCET SUPER THIN 30G | 2 | QL; OTC |
| VALUMARK LANCET ULTRA THIN 28G | 2 | QL; OTC |
| VIDA MIA AUTOLET LANCING DEV | 2 | OTC |
| VIDA MIA UNILET LANCETS 28G | 2 | QL; OTC |
| VIDA MIA UNILET LANCETS 30G | 2 | QL; OTC |
| VIVAGUARD LANCETS | 2 | QL; OTC |
| VIVAGUARD LANCING DEVICE | 2 | OTC |
| WALGREENS ADV TRAVEL LANCETS | 2 | QL; OTC |
| WALGREENS LANCETS | 2 | QL; OTC |
| WALGREENS LANCETS MICRO THIN | 2 | QL; OTC |
| WALGREENS LANCETS SUPER THIN | 2 | QL; OTC |
| WALGREENS THIN LANCETS | 2 | QL; OTC |
| WALGREENS ULTRA THIN LANCETS | 2 | QL; OTC |
| *MISC. DEVICES*** | | |
| folding paddle walker | 1 or 1b* | OTC; \$0 |
| *NEEDLES & SYRINGES*** | | |
| 1ST TIER UNIFINE PENTIPS | 3 | ST; QL; OTC |

| Drug Name | Tier | Notes |
|---|------|-------------|
| 1ST TIER UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |
| ABOUTTIME PEN NEEDLE | 3 | ST; QL; OTC |
| ADVOCATE INSULIN PEN NEEDLES | 3 | ST; QL; OTC |
| ADVOCATE INSULIN SYRINGE | 3 | ST; QL; OTC |
| ASSURE ID INSULIN SAFETY SYR | 3 | ST; QL |
| ASSURE ID SAFETY PEN NEEDLES | 3 | ST; QL; OTC |
| AURORA PEN NEEDLES | 3 | ST; QL; OTC |
| AURORA UNIFINE PENTIPS | 3 | ST; QL; OTC |
| BD AUTOSHIELD 29G X 5MM , 29G X 8MM | 2 | ST; QL; OTC |
| BD AUTOSHIELD DUO | 2 | ST; QL; OTC |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | ST; QL; OTC |
| 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 | 2 | OTC |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | ST; QL; OTC |
| BD INSULIN SYRINGE HALF-UNIT | 2 | OTC |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML | 2 | OTC |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | ST; QL; OTC |
| BD INSULIN SYRINGE U/F | 2 | ST; QL; OTC |
| BD INSULIN SYRINGE U/F 1/2UNIT | 2 | ST; QL; OTC |
| BD INSULIN SYRINGE U-500 | 2 | |

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

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| Drug Name | Tier | Notes |
|--|------|-------------|
| BD 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 | ST; QL; OTC |
| BD PEN NEEDLE MICRO U/F | 2 | ST; QL; OTC |
| BD PEN NEEDLE MINI U/F | 2 | ST; QL; OTC |
| BD PEN NEEDLE NANO 2ND GEN | 2 | ST; QL; OTC |
| BD PEN NEEDLE NANO U/F | 2 | ST; QL |
| BD PEN NEEDLE ORIGINAL U/F | 2 | ST; QL; OTC |
| BD PEN NEEDLE SHORT U/F | 2 | ST; QL; OTC |
| 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 5/16" 0.3 ML | 2 | ST; QL; OTC |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML | 2 | ST; QL |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML | 2 | OTC |
| BD SAFETY-LOK INSULIN SYRINGE | 2 | ST; QL; OTC |
| BD VEO INSULIN SYR U/F 1/2UNIT | 2 | ST; QL; OTC |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML | 2 | ST; QL; OTC |
| BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML | 2 | OTC |
| CAREFINE PEN NEEDLES | 3 | ST; QL; OTC |
| CAREONE INSULIN SYRINGE | 3 | ST; QL; OTC |
| CAREONE UNIFINE PENTIPS | 3 | ST; QL; OTC |
| CAREONE UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |

| Drug Name | Tier | Notes |
|---|------|-------------|
| CARETOUCH INSULIN SYRINGE | 3 | ST; QL; OTC |
| CARETOUCH PEN NEEDLES | 3 | ST; QL; OTC |
| CLEVER CHOICE COMFORT EZ | 3 | ST; QL; OTC |
| CLICKFINE PEN NEEDLES | 3 | ST; QL; OTC |
| COMFORT ASSIST INSULIN SYRINGE | 3 | ST; QL; OTC |
| COMFORT EZ INSULIN SYRINGE | 3 | ST; QL; OTC |
| COMFORT EZ MICRO PEN NEEDLES | 3 | ST; QL; OTC |
| COMFORT EZ PEN NEEDLES | 3 | ST; QL; OTC |
| COMFORT EZ SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| COMFORT TOUCH INSULIN PEN NEED | 3 | ST; QL; OTC |
| DIATHRIVE PEN NEEDLE | 3 | ST; QL; OTC |
| 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; QL; OTC |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | 3 | OTC |
| DROPLET MICRON | 3 | OTC |
| DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM | 3 | ST; QL; OTC |
| DROPLET PEN NEEDLES 30G X 8 MM | 3 | ST; QL |
| DROPSAFE SAFETY PEN NEEDLES | 3 | ST; QL; OTC |

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

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| Drug Name | Tier | Notes |
|---|------|-------------|
| DRUG MART UNIFINE PENTIPS | 3 | ST; QL; OTC |
| DRUG MART UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |
| EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML | 3 | ST; QL; OTC |
| EASY COMFORT PEN NEEDLES | 3 | ST; QL; OTC |
| EASY GLIDE PEN NEEDLES | 3 | ST; QL; OTC |
| EASY TOUCH FLIPLOCK INSULIN SY | 3 | ST; QL; OTC |
| EASY TOUCH INSULIN SAFETY SYR | 3 | ST; QL; OTC |
| EASY TOUCH INSULIN SYRINGE | 3 | ST; QL; OTC |
| EASY TOUCH PEN NEEDLES | 3 | ST; QL; OTC |
| EASY TOUCH SAFETY PEN NEEDLES | 3 | ST; QL; OTC |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| EXEL COMFORT POINT INSULIN SYR | 3 | ST; QL; OTC |
| EXEL COMFORT POINT PEN NEEDLE | 3 | ST; QL; OTC |
| FIFTY50 PEN NEEDLES | 3 | ST; QL; OTC |
| FIFTY50 SUPERIOR COMFORT SYR | 3 | ST; QL; OTC |
| FREDS PHARMACY UNIFINE PENTIP+ | 3 | ST; QL; OTC |
| FREDS PHARMACY UNIFINE PENTIPS | 3 | ST; QL; OTC |

| Drug Name | Tier | Notes |
|--|------|-------------|
| FREESTYLE PRECISION INS SYR | 3 | ST; QL; OTC |
| GLOBAL EASE INJECT PEN NEEDLES | 3 | ST; QL; OTC |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML | 3 | ST; QL; OTC |
| GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML | 3 | OTC |
| GLOBAL EASY GLIDE PEN NEEDLES | 3 | ST; QL; OTC |
| GLOBAL INJECT EASE INSULIN SYR | 3 | ST; QL; OTC |
| GLOBAL INSULIN SYRINGES | 3 | ST; QL; OTC |
| GLUCOPRO INSULIN SYRINGE | 3 | ST; QL; OTC |
| GNP CLICKFINE PEN NEEDLES | 3 | ST; QL; OTC |
| GNP INSULIN SYRINGE | 3 | ST; QL; OTC |
| GNP ULTICARE PEN NEEDLES | 3 | ST; QL; OTC |
| GNP ULTRA COM INSULIN SYRINGE | 3 | ST; QL; OTC |
| GOODSENSE CLICKFINE PEN NEEDLE | 3 | ST; QL; OTC |
| GOODSENSE PEN NEEDLE PENFINE | 3 | ST; QL; OTC |
| HEALTHWISE INSULIN SYR/NEEDLE | 3 | ST; QL; OTC |
| HEALTHWISE MICRON PEN NEEDLES | 3 | ST; QL; OTC |
| HEALTHWISE MINI PEN NEEDLES | 3 | ST; QL; OTC |
| HEALTHWISE PEN NEEDLES | 3 | ST; QL; OTC |
| HEALTHWISE SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| HEALTHWISE UNIFINE PENTIPS | 3 | ST; QL; OTC |
| HEALTHY ACCENTS UNIFINE PENTIP | 3 | ST; QL; OTC |
| H-E-B INCONTROL PEN NEEDLES | 3 | ST; QL; OTC |

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

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| Drug Name | Tier | Notes |
|--|------|-------------|
| H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM | 3 | ST; QL; OTC |
| HM ULTICARE INSULIN SYRINGE | 3 | ST; QL; OTC |
| HM ULTICARE MINI PEN NEEDLES | 3 | ST; QL; OTC |
| HM ULTICARE SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| 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; QL; OTC |
| INSULIN SYRINGE/NEEDLE | 3 | ST; QL; OTC |
| INSULIN SYRINGE-NEEDLE U-100 | 3 | ST; QL; OTC |
| INSUPEN PEN NEEDLES | 3 | ST; QL; OTC |
| INSUPEN SENSITIVE | 3 | ST; QL; OTC |
| INSUPEN ULTRAFIN 30G X 8 MM, 31G X 6 MM, 31G X 8 MM | 3 | ST; QL; OTC |
| KINRAY INSULIN SYRINGE | 3 | ST; QL; OTC |
| KMART VALU INSULIN SYRINGE 29G | 3 | ST; QL; OTC |
| KMART VALU INSULIN SYRINGE 30G | 3 | ST; QL; OTC |
| KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| KROGER PEN NEEDLES | 3 | ST; QL; OTC |
| LEADER INSULIN SYRINGE | 3 | ST; QL; OTC |
| LEADER UNIFINE PENTIPS | 3 | ST; QL; OTC |
| LEADER UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |

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

* 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 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; QL; OTC |
| MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| NOVOFINE 32G X 6 MM | 3 | ST; QL; OTC |
| NOVOFINE AUTOCOVER | 3 | ST; QL; OTC |
| NOVOFINE PLUS | 3 | ST; QL; OTC |
| NOVOTWIST 32G X 5 MM | 3 | ST; QL; OTC |
| PC UNIFINE PENTIPS | 3 | ST; QL; OTC |
| PEN NEEDLES | 3 | ST; QL; OTC |
| PEN NEEDLES 1/2" | 3 | ST; QL; OTC |
| PEN NEEDLES 5/16" 31G X 8 MM | 3 | ST; QL; OTC |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 3 | ST; QL |
| PENTIPS 31G X 6 MM | 3 | ST; QL; OTC |
| PRECISION SUREDOSE PLUS SYR | 3 | ST; QL; OTC |
| PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML | 3 | ST; QL; OTC |
| PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML | 3 | OTC |
| PREFERRED PLUS INSULIN SYRINGE | 3 | ST; QL; OTC |
| PREFERRED PLUS UNIFINE PENTIPS | 3 | ST; QL; OTC |
| PREVENT SAFETY PEN NEEDLES | 3 | ST; QL; OTC |
| PRO COMFORT INSULIN SYRINGE | 3 | ST; QL; OTC |
| PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 5 MM | 3 | ST; QL |
| PRO COMFORT PEN NEEDLES 32G X 6 MM | 3 | ST; QL; OTC |

| Drug Name | Tier | Notes |
|---|------|-------------|
| PRODIGY INSULIN SYRINGE | 3 | ST; QL; OTC |
| PURE COMFORT PEN NEEDLE | 3 | ST; QL; OTC |
| PX EXTRA SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| PX INSULIN SYRINGE 30G X 1/2" 0.5 ML | 3 | ST; QL; OTC |
| PX MINI PEN NEEDLES | 3 | ST; QL; OTC |
| PX PEN NEEDLE | 3 | ST; QL; OTC |
| PX SHORTLENGTH PEN NEEDLES | 3 | ST; QL; OTC |
| QC PEN NEEDLES | 3 | ST; QL; OTC |
| QC UNIFINE PENTIPS | 3 | ST; QL; OTC |
| RA INSULIN SYRINGE | 3 | ST; QL; OTC |
| RA PEN NEEDLES | 3 | ST; QL; OTC |
| REALITY INSULIN SYRINGE | 3 | ST; QL; OTC |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| RELION MINI PEN NEEDLES | 3 | ST; QL; OTC |
| RELION PEN NEEDLES | 3 | ST; QL; OTC |
| RELION SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| SAFETY INSULIN SYRINGES | 3 | ST; QL; OTC |
| SB INSULIN SYRINGE | 3 | ST; QL; OTC |
| SECURESAFE INSULIN SYRINGE | 3 | ST; QL; OTC |
| SECURESAFE SAFETY PEN NEEDLES | 3 | ST; QL; OTC |
| SHOPKO UNIFINE PENTIPS | 3 | ST; QL; OTC |
| SHOPKO UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |
| SURE COMFORT INSULIN SYRINGE | 3 | ST; QL; OTC |
| SURE COMFORT PEN NEEDLES | 3 | ST; QL; OTC |
| SURE-FINE PEN NEEDLES | 3 | ST; QL; OTC |
| SURE-JECT INSULIN SYRINGE | 3 | ST; QL; OTC |

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

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| Drug Name | Tier | Notes |
|--|------|-------------|
| TECHLITE INSULIN SYRINGE | 3 | ST; QL; OTC |
| TECHLITE PEN NEEDLES | 3 | ST; QL; OTC |
| TODAYS HEALTH MINI PEN NEEDLES | 3 | ST; QL; OTC |
| TODAYS HEALTH PEN NEEDLES | 3 | ST; QL; OTC |
| TODAYS HEALTH SHORT PEN NEEDLE | 3 | ST; QL; OTC |
| TOPCARE CLICKFINE PEN NEEDLES | 3 | ST; QL; OTC |
| TOPCARE ULTRA COMFORT INS SYR | 3 | ST; QL; OTC |
| TRUE COMFORT INSULIN SYRINGE | 3 | ST; QL; OTC |
| TRUE COMFORT PEN NEEDLES | 3 | ST; QL; OTC |
| TRUE COMFORT PRO INSULIN SYR | 3 | ST; QL; OTC |
| TRUE COMFORT PRO PEN NEEDLES | 3 | ST; QL; OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES | 3 | ST; QL; OTC |
| TRUEPLUS INSULIN SYRINGE | 3 | ST; QL; OTC |
| TRUEPLUS PEN NEEDLES 31G X 6 MM | 3 | ST; QL; OTC |
| ULTICARE INSULIN SAFETY SYR | 3 | ST; QL |
| ULTICARE INSULIN SYRINGE | 3 | ST; QL; OTC |
| ULTICARE MICRO PEN NEEDLES | 3 | ST; QL; OTC |
| ULTICARE MINI PEN NEEDLES | 3 | ST; QL; OTC |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 3 | ST; QL; OTC |
| ULTICARE SHORT PEN NEEDLES | 3 | ST; QL; OTC |
| ULTIGUARD SAFEPAK PEN NEEDLE | 3 | ST; QL; OTC |

| Drug Name | Tier | Notes |
|---|------|-------------|
| ULTILET INSULIN SYRINGE 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 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML | 3 | ST; QL; OTC |
| ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML | 3 | ST; QL |
| ULTILET INSULIN SYRINGE SHORT | 3 | ST; QL; OTC |
| ULTILET PEN NEEDLE | 3 | ST; QL; OTC |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | 3 | ST; QL; OTC |
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM | 3 | ST; QL; OTC |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML | 3 | ST; QL; OTC |
| ULTRA THIN PEN NEEDLES | 3 | ST; QL; OTC |
| ULTRACARE INSULIN SYRINGE | 3 | ST; QL; OTC |
| ULTRACARE PEN NEEDLES | 3 | ST; QL; OTC |
| ULTRA-COMFORT INSULIN SYRINGE | 3 | ST; QL; OTC |
| ULTRA-THIN II INS SYR SHORT | 3 | ST; QL; OTC |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 3 | ST; QL; OTC |
| ULTRA-THIN II MINI PEN NEEDLE | 3 | ST; QL; OTC |
| ULTRA-THIN II PEN NEEDLE SHORT | 3 | ST; QL; OTC |
| ULTRA-THIN II PEN NEEDLES | 3 | ST; QL; OTC |
| UNIFINE PENTIPS | 3 | ST; QL; OTC |
| UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |
| UNIFINE SAFECONTROL PEN NEEDLE | 3 | ST; QL; OTC |
| VALUE HEALTH INSULIN SYRINGE | 3 | ST; QL; OTC |

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

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| Drug Name | Tier | Notes |
|--|----------|-------------|
| VALUMARK PEN NEEDLES | 3 | ST; QL; OTC |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 3 | ST; QL; OTC |
| VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML | 3 | OTC |
| VIDA MIA UNIFINE PENTIPS | 3 | ST; QL; OTC |
| VP INSULIN SYRINGE | 3 | ST; QL; OTC |
| WEGMANS UNIFINE PENTIPS PLUS | 3 | ST; QL; OTC |
| *MIGRAINE PRODUCTS* | | |
| *CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** | | |
| NURTEC ORAL TABLET DISPERSIBLE | 2 | ST; QL |
| *CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 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 |
| *ERGOT COMBINATIONS*** | | |
| ergotamine-caffeine oral tablet | 1 or 1b* | |
| migergot rectal suppository | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| *MIGRAINE PRODUCTS*** | | |
| dihydroergotamine mesylate injection solution | 1 or 1b* | PA; QL |
| *SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** | | |
| sumatriptan-naproxen sodium oral tablet | 1 or 1b* | ST; QL |
| *SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** | | |
| 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 | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml | 1 or 1b* | QL |
| sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml | 1 or 1b* | QL |
| zolmitriptan nasal solution | 1 or 1b* | ST; QL |
| zolmitriptan oral tablet | 1 or 1b* | QL |
| zolmitriptan oral tablet dispersible | 1 or 1b* | QL |
| *MINERALS & ELECTROLYTES* | | |
| *BICARBONATES*** | | |
| SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| THAM INTRAVENOUS SOLUTION | 3 | |
| *CALCIUM COMBINATIONS*** | | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 2-0.675 GM/100ML-% | 3 | |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-% | 3 | |
| *ELECTROLYTES & DEXTROSE*** | | |
| DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION | 3 | |
| dextrose in lactated ringers intravenous solution | 1 or 1b* | |
| DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 % | 3 | |
| dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 % | 3 | |
| dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 % | 1 or 1b* | |
| ELLIOTTS B INTRATHECAL SOLUTION | 3 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-% | 1 or 1b* | |
| KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-% | 3 | |
| KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | 3 | |
| potassium chloride in dextrose intravenous solution 20-5 meq/l-% | 1 or 1b* | |
| *ELECTROLYTES PARENTERAL*** | | |
| ISOLYTE-S INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML | 3 | |
| lactated ringers intravenous solution | 1 or 1b* | |
| NORMOSOL-R INTRAVENOUS SOLUTION | 3 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | 3 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-% | 1 or 1b* | |
| ringers intravenous solution | 1 or 1b* | |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 3 | |
| *FLUORIDE COMBINATIONS*** | | |
| FLORIVA ORAL LIQUID | 3 | |
| *FLUORIDE*** | | |
| 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 or 1a* | \$0 |
| sodium fluoride oral tablet | 1 or 1a* | \$0 |
| sodium fluoride oral tablet chewable | 1 or 1a* | \$0 |
| *MAGNESIUM*** | | |
| MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-% | 3 | |
| MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML | 3 | |
| *MANGANESE*** | | |
| manganese chloride intravenous solution | 1 or 1b* | |
| *PHOSPHATE*** | | |
| K-PHOS ORAL TABLET | 2 | |
| K-PHOS-NEUTRAL ORAL TABLET | 3 | |
| phosphorous oral tablet | 1 or 1b* | |
| phospho-trin 250 neutral oral tablet | 1 or 1b* | |
| POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML | 3 | |
| potassium phosphates intravenous solution 45 mmole/15ml | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| potassium phosphates(66 meq k) intravenous solution | 1 or 1b* | |
| POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION | 3 | |
| sodium phosphates intravenous solution 15 mmole/5ml | 1 or 1b* | |
| virt-phos 250 neutral oral tablet | 1 or 1b* | |
| *POTASSIUM*** | | |
| 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* | |
| K-TAB ORAL TABLET EXTENDED RELEASE | 3 | |
| potassium acetate intravenous solution 2 meq/ml | 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 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML, 40 MEQ/100ML | 3 | |
| potassium chloride intravenous solution 2 meq/ml | 1 or 1b* | |
| potassium chloride oral packet | 1 or 1b* | |
| potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 or 1b* | |

* 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*** | | |
| monoject flush syringe intravenous solution | 1 or 1b* | |
| monoject sodium chloride flush intravenous solution | 1 or 1b* | |
| normal saline flush intravenous solution | 1 or 1b* | |
| saline flush intravenous solution | 1 or 1b* | |
| saline flush zr intravenous solution | 1 or 1b* | |
| sodium chloride flush intravenous solution | 1 or 1b* | |
| sodium chloride intravenous solution 0.45 %, 3 %, 5 % | 1 or 1b* | |
| swabflush saline flush intravenous solution | 1 or 1b* | |
| *TRACE MINERAL COMBINATIONS*** | | |
| THE LIQUILIFT TRACE INTRAVENOUS KIT | 3 | |
| TRALEMENT INTRAVENOUS SOLUTION | 3 | |
| *TRACE MINERALS*** | | |
| chromic chloride intravenous solution | 1 or 1b* | |
| cupric chloride intravenous solution | 1 or 1b* | |
| SELENIOS ACID INTRAVENOUS SOLUTION | 3 | |
| *ZINC*** | | |
| GALZIN ORAL CAPSULE | 3 | |
| WILZIN ORAL CAPSULE | 3 | |
| zinc chloride intravenous solution | 1 or 1b* | |
| zinc sulfate intravenous solution 3 mg/ml, 5 mg/ml | 1 or 1b* | |
| *MISCELLANEOUS THERAPEUTIC CLASSES* | | |
| *ANTILEPTOTICS*** | | |
| THALOMID ORAL CAPSULE | 2 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** | | |
| BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD; SP |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| *CHELATING AGENTS*** | | |
| clovique oral capsule | 1 or 1b* | PA; QL; SP |
| DEPEN TITRATABS ORAL TABLET | 3 | PA; QL |
| EDETATE DISODIUM INTRAVENOUS SOLUTION | 3 | |
| penicillamine oral capsule | 1 or 1b* | PA; QL |
| penicillamine oral tablet | 1 or 1b* | PA; QL |
| trientine hcl oral capsule | 1 or 1b* | PA; QL; SP |
| *CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** | | |
| PHOXILLUM B22K4/0 INTRAVENOUS SOLUTION | 3 | |
| PHOXILLUM BK4/2.5 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|------------|
| PRISMASOL BGK 4/0/1.2 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION | 3 | |
| PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION | 3 | |
| *CYCLOSPORINE ANALOGS*** | | |
| cyclosporine intravenous solution | 1 or 1b* | SP |
| cyclosporine modified oral capsule | 1 or 1b* | |
| cyclosporine modified oral solution | 1 or 1b* | |
| cyclosporine oral capsule | 1 or 1b* | |
| gengraf oral capsule 100 mg, 25 mg | 1 or 1b* | |
| gengraf oral solution | 1 or 1b* | |
| LUPKYNIS ORAL CAPSULE | 3 | PA; QL; LD |
| NEORAL ORAL CAPSULE | 3 | |
| NEORAL ORAL SOLUTION | 3 | |
| SANDIMMUNE INTRAVENOUS SOLUTION | 3 | SP |
| SANDIMMUNE ORAL CAPSULE | 3 | |
| SANDIMMUNE ORAL SOLUTION | 3 | |
| *ENZYMES*** | | |
| AMPHADASE INJECTION SOLUTION | 3 | |
| HYLENEX INJECTION SOLUTION | 3 | |
| VITRASE INJECTION SOLUTION | 3 | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| *FARNESYLTRANSFERASE INHIBITORS*** | | |
| ZOKINVY ORAL CAPSULE | 3 | PA; QL; LD |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| *FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** | | |
| SOLESTA INJECTION GEL | 3 | LD; SP |
| *IMMUNE GLOBULIN IMMUNOSUPPRESSANT S*** | | |
| ATGAM INTRAVENOUS INJECTABLE | 3 | SP |
| THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| *IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** | | |
| REVLIMID ORAL CAPSULE | 2 | PA; QL; LD; SP |
| *INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** | | |
| CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | SP |
| CELLCEPT ORAL CAPSULE | 3 | |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED | 3 | |
| CELLCEPT ORAL TABLET | 3 | |
| mycophenolate mofetil hcl intravenous solution reconstituted | 1 or 1b* | SP |
| mycophenolate mofetil oral capsule | 1 or 1b* | |
| mycophenolate mofetil oral suspension reconstituted | 1 or 1b* | |
| mycophenolate mofetil oral tablet | 1 or 1b* | |
| mycophenolate sodium oral tablet delayed release | 1 or 1b* | |
| MYFORTIC ORAL TABLET DELAYED RELEASE | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *INTERLEUKIN-6 (IL-6) ANTAGONISTS*** | | |
| SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *IRRIGATION SOLUTIONS*** | | |
| argyle sterile water irrigation solution | 1 or 1b* | |
| lactated ringers irrigation solution | 1 or 1b* | |
| physiolyte irrigation solution | 1 or 1b* | |
| physiosol irrigation irrigation solution | 1 or 1b* | |
| ringers irrigation irrigation solution | 1 or 1b* | |
| sterile water for irrigation irrigation solution | 1 or 1b* | |
| tis-u-sol irrigation solution | 1 or 1b* | |
| water for irrigation, sterile irrigation solution | 1 or 1b* | |
| *MACROLIDE IMMUNOSUPPRESSANT S*** | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg | 1 or 1b* | |
| PROGRAF INTRAVENOUS SOLUTION | 2 | SP |
| PROGRAF ORAL CAPSULE | 3 | |
| PROGRAF ORAL PACKET | 3 | |
| RAPAMUNE ORAL SOLUTION | 3 | |
| RAPAMUNE ORAL TABLET | 3 | |
| sirolimus oral solution | 1 or 1b* | |
| sirolimus oral tablet | 1 or 1b* | |
| tacrolimus oral capsule | 1 or 1b* | |
| ZORTRESS ORAL TABLET | 3 | |

| Drug Name | Tier | Notes |
|--|------|----------------|
| *MISCELLANEOUS THERAPEUTIC CLASSES*** | | |
| NEXAVIR INJECTION SOLUTION | 3 | |
| *MONOCLONAL ANTIBODIES*** | | |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| GAMIFANT INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| UPLIZNA INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| *PERITONEAL DIALYSIS SOLUTIONS*** | | |
| DELFLX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L | 3 | |
| DELFLX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| DELFLX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| DELFLX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION | 2 | |
| DELFLX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION | 3 | |
| DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION | 3 | |
| DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| EXTRANEAL INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION | 3 | |
| ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION | 3 | |
| *POTASSIUM REMOVING AGENTS*** | | |
| LOKELMA ORAL PACKET | 3 | |
| sodium polystyrene sulfonate oral powder | 1 or 1b* | |
| sps oral suspension | 1 or 1b* | |
| VELTASSA ORAL PACKET | 3 | LD |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *PROSTAGLANDINS*** | | |
| alprostadil injection solution | 1 or 1b* | |
| PROSTIN VR INJECTION SOLUTION | 3 | |
| *PURINE ANALOGS*** | | |
| AZASAN ORAL TABLET | 3 | |
| azathioprine oral tablet | 1 or 1b* | |
| AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED | 3 | |
| IMURAN ORAL TABLET | 3 | |
| *SCLEROSING AGENTS*** | | |
| ASCLERA INTRAVENOUS SOLUTION | 3 | |
| ETHAMOLIN INTRAVENOUS SOLUTION | 3 | |
| sodium tetradecyl sulfate intravenous solution | 1 or 1b* | |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % | 3 | |
| sotradecol intravenous solution 3 % | 1 or 1b* | |
| VARITHENA INTRAVENOUS FOAM | 3 | LD |
| *SELECTIVE T-CELL COSTIMULATION BLOCKERS*** | | |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| *MOUTH/THROAT/DENTAL AGENTS* | | |
| *ANESTHETICS TOPICAL ORAL*** | | |
| lidocaine hcl mouth/throat solution | 1 or 1a* | |
| lidocaine viscous hcl mouth/throat solution | 1 or 1a* | |
| *ANTI-INFECTIVES - THROAT*** | | |
| clotrimazole mouth/throat troche | 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 |
|--|----------|-------|
| nystatin mouth/throat suspension | 1 or 1b* | |
| ORAVIG BUCCAL TABLET | 3 | |
| *ANTISEPTICS - MOUTH/THROAT*** | | |
| chlorhexidine gluconate mouth/throat solution | 1 or 1a* | |
| paroex mouth/throat solution | 1 or 1a* | |
| PERIDEX MOUTH/THROAT SOLUTION | 3 | |
| periogard mouth/throat solution | 1 or 1a* | |
| *DENTAL PRODUCTS - COMBINATIONS*** | | |
| fluoridex sensitivity relief dental paste | 1 or 1b* | |
| NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE | 3 | |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE | 3 | |
| sodium fluoride 5000 enamel dental paste | 1 or 1b* | |
| sodium fluoride 5000 sensitive dental paste | 1 or 1b* | |
| *FLUORIDE DENTAL PRODUCTS*** | | |
| cavarest dental gel | 1 or 1b* | |
| clinpro 5000 dental paste | 1 or 1b* | |
| denta 5000 plus dental cream | 1 or 1b* | |
| dentagel dental gel | 1 or 1a* | |
| easygel dental gel | 1 or 1b* | |
| fluoridex daily renewal mouth/throat concentrate | 1 or 1b* | |
| fluoridex dental paste | 1 or 1b* | |
| fluoridex enhanced whitening dental paste | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED | 3 | |
| NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED | 3 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE | 3 | |
| PREVIDENT 5000 DRY MOUTH DENTAL GEL | 3 | |
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE | 3 | |
| PREVIDENT 5000 PLUS DENTAL CREAM | 3 | |
| PREVIDENT DENTAL GEL | 3 | |
| PREVIDENT MOUTH/THROAT SOLUTION | 3 | |
| sf 5000 plus dental cream | 1 or 1b* | |
| sf dental gel | 1 or 1a* | |
| sodium fluoride 5000 plus dental cream | 1 or 1b* | |
| sodium fluoride 5000 ppm dental cream | 1 or 1b* | |
| sodium fluoride 5000 ppm dental paste | 1 or 1b* | |
| sodium fluoride dental cream | 1 or 1b* | |
| sodium fluoride dental gel 1.1 % | 1 or 1b* | |
| *SALIVA STIMULANTS*** | | |
| cevimeline hcl oral capsule | 1 or 1b* | |
| EVOXAC ORAL CAPSULE | 3 | |
| pilocarpine hcl oral tablet | 1 or 1b* | |
| SALAGEN ORAL TABLET | 3 | |
| *STEROIDS - MOUTH/THROAT/DENTAL*** | | |
| oralone mouth/throat paste | 1 or 1b* | |
| triamcinolone acetonide mouth/throat paste | 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 |
|--|----------|----------|
| *MULTIVITAMINS* | | |
| *B-COMPLEX VITAMINS*** | | |
| b complex oral tablet | 1 or 1b* | OTC; \$0 |
| b complex-b12 oral tablet | 1 or 1b* | OTC; \$0 |
| B-COMPLEX INJECTION INJECTABLE | 3 | |
| 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-COMPLEX W/ C & CALCIUM*** | | |
| 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-COMPLEX W/ C & FOLIC ACID*** | | |
| 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 |
| dialyvite 800 oral tablet | 1 or 1b* | OTC; \$0 |
| eql super b complex/vitamin c oral tablet | 1 or 1b* | OTC; \$0 |
| FULL SPECTRUM B/VITAMIN C ORAL TABLET | 2 | OTC; \$0 |
| hm super vitamin b complex/c oral tablet | 1 or 1b* | OTC; \$0 |
| hm vitamin b complex/vitamin c oral tablet | 1 or 1b* | OTC; \$0 |
| kp b complex-c oral tablet | 1 or 1b* | OTC; \$0 |
| nephro vitamins oral tablet | 1 or 1b* | 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 |

| Drug Name | Tier | Notes |
|---|----------|----------|
| rena-vite oral tablet | 1 or 1b* | OTC; \$0 |
| sm b super vitamin complex oral tablet | 1 or 1b* | OTC; \$0 |
| SM B-COMPLEX/VITAMIN C ORAL TABLET | 2 | OTC; \$0 |
| stress formula 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 |
| VITALINE BIOTIN FORTE ORAL TABLET | 2 | OTC; \$0 |
| WEST-VITE W/FOLIC ACID ORAL TABLET | 2 | OTC; \$0 |
| *B-COMPLEX W/ C*** | | |
| 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-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** | | |
| B COMPLEX-C-BIOTIN-E-FA ORAL TABLET | 2 | OTC; \$0 |
| *B-COMPLEX W/ FOLIC ACID*** | | |
| b complex formula 1 oral tablet | 1 or 1b* | OTC; \$0 |
| b complex plus 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 |

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| Drug Name | Tier | Notes |
|---|----------|----------|
| super b complex maxi oral tablet | 1 or 1b* | OTC; \$0 |
| *B-COMPLEX W/BIOTIN & FOLIC ACID*** | | |
| b complex 100 tr oral tablet extended release | 1 or 1b* | OTC; \$0 |
| b complex-biotin-fa oral tablet | 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 extended release | 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 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 |
| big 100 oral tablet | 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 |
| gnp b-50 balanced oral tablet | 1 or 1b* | OTC; \$0 |
| gnp b-50 complex oral tablet extended release | 1 or 1b* | OTC; \$0 |
| hm vitamin b100 complex oral tablet | 1 or 1b* | OTC; \$0 |
| hm vitamin b50 complex oral tablet | 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 |

| Drug Name | Tier | Notes |
|---|----------|----------|
| 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 |
| vitamin b50 complex oral tablet extended release | 1 or 1b* | OTC; \$0 |
| yl balanced b-100 oral tablet | 1 or 1b* | OTC; \$0 |
| *BIOFLAVONOID PRODUCTS*** | | |
| ADRENAL C FORMULA ORAL TABLET | 3 | |
| *MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID*** | | |
| MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG | 3 | |
| *MULTIPLE VITAMINS W/ IRON*** | | |
| daily multiple vitamins/iron oral tablet | 1 or 1b* | OTC; \$0 |
| daily vitamin formula+iron oral tablet | 1 or 1b* | OTC; \$0 |
| daily vite multivitamin/iron oral tablet | 1 or 1b* | OTC; \$0 |
| daily-vitamin/iron oral tablet | 1 or 1b* | OTC; \$0 |
| gnp one daily plus iron oral tablet | 1 or 1b* | OTC; \$0 |
| hm one daily/iron oral tablet | 1 or 1b* | OTC; \$0 |
| multi-day plus iron oral tablet | 1 or 1b* | OTC; \$0 |
| multiple vitamins/iron oral tablet | 1 or 1b* | OTC; \$0 |
| multivitamin plus iron adult oral tablet | 1 or 1b* | OTC; \$0 |
| multi-vitamin/iron oral tablet | 1 or 1b* | OTC; \$0 |
| nat-rul daily-vite+iron oral tablet | 1 or 1b* | OTC; \$0 |
| once daily/iron 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 |
|---|----------|----------|
| one daily multivitamin/iron oral tablet | 1 or 1b* | OTC; \$0 |
| one-daily multi-vitamin/iron oral tablet | 1 or 1b* | OTC; \$0 |
| one-daily/iron oral tablet | 1 or 1b* | OTC; \$0 |
| qc daily multivitamins/iron oral tablet | 1 or 1b* | OTC; \$0 |
| sm multiple vitamins/iron oral tablet | 1 or 1b* | OTC; \$0 |
| stress b complex/iron oral tablet | 1 or 1b* | OTC; \$0 |
| stress formula/iron oral tablet | 1 or 1b* | OTC; \$0 |
| tab-a-vite/iron oral tablet | 1 or 1b* | OTC; \$0 |
| *MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** | | |
| FOLGARD OS ORAL TABLET | 3 | |
| *MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** | | |
| QUFLORA FE ORAL TABLET CHEWABLE | 3 | |
| *MULTIPLE VITAMINS W/ MINERALS*** | | |
| one daily multivitamin adult oral tablet | 1 or 1b* | OTC; \$0 |
| tab-a-vite oral tablet | 1 or 1b* | OTC; \$0 |
| VENEXA ORAL TABLET | 3 | |
| VITRANOL FE ORAL TABLET | 3 | |
| ZYVANA ORAL CAPSULE | 3 | |
| *MULTIVITAMINS*** | | |
| anti-oxidant oral tablet | 1 or 1b* | OTC; \$0 |
| daily multiple vitamins oral tablet | 1 or 1b* | OTC; \$0 |
| daily value multivitamin oral tablet | 1 or 1b* | OTC; \$0 |
| daily vitamin oral tablet | 1 or 1b* | OTC; \$0 |
| daily vitamins oral tablet | 1 or 1b* | OTC; \$0 |
| daily vite oral tablet | 1 or 1b* | OTC; \$0 |
| daily vites oral tablet | 1 or 1b* | OTC; \$0 |
| daily-vitamin oral tablet | 1 or 1b* | OTC; \$0 |
| daily-vite multivitamin oral tablet | 1 or 1b* | OTC; \$0 |

| Drug Name | Tier | Notes |
|--|----------|----------|
| daily-vite oral tablet | 1 or 1b* | OTC; \$0 |
| ESTROFACTORS ORAL TABLET | 2 | OTC; \$0 |
| gnp essential one daily oral tablet | 1 or 1b* | OTC; \$0 |
| healthy hair/skin/nails oral tablet | 1 or 1b* | OTC; \$0 |
| HIGH POTENCY MULTIVITAMIN ORAL TABLET | 2 | OTC; \$0 |
| INFUVITE ADULT INTRAVENOUS INJECTABLE | 3 | |
| M.V.I. ADULT INTRAVENOUS INJECTABLE | 3 | |
| multi vitamin daily oral tablet | 1 or 1b* | OTC; \$0 |
| MULTI VITAMIN ORAL TABLET | 2 | OTC; \$0 |
| MULTI VITAMIN W/D-3 ORAL TABLET | 2 | OTC; \$0 |
| multi-day oral tablet | 1 or 1b* | OTC; \$0 |
| multiple vitamin-folic acid oral tablet | 1 or 1b* | OTC; \$0 |
| multiple vitamins essential oral tablet | 1 or 1b* | OTC; \$0 |
| multiple vitamins oral tablet | 1 or 1b* | OTC; \$0 |
| MULTIVITAMIN ADULT ORAL TABLET | 2 | OTC; \$0 |
| multi-vitamin daily oral tablet | 1 or 1b* | OTC; \$0 |
| multivitamin iron-free oral tablet | 1 or 1b* | OTC; \$0 |
| MULTIVITAMIN ORAL TABLET | 2 | OTC; \$0 |
| multi-vitamin oral tablet | 1 or 1b* | OTC; \$0 |
| multi-vitamins oral tablet | 1 or 1b* | OTC; \$0 |
| NEOMULTIVITE ORAL TABLET | 2 | OTC; \$0 |
| OMNICAP ORAL TABLET | 2 | OTC; \$0 |
| once daily oral tablet | 1 or 1b* | OTC; \$0 |
| one daily essential oral tablet | 1 or 1b* | OTC; \$0 |
| one daily oral tablet | 1 or 1b* | OTC; \$0 |
| one-daily multi vitamins oral tablet | 1 or 1b* | OTC; \$0 |

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

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

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

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| Drug Name | Tier | Notes |
|---|----------|----------|
| CITRANATAL BLOOM ORAL TABLET | 3 | ST; QL |
| CITRANATAL RX ORAL TABLET | 3 | ST; QL |
| CLASSIC PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| C-NATE DHA ORAL CAPSULE | 3 | |
| CO-NATAL FA ORAL TABLET | 3 | |
| CONCEPT DHA ORAL CAPSULE | 3 | |
| CONCEPT OB ORAL CAPSULE | 3 | |
| CVS PRENATAL ORAL TABLET 27-0.8 MG | 2 | OTC; \$0 |
| DUET DHA 400 ORAL | 3 | ST; QL |
| DUET DHA BALANCED ORAL 25-1 & 267 MG | 3 | ST; QL |
| ENBRACE HR ORAL CAPSULE | 3 | ST; QL |
| EQL PRENATAL FORMULA ORAL TABLET | 2 | OTC; \$0 |
| GNP PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| GOODSENSE PRENATAL VITAMINS ORAL TABLET | 2 | OTC; \$0 |
| HM ONE DAILY PRENATAL ORAL | 2 | OTC; \$0 |
| HM PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| inatal gt oral tablet | 1 or 1b* | |
| JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE | 2 | |
| KOSHER PRENATAL PLUS IRON ORAL TABLET | 3 | ST; QL |
| KP PRENATAL MULTIVITAMINS ORAL TABLET | 2 | OTC; \$0 |
| KPN PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| M-NATAL PLUS ORAL TABLET | 3 | |
| MULTI PRENATAL ORAL TABLET | 2 | OTC; \$0 |

| Drug Name | Tier | Notes |
|---------------------------------------|------|----------|
| MYNATAL ORAL CAPSULE | 3 | |
| MYNATAL PLUS ORAL TABLET | 2 | |
| MYNATAL-Z ORAL TABLET | 2 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | 3 | ST; QL |
| NATALVIT ORAL TABLET | 3 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | 3 | ST; QL |
| NEONATAL COMPLETE ORAL TABLET | 3 | ST; QL |
| NEONATAL FE ORAL TABLET | 3 | ST; QL |
| NEONATAL PLUS ORAL TABLET | 3 | ST; QL |
| NEONATAL VITAMIN ORAL TABLET | 2 | OTC; \$0 |
| NESTABS DHA ORAL | 3 | ST; QL |
| NESTABS ORAL TABLET | 3 | ST; QL |
| NIVA-PLUS ORAL TABLET | 3 | |
| OB COMPLETE ONE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE ORAL TABLET | 3 | ST; QL |
| OB COMPLETE PETITE ORAL CAPSULE | 3 | ST; QL |
| OB COMPLETE PREMIER ORAL TABLET | 3 | ST; QL |
| OB COMPLETE/DHA ORAL CAPSULE | 3 | ST; QL |
| OBSTETRIX DHA ORAL | 3 | |
| OBSTETRIX EC ORAL TABLET | 3 | |
| O-CAL PRENATAL ORAL TABLET | 3 | |
| ONE VITE WOMENS ORAL TABLET | 2 | OTC; \$0 |
| ONE VITE WOMENS PLUS ORAL TABLET | 3 | |
| ONE-A-DAY WOMENS PRENATAL ORAL | 2 | 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 |
|--|----------|----------|
| PERRY PRENATAL ORAL CAPSULE | 2 | OTC; \$0 |
| PNV TABS 20-1 ORAL TABLET | 3 | ST; QL |
| PNV TABS 29-1 ORAL TABLET | 2 | |
| PNV-OMEGA ORAL CAPSULE | 3 | ST; QL |
| pnv-select oral tablet | 1 or 1b* | |
| PREGENNA ORAL TABLET | 3 | ST; QL |
| PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| PRENARA ORAL CAPSULE | 3 | ST; QL |
| prenatabs rx oral tablet | 1 or 1a* | |
| PRENATAL 19 ORAL TABLET 29-1 MG | 3 | |
| prenatal 19 oral tablet chewable | 1 or 1a* | |
| PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG | 3 | |
| PRENATAL COMPLETE ORAL TABLET | 2 | OTC; \$0 |
| PRE-NATAL FORMULA ORAL TABLET | 2 | OTC; \$0 |
| PRENATAL FORTE ORAL TABLET | 2 | OTC; \$0 |
| PRENATAL LOW IRON ORAL TABLET 27-0.8 MG | 2 | OTC; \$0 |
| PRENATAL ONE DAILY ORAL TABLET | 2 | OTC; \$0 |
| PRENATAL ORAL TABLET 27-0.8 MG | 2 | \$0 |
| PRENATAL ORAL TABLET 27-1 MG | 2 | |
| PRENATAL ORAL TABLET 28-0.8 MG | 2 | OTC; \$0 |
| PRENATAL PLUS IRON ORAL TABLET | 2 | |
| PRENATAL VITAMIN AND MINERAL ORAL TABLET | 2 | OTC; \$0 |
| PRENATAL VITAMIN ORAL TABLET | 2 | OTC; \$0 |

| Drug Name | Tier | Notes |
|--|------|----------|
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET | 2 | |
| PRENATAL VITAMINS ORAL TABLET 28-0.8 MG | 2 | OTC; \$0 |
| PRENATAL/IRON ORAL TABLET | 2 | OTC; \$0 |
| PRENATAL-U ORAL CAPSULE | 2 | |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG | 3 | ST; QL |
| PRENATRIX ORAL TABLET | 3 | ST; QL |
| PRENATRYL ORAL TABLET | 3 | ST; QL |
| PRENATVITE COMPLETE ORAL TABLET | 3 | ST; QL |
| PRENATVITE PLUS ORAL TABLET | 3 | ST; QL |
| PRENATVITE RX ORAL TABLET | 3 | ST; QL |
| PREPLUS ORAL TABLET | 2 | |
| PRETAB ORAL TABLET | 2 | |
| PRIMACARE ORAL CAPSULE | 3 | ST; QL |
| PROVIDA OB ORAL CAPSULE | 3 | |
| PX PRENATAL MULTIVITAMINS ORAL TABLET | 2 | OTC; \$0 |
| QC PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| RA PRENATAL FORMULA ORAL TABLET | 2 | OTC; \$0 |
| RA PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| RELNATE DHA ORAL CAPSULE | 3 | ST; QL |
| RIGHT STEP PRENATAL ORAL TABLET | 2 | OTC; \$0 |
| SELECT-OB ORAL TABLET CHEWABLE | 3 | ST; QL |
| SE-NATAL 19 ORAL TABLET | 2 | |
| SE-NATAL 19 ORAL TABLET CHEWABLE | 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 |
|---|----------|----------|
| SM ONE DAILY PRENATAL ORAL | 2 | OTC; \$0 |
| SM PRENATAL VITAMINS ORAL TABLET | 2 | OTC; \$0 |
| THRIVITE RX ORAL TABLET | 2 | |
| TRICARE ORAL TABLET | 3 | |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG | 3 | ST; QL |
| trinate oral tablet | 1 or 1a* | |
| TRINAZ ORAL TABLET | 3 | ST; QL |
| VINATE DHA RF ORAL CAPSULE | 3 | ST; QL |
| VINATE II ORAL TABLET | 2 | |
| VINATE ONE ORAL TABLET | 2 | |
| VIRT-C DHA ORAL CAPSULE | 3 | |
| VIRT-NATE DHA ORAL CAPSULE | 3 | ST; QL |
| VIRT-PN PLUS ORAL CAPSULE | 3 | ST; QL |
| VITAFOL GUMMIES ORAL TABLET CHEWABLE | 3 | |
| VITAFOL-NANO ORAL TABLET | 3 | ST; QL |
| VITAFOL-OB ORAL TABLET | 3 | ST; QL |
| VITAPEARL ORAL CAPSULE EXTENDED RELEASE | 3 | ST; QL |
| VITATHELY WITH GINGER ORAL TABLET | 3 | ST; QL |
| VIVA DHA ORAL CAPSULE | 3 | ST; QL |
| VP-PNV-DHA ORAL CAPSULE | 3 | ST; QL |
| WESTAB PLUS ORAL TABLET | 3 | ST |
| ZALVIT ORAL TABLET | 3 | ST; QL |
| *PRENATAL MV & MIN W/FE-FA-DHA*** | | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|----------|
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | 3 | ST; QL |
| CITRANATAL BLOOM DHA ORAL | 3 | ST; QL |
| CITRANATAL DHA ORAL | 3 | ST; QL |
| CITRANATAL ESSENCE ORAL THERAPY PACK | 3 | ST; QL |
| CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | ST; QL |
| CITRANATAL MEDLEY ORAL CAPSULE | 3 | ST; QL |
| ENFAMIL EXPECTA ORAL | 2 | OTC; \$0 |
| NEONATAL + DHA ORAL | 3 | ST; QL |
| NESTABS ONE ORAL CAPSULE | 3 | ST; QL |
| OBSTETRIX ONE ORAL CAPSULE | 3 | |
| pnv-dha oral capsule | 1 or 1b* | ST; QL |
| PNV-DHA+DOCUSATE ORAL CAPSULE | 3 | ST; QL |
| PREGEN DHA ORAL CAPSULE | 3 | ST; QL |
| PRENA 1 TRUE ORAL | 3 | |
| PRENAISSANCE ORAL CAPSULE | 3 | ST; QL |
| PRENAISSANCE PLUS ORAL CAPSULE | 3 | ST; QL |
| PRENATAL MULTIVITAMIN + DHA ORAL | 2 | OTC; \$0 |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE ENHANCE ORAL CAPSULE | 3 | ST; QL |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | 3 | ST; QL |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG | 3 | ST; QL |
| PRENATE PIXIE ORAL CAPSULE | 3 | ST; QL |
| PRENATE RESTORE ORAL CAPSULE | 3 | ST; QL |

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

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| Drug Name | Tier | Notes |
|---|------|--------|
| SELECT-OB+DHA ORAL | 3 | ST; QL |
| TARON-PREX ORAL CAPSULE | 3 | |
| TRISTART DHA ORAL CAPSULE | 3 | ST; QL |
| TRISTART FREE ORAL CAPSULE | 3 | ST; QL |
| TRISTART ONE ORAL CAPSULE | 3 | ST; QL |
| VIRT-PN DHA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL FE+ ORAL CAPSULE | 3 | ST; QL |
| VITAFOL ULTRA ORAL CAPSULE | 3 | ST; QL |
| VITAFOL-OB+DHA ORAL | 3 | ST; QL |
| VITAFOL-ONE ORAL CAPSULE | 3 | ST; QL |
| VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE | 3 | ST; QL |
| VITATRUE ORAL | 3 | ST; QL |
| WESTGEL DHA ORAL CAPSULE | 3 | ST; QL |
| *PRENATAL MV & MINERALS W/FA WITHOUT IRON*** | | |
| PRENATE ORAL TABLET CHEWABLE | 3 | ST; QL |
| *PRENATAL VITAMINS*** | | |
| NEONATAL 19 ORAL TABLET | 3 | ST; QL |
| PREMESISRX ORAL TABLET | 2 | ST; QL |
| PRENA1 ORAL TABLET CHEWABLE | 2 | ST; QL |
| PRENATE AM ORAL TABLET | 3 | ST; QL |
| VITAFOL STRIPS ORAL FILM | 3 | |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG | 3 | ST; QL |
| *VITAMINS A & D*** | | |
| COD LIVER OIL ORAL OIL | 3 | |

| Drug Name | Tier | Notes |
|--|----------|----------|
| *VITAMINS W/ LIPOTROPICS*** | | |
| ACTIFLOVIT EAR HEALTH ORAL TABLET | 2 | OTC; \$0 |
| b-100 complex oral tablet | 1 or 1b* | OTC; \$0 |
| b-100 cr oral tablet extended release | 1 or 1b* | OTC; \$0 |
| b-100 oral tablet | 1 or 1b* | OTC; \$0 |
| b-50 oral tablet | 1 or 1b* | OTC; \$0 |
| balance b-100 oral tablet | 1 or 1b* | OTC; \$0 |
| balanced b-100 complex cr oral tablet extended release | 1 or 1b* | OTC; \$0 |
| balanced b-100 oral tablet | 1 or 1b* | OTC; \$0 |
| balanced b-50 complex oral tablet | 1 or 1b* | OTC; \$0 |
| complex b-100 oral tablet extended release | 1 or 1b* | OTC; \$0 |
| complex b-100-inositol oral tablet extended release | 1 or 1b* | OTC; \$0 |
| cvs balanced b50 oral tablet | 1 or 1b* | OTC; \$0 |
| cvs inner ear plus oral tablet | 1 or 1b* | OTC; \$0 |
| ear health formula oral tablet | 1 or 1b* | OTC; \$0 |
| ear health plus oral tablet | 1 or 1b* | OTC; \$0 |
| inner ear plus oral tablet | 1 or 1b* | OTC; \$0 |
| lipo flavonoid plus oral tablet | 1 or 1b* | OTC; \$0 |
| lipoflavonoid oral tablet | 1 or 1b* | OTC; \$0 |
| lipoflavovit oral tablet | 1 or 1b* | OTC; \$0 |
| mega multiple/chelated mineral oral tablet | 1 or 1b* | OTC; \$0 |
| nat-rul b-50 oral tablet | 1 or 1b* | OTC; \$0 |
| px b-50 oral tablet | 1 or 1b* | OTC; \$0 |
| risanoid plus oral tablet | 1 or 1b* | OTC; \$0 |
| super stress b-complex cr oral tablet extended release | 1 or 1b* | OTC; \$0 |
| ultra b-100 complex oral tablet | 1 or 1b* | OTC; \$0 |
| *MUSCULOSKELETAL THERAPY AGENTS* | | |
| *CENTRAL MUSCLE RELAXANTS*** | | |
| baclofen intrathecal solution | 1 or 1b* | |
| baclofen oral tablet | 1 or 1b* | |
| carisoprodol oral tablet | 1 or 1b* | |
| chlorzoxazone oral tablet 375 mg, 750 mg | 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 |
|--|----------|--------|
| chlorzoxazone oral tablet 500 mg | 1 or 1b* | |
| cyclobenzaprine hcl oral tablet | 1 or 1b* | |
| fexmid oral tablet | 1 or 1b* | ST; QL |
| GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML | 3 | |
| GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML | 3 | |
| LIORESAL INTRATHECAL SOLUTION | 3 | |
| 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* | |
| orphenadrine citrate er oral tablet extended release 12 hour | 1 or 1b* | |
| orphenadrine citrate injection solution | 1 or 1b* | |
| ROBAXIN INJECTION SOLUTION 1000 MG/10ML | 3 | ST; QL |
| ROBAXIN-750 ORAL TABLET | 3 | ST; QL |
| SKELAXIN ORAL TABLET | 3 | ST; QL |
| SOMA ORAL TABLET 250 MG | 3 | ST; QL |
| SOMA ORAL TABLET 350 MG | 3 | |
| tizanidine hcl oral capsule | 1 or 1b* | |
| tizanidine hcl oral tablet | 1 or 1b* | |
| ZANAFLEX ORAL CAPSULE | 3 | ST; QL |
| ZANAFLEX ORAL TABLET | 3 | ST; QL |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *DIRECT MUSCLE RELAXANTS*** | | |
| DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| DANTRIUM ORAL CAPSULE 25 MG, 50 MG | 3 | |
| dantrolene sodium intravenous solution reconstituted | 1 or 1b* | |
| dantrolene sodium oral capsule | 1 or 1b* | |
| revonto intravenous solution reconstituted | 1 or 1b* | |
| RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | |
| *MUSCLE RELAXANT COMBINATIONS*** | | |
| carisoprodol-aspirin-codeine oral tablet | 1 or 1b* | |
| CYCLOPAK COMBINATION THERAPY PACK | 3 | |
| orphenadrine-asa-caffeine oral tablet | 1 or 1b* | ST; QL |
| orphengesic forte oral tablet 50-770-60 mg | 1 or 1b* | ST; QL |
| *VISCOSUPPLEMENTS* | | |
| ** | | |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA; QL |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE | 3 | PA; QL; SP |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| HYALGAN INTRA-ARTICULAR SOLUTION | 3 | PA; QL |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 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 |
|---|----------|----------------|
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | |
| *ANTIHISTAMINE-STERIOD*** | | |
| azelastine-fluticasone nasal suspension | 1 or 1b* | |
| DYMISTA NASAL SUSPENSION | 3 | |
| *NASAL ANESTHETICS*** | | |
| GOPRELTO NASAL SOLUTION | 3 | |
| NUMBRINO NASAL SOLUTION | 3 | |
| *NASAL ANTICHOLINERGICS*** | | |
| ipratropium bromide nasal solution | 1 or 1b* | |
| *NASAL ANTIHISTAMINES*** | | |
| azelastine hcl nasal solution | 1 or 1b* | |
| olopatadine hcl nasal solution | 1 or 1b* | |
| PATANASE NASAL SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *NASAL STEROIDS*** | | |
| flunisolide nasal solution 25 mcg/act (0.025%) | 3 | ST; QL |
| fluticasone propionate nasal suspension | 1 or 1a* | |
| mometasone furoate nasal suspension | 3 | ST; QL |
| PROPEL MINI NASAL IMPLANT | 3 | |
| PROPEL NASAL IMPLANT | 3 | |
| *NEUROMUSCULAR AGENTS* | | |
| *BENZATHIAZOLES*** | | |
| RILUTEK ORAL TABLET | 3 | SP |
| riluzole oral tablet | 1 or 1b* | SP |
| TIGLUTIK ORAL SUSPENSION | 3 | LD |
| *DEPOLARIZING MUSCLE RELAXANTS*** | | |
| ANECTINE INJECTION SOLUTION | 3 | |
| QUELICIN INJECTION SOLUTION | 3 | |
| SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML | 3 | |
| *MUSCULAR DYSTROPHY AGENTS*** | | |
| EXONDYS 51 INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| VILTEPSO INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| VYONDYS 53 INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| *NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED | 3 | PA; QL; SP |

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; QL; SP |
| MYOBLOC INTRAMUSCULAR SOLUTION | 3 | PA; QL; SP |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *NONDEPOLARIZING MUSCLE RELAXANTS*** | | |
| atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml | 1 or 1b* | |
| cisatracurium besylate (pf) intravenous solution | 1 or 1b* | |
| cisatracurium besylate intravenous solution 20 mg/10ml | 1 or 1b* | |
| NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML | 3 | |
| pancuronium bromide intravenous solution 1 mg/ml | 1 or 1b* | |
| rocuronium bromide intravenous solution | 1 or 1b* | |
| ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML | 3 | |
| vecuronium bromide intravenous solution reconstituted | 1 or 1b* | |
| *SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** | | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; QL; LD |
| *NUTRIENTS* | | |
| *AMINO ACID MIXTURES*** | | |
| AMINOPROTECT INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % | 3 | |
| AMINOSYN-PF INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION | 3 | |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION | 3 | |
| clinisol sf intravenous solution | 1 or 1b* | |

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| Drug Name | Tier | Notes |
|--|----------|-------|
| FREAMINE HBC INTRAVENOUS SOLUTION | 3 | |
| FREAMINE III INTRAVENOUS SOLUTION 10 % | 3 | |
| hepatamine intravenous solution | 1 or 1b* | |
| NEPHRAMINE INTRAVENOUS SOLUTION | 3 | |
| plenamine intravenous solution | 1 or 1b* | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 3 | |
| PROCALAMINE INTRAVENOUS SOLUTION | 3 | |
| PROSOL INTRAVENOUS SOLUTION | 3 | |
| TRAVASOL INTRAVENOUS SOLUTION | 3 | |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 3 | |
| *AMINO ACIDS-SINGLE*** | | |
| ARGININE HCL INJECTION SOLUTION | 3 | |
| ELCYS INTRAVENOUS SOLUTION | 3 | |
| GLUTATHIONE INJECTION SOLUTION | 3 | |
| GLUTATHIONE INTRAVENOUS SOLUTION | 3 | |
| GLYCINE INJECTION SOLUTION | 3 | |
| LYSINE HCL INJECTION SOLUTION | 3 | |
| n-acetyl-l-cysteine oral capsule | 1 or 1b* | |
| TAURINE INJECTION SOLUTION | 3 | |
| *CARBOHYDRATES*** | | |
| dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 % | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|------|----------------|
| DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 % | 3 | |
| *LIPIDS*** | | |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | |
| DOJOLVI ORAL LIQUID | 3 | PA; QL; LD; SP |
| INTRALIPID INTRAVENOUS EMULSION | 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 3 | |
| OMEGAVEN INTRAVENOUS EMULSION | 3 | |
| SMOFLIPID INTRAVENOUS EMULSION | 3 | |
| *LIPOTROPIC COMBINATIONS*** | | |
| LIPO INTRAMUSCULAR SOLUTION | 3 | |
| LIPO-C INTRAMUSCULAR SOLUTION | 3 | |
| *PROTEIN COMBINATIONS*** | | |
| TRI-AMINO INJECTION SOLUTION | 3 | |
| *PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** | | |
| KABIVEN INTRAVENOUS EMULSION | 3 | |
| PERIKABIVEN INTRAVENOUS EMULSION | 3 | |
| *OPHTHALMIC AGENTS* | | |
| *ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** | | |
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| *BETA-BLOCKERS - OPTHALMIC COMBINATIONS*** | | |
| COMBIGAN OPTHALMIC SOLUTION | 2 | |
| dorzolamide hcl-timolol mal ophthalmic solution | 1 or 1b* | |
| dorzolamide hcl-timolol mal pf ophthalmic solution | 1 or 1b* | |
| *BETA-BLOCKERS - OPTHALMIC*** | | |
| betaxolol hcl ophthalmic solution | 1 or 1b* | |
| BETIMOL OPTHALMIC SOLUTION | 3 | |
| BETOPTIC-S OPTHALMIC SUSPENSION | 2 | |
| carteolol hcl ophthalmic solution | 1 or 1a* | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 or 1b* | |
| timolol maleate ophthalmic gel forming solution | 1 or 1b* | |
| timolol maleate ophthalmic solution | 1 or 1b* | |
| timolol maleate pf ophthalmic solution | 1 or 1b* | |
| TIMOPTIC OCUDOSE OPTHALMIC SOLUTION | 3 | |
| TIMOPTIC OPTHALMIC SOLUTION | 3 | |
| TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION | 3 | |
| *CYCLOPLEGIC MYDRIATIC COMBINATIONS*** | | |
| CYCLOMYDRIL OPTHALMIC SOLUTION | 3 | |
| *CYCLOPLEGIC MYDRIATICS*** | | |
| altafrin ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| atropine sulfate ophthalmic ointment | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| ATROPINE SULFATE OPTHALMIC SOLUTION | 3 | |
| CYCLOGYL OPTHALMIC SOLUTION | 3 | |
| cyclopentolate hcl ophthalmic solution | 1 or 1b* | |
| ISOPTO ATROPINE OPTHALMIC SOLUTION | 3 | |
| MYDRIACYL OPTHALMIC SOLUTION | 3 | |
| PHENYLEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 or 1b* | |
| tropicamide ophthalmic solution | 1 or 1b* | |
| *LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** | | |
| XIIDRA OPTHALMIC SOLUTION | 3 | PA; QL |
| *MIOTICS - CHOLINESTERASE INHIBITORS*** | | |
| PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED | 3 | |
| *MIOTICS - DIRECT ACTING*** | | |
| ISOPTO CARPINE OPTHALMIC SOLUTION | 3 | |
| MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED | 3 | |
| MIOSTAT INTRAOCULAR SOLUTION | 3 | |
| 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 |
|---|----------|-------|
| *OPHTHALMIC ADRENERGIC AGENTS*** | | |
| EPINEPHRINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC ANTIALLERGIC*** | | |
| azelastine hcl ophthalmic solution | 1 or 1b* | |
| cromolyn sodium ophthalmic solution | 1 or 1a* | |
| epinastine hcl ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC ANTIBIOTICS*** | | |
| AZASITE OPHTHALMIC SOLUTION | 3 | |
| bacitracin ophthalmic ointment | 1 or 1b* | |
| BESIVANCE OPHTHALMIC SUSPENSION | 3 | |
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| CILOXAN OPHTHALMIC SOLUTION | 3 | |
| ciprofloxacin hcl ophthalmic solution | 1 or 1a* | |
| erythromycin ophthalmic ointment | 1 or 1a* | |
| gatifloxacin ophthalmic solution | 1 or 1b* | |
| gentak ophthalmic ointment | 1 or 1a* | |
| gentamicin sulfate ophthalmic solution | 1 or 1a* | |
| levofloxacin ophthalmic solution | 1 or 1b* | |
| MITOMYCIN INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| MITOSOL OPHTHALMIC KIT | 3 | |
| MOXEZA OPHTHALMIC SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|-------|
| moxifloxacin hcl (2x day) ophthalmic solution | 1 or 1b* | |
| MOXIFLOXACIN HCL INTRAOCULAR SOLUTION | 3 | |
| MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| moxifloxacin hcl ophthalmic solution | 1 or 1b* | |
| OCUFLOX OPHTHALMIC SOLUTION | 3 | |
| ofloxacin ophthalmic solution | 1 or 1a* | |
| tobramycin ophthalmic solution | 1 or 1a* | |
| TOBREX OPHTHALMIC OINTMENT | 3 | |
| TOBREX OPHTHALMIC SOLUTION | 3 | |
| VIGAMOX OPHTHALMIC SOLUTION | 3 | |
| ZYMAXID OPHTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC ANTIFUNGAL*** | | |
| NATACYN OPHTHALMIC SUSPENSION | 3 | |
| *OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** | | |
| 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* | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 or 1b* | |
| neo-polycin ophthalmic ointment | 1 or 1b* | |
| polycin ophthalmic ointment | 1 or 1a* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| polymyxin b-trimethoprim ophthalmic solution | 1 or 1a* | |
| POLYTRIM OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC ANTISEPTICS*** | | |
| BETADINE OPTHALMIC PREP OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC ANTIVIRALS*** | | |
| trifluridine ophthalmic solution | 1 or 1b* | |
| ZIRGAN OPTHALMIC GEL | 3 | |
| *OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** | | |
| AZOPT OPTHALMIC SUSPENSION | 2 | |
| dorzolamide hcl ophthalmic solution | 1 or 1b* | |
| TRUSOPT OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC DIAGNOSTIC PRODUCTS*** | | |
| ak-fluor intravenous solution 10 % | 1 or 1b* | |
| AK-FLUOR INTRAVENOUS SOLUTION 25 % | 3 | |
| altafluor benox ophthalmic solution | 1 or 1b* | |
| fluorescein-benoxinate ophthalmic solution | 1 or 1b* | |
| FLUORESCITE INTRAVENOUS SOLUTION | 3 | |
| fluor-i-strips a.t. ophthalmic strip | 1 or 1b* | |
| FLURA-SAFE OPTHALMIC SOLUTION | 3 | |
| PAREMYD OPTHALMIC SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| proparacaine-fluorescein ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC IMMUNOMODULATORS *** | | |
| RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 % | 3 | PA; QL |
| RESTASIS OPTHALMIC EMULSION | 3 | PA; QL |
| *OPHTHALMIC IRRIGATION SOLUTIONS*** | | |
| balanced salt intraocular solution | 1 or 1b* | |
| BSS INTRAOCULAR SOLUTION | 3 | |
| BSS PLUS INTRAOCULAR SOLUTION | 3 | |
| *OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** | | |
| ROCKLATAN OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS*** | | |
| LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION | 3 | |
| LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION | 3 | |
| LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC LOCAL ANESTHETICS*** | | |
| AKTEN OPTHALMIC GEL | 3 | |
| ALCAINE OPTHALMIC SOLUTION | 3 | |
| proparacaine hcl ophthalmic 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 |
|---|----------|------------|
| tetracaine hcl ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC NERVE GROWTH FACTORS*** | | |
| OXERVATE OPTHALMIC SOLUTION | 3 | PA; QL; LD |
| *OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** | | |
| ACULAR LS OPTHALMIC SOLUTION | 3 | |
| ACULAR OPTHALMIC SOLUTION | 3 | |
| ACUVAIL OPTHALMIC SOLUTION | 3 | |
| bromfenac sodium (once-daily) ophthalmic solution | 1 or 1b* | |
| BROMSITE OPTHALMIC SOLUTION | 3 | |
| diclofenac sodium ophthalmic solution | 1 or 1b* | |
| flurbiprofen sodium ophthalmic solution | 1 or 1b* | |
| ILEVRO OPTHALMIC SUSPENSION | 2 | |
| ketorolac tromethamine ophthalmic solution | 1 or 1b* | |
| NEVANAC OPTHALMIC SUSPENSION | 3 | |
| PROLENSA OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** | | |
| VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD; SP |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *OPHTHALMIC PHOTOENHANCER COMBINATIONS*** | | |
| PHOTREXA VISCOUS OPTHALMIC SOLUTION PREFILLED SYRINGE | 3 | |
| PHOTREXA-PHOTREXA VISCOUS KIT OPTHALMIC SOLUTION PREFILLED SYRINGE | 3 | |
| *OPHTHALMIC RHO KINASE INHIBITORS*** | | |
| RHOPRESSA OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** | | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.1 % | 2 | |
| ALPHAGAN P OPTHALMIC SOLUTION 0.15 % | 3 | |
| apraclonidine hcl ophthalmic solution | 1 or 1b* | |
| brimonidine tartrate ophthalmic solution | 1 or 1b* | |
| IOPIDINE OPTHALMIC SOLUTION 1 % | 3 | |
| *OPHTHALMIC STEROID COMBINATIONS*** | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment | 1 or 1b* | |
| BLEPHAMIDE OPTHALMIC SUSPENSION | 3 | |
| BLEPHAMIDE S.O.P. OPTHALMIC OINTMENT | 3 | |
| DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION | 3 | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION | 3 | |
| MAXITROL OPHTHALMIC OINTMENT | 3 | |
| MAXITROL OPHTHALMIC SUSPENSION | 3 | |
| 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* | |
| PRED-G OPHTHALMIC SUSPENSION | 3 | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT | 3 | |
| sulfacetamide-prednisolone ophthalmic solution | 1 or 1a* | |
| TOBRADEX OPHTHALMIC OINTMENT | 2 | |
| TOBRADEX OPHTHALMIC SUSPENSION | 3 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | |
| tobramycin-dexamethasone ophthalmic suspension | 1 or 1b* | |
| TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION | 3 | |
| ZYLET OPHTHALMIC SUSPENSION | 2 | |
| *OPHTHALMIC STEROIDS*** | | |
| ALREX OPHTHALMIC SUSPENSION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| dexamethasone sodium phosphate ophthalmic solution | 1 or 1b* | |
| DEXTENZA OPHTHALMIC INSERT | 3 | |
| DEXYCU INTRAOCULAR SUSPENSION | 3 | |
| DUREZOL OPHTHALMIC EMULSION | 2 | |
| EYSUVIS OPHTHALMIC SUSPENSION | 3 | PA; QL |
| FLAREX OPHTHALMIC SUSPENSION | 3 | |
| fluorometholone ophthalmic suspension | 1 or 1b* | |
| FML FORTE OPHTHALMIC SUSPENSION | 3 | |
| FML LIQUIFILM OPHTHALMIC SUSPENSION | 3 | |
| FML OPHTHALMIC OINTMENT | 3 | |
| ILUVIEN INTRAVITREAL IMPLANT | 3 | PA; QL; LD; SP |
| INVELTYS OPHTHALMIC SUSPENSION | 3 | |
| LOTEMAX OPHTHALMIC GEL | 2 | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | |
| LOTEMAX OPHTHALMIC SUSPENSION | 3 | |
| LOTEMAX SM OPHTHALMIC GEL | 3 | |
| loteprednol etabonate ophthalmic gel | 1 or 1b* | |
| loteprednol etabonate ophthalmic suspension | 1 or 1b* | |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | |
| OZURDEX INTRAVITREAL IMPLANT | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| PRED MILD OPTHALMIC SUSPENSION | 3 | |
| prednisolone acetate ophthalmic suspension | 1 or 1b* | |
| PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION | 3 | |
| RETISERT INTRAVITREAL IMPLANT | 3 | PA; QL; LD; SP |
| TRIESENCE INTRAOCULAR SUSPENSION | 3 | |
| YUTIQ INTRAVITREAL IMPLANT | 3 | PA; QL; LD |
| *OPHTHALMIC SULFONAMIDES*** | | |
| BLEPH-10 OPTHALMIC SOLUTION | 3 | |
| sulfacetamide sodium ophthalmic ointment | 1 or 1b* | |
| sulfacetamide sodium ophthalmic solution | 1 or 1b* | |
| *OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** | | |
| DISCOVISC INTRAOCULAR SOLUTION | 3 | |
| DUOVISC INTRAOCULAR KIT | 3 | |
| OMIDRIA INTRAOCULAR SOLUTION | 3 | |
| VISCOAT INTRAOCULAR SOLUTION | 3 | |
| *OPHTHALMIC SURGICAL AIDS*** | | |
| AMVISC INTRAOCULAR SOLUTION | 3 | |
| AMVISC PLUS INTRAOCULAR SOLUTION | 3 | |
| BIOLON INTRAOCULAR SOLUTION | 3 | LD |

| Drug Name | Tier | Notes |
|--|----------|------------|
| CELLUGEL INTRAOCULAR SOLUTION | 3 | |
| HEALON GV INTRAOCULAR SOLUTION | 3 | |
| HEALON INTRAOCULAR SOLUTION | 3 | |
| HEALON PRO INTRAOCULAR SOLUTION | 3 | |
| HEALON5 INTRAOCULAR SOLUTION | 3 | |
| HEALON5 PRO INTRAOCULAR SOLUTION | 3 | |
| HYALURONIDASE (INTRAOCULAR) INTRAOCULAR SOLUTION | 3 | |
| MEMBRANEBLUE OPTHALMIC SOLUTION | 3 | |
| ocucoat viscoadherent intraocular solution | 1 or 1b* | |
| PROVISC INTRAOCULAR SOLUTION | 3 | |
| TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | |
| VISIONBLUE OPTHALMIC SOLUTION | 3 | |
| *OPHTHALMICS - BLEPHAROPTOSIS AGENTS** | | |
| UPNEEQ OPTHALMIC SOLUTION | 3 | PA; QL |
| *OPHTHALMICS - CYSTINOSIS AGENTS** | | |
| CYSTADROPS OPTHALMIC SOLUTION | 3 | PA; QL; LD |
| CYSTARAN OPTHALMIC SOLUTION | 3 | PA; QL; LD |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *PROSTAGLANDINS - OPTHALMIC*** | | |
| bimatoprost ophthalmic solution | 1 or 1b* | |
| DURYSTA INTRAOCULAR IMPLANT | 3 | PA; QL; LD; SP |
| latanoprost ophthalmic solution | 1 or 1b* | |
| LUMIGAN OPTHALMIC SOLUTION 0.01 % | 2 | |
| travoprost (bak free) ophthalmic solution | 1 or 1b* | |
| VYZULTA OPTHALMIC SOLUTION | 3 | |
| XELPROS OPTHALMIC EMULSION | 3 | |
| ZIOPTAN OPTHALMIC SOLUTION | 3 | |
| *VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** | | |
| BEOVU INTRAVITREAL SOLUTION | 3 | PA; QL; LD; SP |
| BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL |
| EYLEA INTRAVITREAL SOLUTION | 3 | PA; QL; LD; SP |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD |
| LUCENTIS INTRAVITREAL SOLUTION | 3 | PA; QL; LD; SP |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| *OTIC AGENTS* | | |
| *OTIC AGENTS - MISCELLANEOUS*** | | |
| acetic acid otic solution | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *OTIC ANALGESIC COMBINATIONS*** | | |
| PRAMOTIC OTIC LIQUID | 3 | |
| *OTIC ANTI-INFECTIVES*** | | |
| CETRAXAL OTIC SOLUTION | 3 | |
| ciprofloxacin hcl otic solution | 1 or 1b* | |
| ofloxacin otic solution | 1 or 1b* | |
| OTIPRIO INTRATYMPANIC SUSPENSION | 3 | |
| *OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** | | |
| CIPRO HC OTIC SUSPENSION | 3 | |
| CIPRODEX OTIC SUSPENSION | 3 | |
| ciprofloxacin-dexamethasone otic suspension | 1 or 1b* | |
| ciprofloxacin-fluocinolone pf otic solution | 1 or 1b* | |
| CORTISPORIN-TC OTIC SUSPENSION | 3 | |
| neomycin-polymyxin-hc otic solution | 1 or 1b* | |
| neomycin-polymyxin-hc otic suspension | 1 or 1b* | |
| OTOVEL OTIC SOLUTION | 3 | |
| *OTIC STEROIDS*** | | |
| DERMOTIC OTIC OIL | 3 | |
| flac otic oil | 1 or 1b* | |
| fluocinolone acetate otic oil | 1 or 1b* | |
| hydrocortisone-acetic acid otic solution | 1 or 1b* | |
| *OXYTOCICS* | | |
| *ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** | | |
| carboprost tromethamine intramuscular solution | 1 or 1b* | |
| CERVIDIL VAGINAL INSERT | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| HEMABATE INTRAMUSCULAR SOLUTION | 3 | |
| PREPIDIL VAGINAL GEL | 3 | |
| PROSTIN E2 VAGINAL SUPPOSITORY | 3 | |
| *OXYTOCICS*** | | |
| 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* | |
| OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML | 3 | |
| OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 20-0.9 UNT/L-% | 3 | |
| PITOCIN INJECTION SOLUTION | 3 | |
| *PASSIVE IMMUNIZING AND TREATMENT AGENTS* | | |
| *ANTITOXINS-ANTIVENINS*** | | |
| ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| ANTIVENIN LATRODECTUS MACTANS INJECTION KIT | 3 | |
| ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| CROFAB INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |

| Drug Name | Tier | Notes |
|--|------|----------------|
| *ANTIVIRAL MONOCLONAL ANTIBODIES*** | | |
| SYNAGIS INTRAMUSCULAR SOLUTION | 3 | PA; QL; LD; SP |
| *BACTERIAL MONOCLONAL ANTIBODIES*** | | |
| ZINPLAVA INTRAVENOUS SOLUTION | 3 | PA; QL |
| *IMMUNE SERUMS*** | | |
| ASCENIV INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML | 3 | PA; QL; LD; SP |
| CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM | 3 | PA; QL; SP |
| CUTAQUIG SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |
| CUVITRU SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD; SP |
| CYTOGAM INTRAVENOUS INJECTABLE | 3 | SP |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| GAMASTAN INTRAMUSCULAR INJECTABLE | 3 | PA; QL; LD; SP |
| GAMMAGARD INJECTION SOLUTION | 3 | PA; QL; LD; SP |
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML | 3 | PA; QL; LD; SP |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; QL; LD; SP |
| GAMUNEX-C INJECTION SOLUTION | 3 | PA; QL; LD; SP |
| HEPAGAM B INJECTION SOLUTION | 3 | SP |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 3 | PA; QL; LD; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| HYPERRAB INJECTION SOLUTION | 3 | SP |
| HYPERRAB S/D INJECTION SOLUTION | 3 | SP |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | LD; SP |
| HYPERTET S/D INTRAMUSCULAR INJECTABLE | 3 | |
| IMOGAM RABIES-HT INJECTION SOLUTION | 3 | SP |
| KEDRAB INJECTION SOLUTION | 3 | SP |
| MICRHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| NABI-HB INTRAMUSCULAR SOLUTION | 3 | LD; SP |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|--|----------|----------------|
| OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML | 3 | PA; QL; LD |
| PANZYGA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| PRIVIGEN INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| RHOGAM ULTRA- FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | SP |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | 3 | LD; SP |
| VARIZIG INTRAMUSCULAR SOLUTION | 3 | |
| WINRHO SDF INJECTION SOLUTION | 3 | SP |
| XEMBIFY SUBCUTANEOUS SOLUTION | 3 | PA; QL; LD |
| *PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** | | |
| HYQVIA SUBCUTANEOUS KIT | 3 | PA; QL; LD; SP |
| *PENICILLINS* | | |
| *AMINOPENICILLINS** | | |
| * | | |
| amoxicillin oral capsule | 1 or 1a* | |
| amoxicillin oral suspension reconstituted | 1 or 1a* | |
| amoxicillin oral tablet | 1 or 1a* | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 or 1a* | |
| ampicillin oral capsule 500 mg | 1 or 1a* | |
| ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg | 1 or 1b* | |
| ampicillin sodium intravenous solution reconstituted | 1 or 1b* | |

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

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

| Drug Name | Tier | Notes |
|---|----------|-------|
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML | 3 | |
| AUGMENTIN ORAL TABLET 500-125 MG | 3 | |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | 3 | |
| piperacillin sod-tazobactam so intravenous solution reconstituted | 1 or 1b* | |
| UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM | 3 | |
| UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM | 3 | |
| ZOSYN INTRAVENOUS SOLUTION | 3 | |
| *PENICILLINASE-RESISTANT PENICILLINS*** | | |
| dicloxacillin sodium oral capsule | 1 or 1b* | |
| NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| nafcillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM | 3 | |
| nafcillin sodium intravenous solution reconstituted | 1 or 1b* | |
| OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| oxacillin sodium injection solution reconstituted 1 gm, 2 gm | 1 or 1b* | |
| oxacillin sodium intravenous solution reconstituted | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| *PROGESTINS* | | |
| *PROGESTINS*** | | |
| AYGESTIN ORAL TABLET | 3 | |
| hydroxyprogesterone caproate intramuscular oil | 1 or 1b* | PA; QL; SP |
| MAKENA INTRAMUSCULAR OIL | 3 | PA; QL; LD; SP |
| MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD; SP |
| medroxyprogesterone acetate oral tablet | 1 or 1a* | |
| megestrol acetate oral suspension 625 mg/5ml | 1 or 1b* | |
| norethindrone acetate oral tablet | 1 or 1b* | |
| progesterone intramuscular oil | 1 or 1b* | |
| progesterone micronized oral capsule | 1 or 1b* | |
| PROVERA ORAL TABLET | 3 | |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | |
| *AGENTS FOR OPIOID WITHDRAWAL*** | | |
| LUCEMYRA ORAL TABLET | 3 | |
| *ALCOHOL DETERRENTS*** | | |
| acamprosate calcium oral tablet delayed release | 1 or 1b* | |
| disulfiram oral tablet | 1 or 1b* | |
| *ANTI-CATAPLECTIC AGENTS*** | | |
| XYREM ORAL SOLUTION | 3 | PA; QL; LD |
| *ANTIDEMENTIA AGENT COMBINATIONS*** | | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 2 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | |

| Drug Name | Tier | Notes |
|--|----------|------------|
| *ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD |
| *BENZODIAZEPINES & TRICYCLIC AGENTS*** | | |
| chlordiazepoxide-amitriptyline oral tablet | 1 or 1b* | |
| *CHOLINOMIMETICS - ACHE INHIBITORS*** | | |
| ARICEPT ORAL TABLET 10 MG, 23 MG | 3 | |
| ARICEPT ORAL TABLET 5 MG | 3 | DO |
| donepezil hcl oral tablet 10 mg, 23 mg | 1 or 1b* | |
| donepezil hcl oral tablet 5 mg | 1 or 1b* | DO |
| donepezil hcl oral tablet dispersible | 1 or 1b* | |
| EXELON TRANSDERMAL PATCH 24 HOUR | 3 | ST; QL |
| galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg | 1 or 1b* | |
| galantamine hydrobromide er oral capsule extended release 24 hour 8 mg | 1 or 1b* | DO |
| galantamine hydrobromide oral solution | 1 or 1b* | |
| galantamine hydrobromide oral tablet 12 mg, 8 mg | 1 or 1b* | |
| galantamine hydrobromide oral tablet 4 mg | 1 or 1b* | DO |
| RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG | 3 | |
| RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG | 3 | DO |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg | 1 or 1b* | DO |
| rivastigmine tartrate oral capsule 4.5 mg, 6 mg | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| rivastigmine transdermal patch 24 hour | 1 or 1b* | |
| *FIBROMYALGIA AGENT - SNRIS*** | | |
| SAVELLA ORAL TABLET | 2 | |
| SAVELLA TITRATION PACK ORAL | 2 | |
| *MELANOCORTIN RECEPTOR AGONISTS*** | | |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD |
| *MOVEMENT DISORDER DRUG THERAPY*** | | |
| AUSTEDO ORAL TABLET | 3 | PA; QL; LD; SP |
| INGREZZA ORAL CAPSULE 40 MG | 3 | PA; DO; QL; LD |
| INGREZZA ORAL CAPSULE 80 MG | 3 | PA; QL; LD |
| INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD |
| tetrabenazine oral tablet | 1 or 1b* | PA; QL; SP |
| XENAZINE ORAL TABLET | 3 | PA; QL; LD; SP |
| *MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| AUBAGIO ORAL TABLET | 3 | PA; QL; LD; SP |
| *MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** | | |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|------|----------------|
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| *MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 3 | PA; QL; SP |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 3 | PA; QL; SP |
| BETASERON SUBCUTANEOUS KIT | 3 | PA; QL; SP |
| EXTAVIA SUBCUTANEOUS KIT | 3 | PA; QL; LD; SP |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; LD; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL; LD; SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; SP |

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

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| Drug Name | Tier | Notes |
|---|----------|----------------|
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; SP |
| *MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** | | |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL; LD; SP |
| LEMTRADA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| TYSABRI INTRAVENOUS CONCENTRATE | 3 | PA; QL; LD; SP |
| *MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** | | |
| dimethyl fumarate oral capsule delayed release | 1 or 1b* | PA; QL; LD; SP |
| dimethyl fumarate starter pack oral | 1 or 1b* | PA; QL; SP |
| *MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; QL; LD; SP |
| dalfampridine er oral tablet extended release 12 hour | 1 or 1b* | PA; QL; SP |
| *MULTIPLE SCLEROSIS AGENTS*** | | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL; LD; SP |
| glatiramer acetate subcutaneous solution prefilled syringe | 3 | PA; QL; SP |
| glatopa subcutaneous solution prefilled syringe | 3 | PA; QL; SP |

| Drug Name | Tier | Notes |
|---|----------|------------|
| *N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** | | |
| memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg | 1 or 1b* | DO |
| memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg | 1 or 1b* | |
| memantine hcl oral solution | 1 or 1b* | |
| memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg | 1 or 1b* | |
| memantine hcl oral tablet 5 mg | 1 or 1b* | DO |
| NAMENDA ORAL TABLET 10 MG | 3 | |
| NAMENDA ORAL TABLET 5 MG | 3 | DO |
| NAMENDA TITRATION PAK ORAL TABLET | 3 | |
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | |
| *PHENOTHIAZINES & TRICYCLIC AGENTS*** | | |
| perphenazine-amitriptyline oral tablet | 1 or 1b* | |
| *POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** | | |
| GRALISE ORAL TABLET 300 MG | 2 | PA; DO; QL |
| GRALISE ORAL TABLET 600 MG | 2 | PA; QL |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG | 3 | PA; DO; QL |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG | 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 |
|---|----------|-------------|
| *PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** | | |
| fluoxetine hcl (pmdd) oral tablet 10 mg | 1 or 1b* | DO |
| fluoxetine hcl (pmdd) oral tablet 20 mg | 1 or 1b* | |
| *PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** | | |
| NUDEXTA ORAL CAPSULE | 3 | PA; QL |
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** | | |
| ergoloid mesylates oral tablet | 1 or 1b* | |
| pimozide oral tablet | 1 or 1b* | |
| *RESTLESS LEG SYNDROME (RLS) AGENTS*** | | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | PA; QL |
| *SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** | | |
| ADDYI ORAL TABLET | 3 | PA; QL |
| *SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** | | |
| ONPATRO INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| *SMOKING DETERRENTS*** | | |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 or 1b* | PA; QL; \$0 |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET | 3 | PA; QL; \$0 |
| CHANTIX ORAL TABLET | 3 | PA; QL; \$0 |
| CHANTIX STARTING MONTH PAK ORAL TABLET | 3 | PA; QL; \$0 |
| cvs nicotine mouth/throat gum | 1 or 1b* | OTC; \$0 |

| Drug Name | Tier | Notes |
|--|----------|----------|
| 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 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 |
| 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 |

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

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| Drug Name | Tier | Notes |
|--|----------|-------------|
| NICODERM CQ TRANSDERMAL PATCH 24 HOUR | 2 | OTC; \$0 |
| nicorelief mouth/throat gum 2 mg | 1 or 1b* | OTC; \$0 |
| NICORETTE MINI MOUTH/THROAT LOZENGE | 2 | OTC; \$0 |
| NICORETTE MOUTH/THROAT GUM | 2 | OTC; \$0 |
| NICORETTE MOUTH/THROAT LOZENGE | 2 | OTC; \$0 |
| NICORETTE STARTER KIT MOUTH/THROAT GUM | 2 | OTC; \$0 |
| nicotine 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 |
| 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 |
| NICOTINE TRANSDERMAL KIT | 2 | OTC; \$0 |
| nicotine transdermal patch 24 hour | 1 or 1b* | OTC; \$0 |
| NICOTROL INHALATION INHALER | 3 | PA; QL; \$0 |
| NICOTROL NS NASAL SOLUTION | 3 | PA; QL; \$0 |
| px stop smoking aid mouth/throat gum | 1 or 1b* | OTC; \$0 |
| px stop smoking aid mouth/throat lozenge | 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 |

| Drug Name | Tier | Notes |
|---|----------|----------------|
| 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 |
| *SPHINGOSINE 1- PHOSPHATE (S1P) RECEPTOR MODULATORS*** | | |
| GILENYA ORAL CAPSULE 0.5 MG | 3 | PA; QL; SP |
| MAYZENT ORAL TABLET | 3 | PA; QL; LD; SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 3 | PA; QL; LD; SP |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| ZEPOSIA ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK | 3 | PA; QL; LD; SP |
| *THIENBENZODIAZEPI NES & SSRIS*** | | |
| olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg | 1 or 1b* | |
| olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg | 1 or 1b* | DO |
| SYMBYAX ORAL CAPSULE 12-50 MG, 6-50 MG | 3 | |
| SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG | 3 | DO |
| *VASOMOTOR SYMPTOM AGENTS - SSRIS*** | | |
| paroxetine mesylate oral capsule | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|---|------|----------------|
| *RESPIRATORY AGENTS - MISC.* | | |
| *ALPHA-PROTEINASE INHIBITOR (HUMAN)*** | | |
| ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG | 3 | PA; QL; LD; SP |
| GLASSIA INTRAVENOUS SOLUTION | 3 | PA; QL; LD; SP |
| PROLASTIN-C INTRAVENOUS SOLUTION | 3 | PA; QL; LD |
| PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 3 | PA; QL; LD |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA; QL; LD; SP |
| *CFTR POTENTIATORS*** | | |
| KALYDECO ORAL PACKET | 3 | PA; QL; LD |
| *CYSTIC FIBROSIS AGENT - COMBINATIONS*** | | |
| ORKAMBI ORAL PACKET | 3 | PA; QL; LD |
| ORKAMBI ORAL TABLET | 3 | PA; QL; LD |
| SYMDEKO ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| TRIKAFTA ORAL TABLET THERAPY PACK | 3 | PA; QL; LD |
| *CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** | | |
| BRONCHITOL INHALATION CAPSULE | 3 | LD; SP |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE | 3 | LD; SP |

| Drug Name | Tier | Notes |
|--|------|----------------|
| *HYDROLYTIC ENZYMES*** | | |
| PULMOZYME INHALATION SOLUTION | 3 | LD; SP |
| *PLEURAL SCLEROSING AGENTS*** | | |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER | 3 | |
| STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED | 3 | |
| STERITALC INTRAPLEURAL POWDER | 3 | |
| *PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** | | |
| OFEV ORAL CAPSULE | 3 | PA; QL; LD; SP |
| *PULMONARY FIBROSIS AGENTS*** | | |
| ESBRIET ORAL CAPSULE | 3 | PA; QL; LD; SP |
| ESBRIET ORAL TABLET | 3 | PA; QL; LD; SP |
| *RESPIRATORY AGENTS - MISC.*** | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML | 3 | |
| INFASURF INTRATRACHEAL SUSPENSION | 3 | |
| SURVANTA INTRATRACHEAL SUSPENSION | 3 | |
| *SULFONAMIDES* | | |
| *SULFONAMIDES*** | | |
| SULFADIAZINE ORAL TABLET | 3 | |

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

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| Drug Name | Tier | Notes |
|--|----------|------------|
| *TETRACYCLINES* | | |
| *AMINOMETHYLCYCLOPENTANES*** | | |
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | LD |
| NUZYRA ORAL TABLET 150 MG | 3 | PA; QL; LD |
| *FLUOROCYCLINES*** | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *GLYCYLCYCLINES*** | | |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *TETRACYCLINES*** | | |
| coremino oral tablet extended release 24 hour | 1 or 1b* | ST; QL |
| demeclocycline hcl oral tablet | 1 or 1b* | |
| doxy 100 intravenous solution reconstituted | 1 or 1b* | |
| doxycycline hyclate intravenous solution reconstituted | 1 or 1b* | |
| doxycycline hyclate oral capsule | 1 or 1b* | |
| doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg | 1 or 1b* | |
| doxycycline hyclate oral tablet 150 mg, 75 mg | 1 or 1b* | ST; QL |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | 1 or 1b* | ST; QL |
| doxycycline monohydrate oral capsule | 1 or 1b* | |
| doxycycline monohydrate oral suspension reconstituted | 1 or 1b* | |
| doxycycline monohydrate oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|--------|
| MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| minocycline hcl er oral tablet extended release 24 hour | 1 or 1b* | ST; QL |
| minocycline hcl oral capsule | 1 or 1b* | |
| minocycline hcl oral tablet | 1 or 1b* | |
| mondoxyne nl oral capsule 100 mg, 75 mg | 1 or 1b* | |
| morgidox oral capsule 100 mg | 1 or 1b* | |
| tetracycline hcl oral capsule | 1 or 1b* | |
| *THYROID AGENTS* | | |
| *ANTITHYROID AGENTS*** | | |
| methimazole oral tablet | 1 or 1a* | |
| propylthiouracil oral tablet | 1 or 1b* | |
| TAPAZOLE ORAL TABLET | 3 | |
| *THYROID HORMONES*** | | |
| ARMOUR THYROID ORAL TABLET | 3 | |
| CYTOMEL ORAL TABLET | 3 | |
| euthyrox oral tablet | 1 or 1b* | |
| levo-t oral tablet | 1 or 1b* | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION | 3 | |
| levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg | 1 or 1a* | |
| LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG | 3 | |
| levothyroxine sodium oral capsule | 1 or 1b* | |
| levothyroxine sodium oral tablet | 1 or 1a* | |
| levoxyl oral tablet | 1 or 1a* | |
| liothyronine sodium intravenous solution | 1 or 1b* | |
| liothyronine sodium oral tablet | 1 or 1b* | |

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

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| Drug Name | Tier | Notes |
|--|----------|-------|
| NATURE-THROID ORAL TABLET | 3 | |
| np thyroid oral tablet | 1 or 1a* | |
| SYNTHROID ORAL TABLET | 3 | |
| THYQUIDITY ORAL SOLUTION | 3 | |
| TIROSINT ORAL CAPSULE | 3 | |
| TIROSINT-SOL ORAL SOLUTION | 3 | |
| TRIOSTAT INTRAVENOUS SOLUTION | 3 | |
| unithroid oral tablet | 1 or 1a* | |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | 3 | |
| WP THYROID ORAL TABLET | 3 | |
| *TOXOIDS* | | |
| *TOXOID COMBINATIONS*** | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 3 | \$0 |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 3 | \$0 |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | \$0 |
| DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| INFANRIX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| KINRIX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| PEDIARIX INTRAMUSCULAR SUSPENSION | 3 | \$0 |

| Drug Name | Tier | Notes |
|---|----------|-------|
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| TDVAX INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| TENIVAC INTRAMUSCULAR INJECTABLE | 3 | \$0 |
| TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION | 3 | \$0 |
| VAXELIS INTRAMUSCULAR SUSPENSION | 3 | |
| VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* | | |
| *ANTICHOLINERGIC COMBINATIONS*** | | |
| chlordiazepoxide-clidinium oral capsule | 1 or 1b* | |
| LIBRAX ORAL CAPSULE | 3 | |
| phenobarbital-belladonna alk oral elixir | 1 or 1b* | |
| phenohydro oral elixir | 1 or 1b* | |
| phenohydro oral tablet | 1 or 1b* | |
| *ANTISPASMODICS*** | | |
| BENTYL INTRAMUSCULAR SOLUTION | 3 | |
| dicyclomine hcl intramuscular solution | 1 or 1b* | |
| dicyclomine hcl oral capsule | 1 or 1a* | |
| dicyclomine hcl oral solution | 1 or 1a* | |
| dicyclomine hcl oral tablet | 1 or 1a* | |

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

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| Drug Name | Tier | Notes |
|---|----------|-------|
| *BELLADONNA ALKALOIDS*** | | |
| ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR | 3 | |
| atropine sulfate injection solution prefilled syringe 0.25 mg/5ml | 1 or 1b* | |
| ATROPINE SULFATE INTRAVENOUS SOLUTION | 3 | |
| ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML | 3 | |
| hyoscyamine sulfate er oral tablet extended release 12 hour | 1 or 1b* | |
| hyoscyamine sulfate sl sublingual tablet sublingual | 1 or 1b* | |
| hyoscyamine sulfate sublingual tablet sublingual | 1 or 1b* | |
| *H-2 ANTAGONISTS*** | | |
| cimetidine hcl oral solution | 1 or 1b* | |
| cimetidine oral tablet | 1 or 1b* | |
| famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml | 1 or 1b* | |
| famotidine oral suspension reconstituted | 1 or 1b* | |
| famotidine oral tablet 20 mg, 40 mg | 1 or 1b* | |
| famotidine premixed intravenous solution | 1 or 1b* | |
| nizatidine oral capsule | 1 or 1b* | |
| nizatidine oral solution | 1 or 1b* | |
| PEPCID ORAL TABLET | 3 | |
| *MISC. ANTI-ULCER*** | | |
| CARAFATE ORAL SUSPENSION | 3 | |
| CARAFATE ORAL TABLET | 3 | |
| sucralfate oral suspension | 1 or 1b* | |
| sucralfate oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|---|----------|--------|
| *PROTON PUMP INHIBITORS*** | | |
| DEXILANT ORAL CAPSULE DELAYED RELEASE | 2 | ST; QL |
| esomeprazole sodium intravenous solution reconstituted 40 mg | 1 or 1b* | |
| NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 3 | |
| omeprazole oral capsule delayed release | 1 or 1b* | QL |
| pantoprazole sodium intravenous solution reconstituted | 1 or 1b* | |
| pantoprazole sodium oral tablet delayed release | 1 or 1b* | QL |
| PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *QUATERNARY ANTICHOLINERGICS*** | | |
| CUVPOSA ORAL SOLUTION | 3 | |
| GLYCATO ORAL TABLET | 3 | PA; QL |
| glycopyrrolate injection solution | 1 or 1b* | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 or 1b* | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 3 | PA; QL |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| GLYRX-PF INJECTION SOLUTION | 3 | |
| GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| methscopolamine bromide oral tablet | 1 or 1b* | |
| *ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** | | |
| HELIDAC THERAPY ORAL | 3 | ST; QL |

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| Drug Name | Tier | Notes |
|--|----------|--------|
| PYLERA ORAL CAPSULE | 3 | ST; QL |
| *ULCER ANTI- INFECTIVE W/ PROTON PUMP INHIBITORS*** | | |
| amoxicill-clarithro-lansopraz oral | 1 or 1b* | ST; QL |
| OMECLAMOX-PAK ORAL | 3 | ST; QL |
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | ST; QL |
| *ULCER DRUGS - PROSTAGLANDINS*** | | |
| CYTOTEC ORAL TABLET | 3 | |
| misoprostol oral tablet | 1 or 1a* | |
| *URINARY ANTISPASMODICS* | | |
| *URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)** | | |
| * | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 1 or 1b* | |
| oxybutynin chloride er oral tablet extended release 24 hour | 1 or 1b* | |
| oxybutynin chloride oral syrup | 1 or 1b* | |
| oxybutynin chloride oral tablet | 1 or 1b* | |
| solifenacin succinate oral tablet | 1 or 1b* | |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 or 1b* | |
| tolterodine tartrate oral tablet | 1 or 1b* | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| tropium chloride er oral capsule extended release 24 hour | 1 or 1b* | |
| tropium chloride oral tablet | 1 or 1b* | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| *URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | | |
| bethanechol chloride oral tablet | 1 or 1b* | |
| *URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** | | |
| flavoxate hcl oral tablet | 1 or 1b* | |
| *VACCINES* | | |
| *BACTERIAL VACCINES*** | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |
| BCG VACCINE INJECTION INJECTABLE | 3 | \$0 |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| BIOTHRAX INTRAMUSCULAR SUSPENSION | 3 | |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| MENACTRA INTRAMUSCULAR INJECTABLE | 3 | \$0 |
| MENQUADFI INTRAMUSCULAR INJECTABLE | 3 | \$0 |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 3 | \$0 |

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| Drug Name | Tier | Notes |
|---|------|---------|
| PNEUMOVAX 23 INJECTION INJECTABLE | 2 | \$0 |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 2 | |
| *VIRAL VACCINE COMBINATIONS*** | | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | \$0 |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 |
| *VIRAL VACCINES*** | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION | 2 | QL; \$0 |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | QL; \$0 |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | 3 | \$0 |
| FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | QL; \$0 |

| Drug Name | Tier | Notes |
|---|------|---------|
| FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE | 2 | \$0 |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | QL; \$0 |
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 2 | QL; \$0 |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | 2 | QL; \$0 |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | QL; \$0 |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | QL; \$0 |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | 2 | \$0 |
| FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML | 2 | QL; \$0 |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 2 | QL; \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 2 | \$0 |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | \$0 |

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| Drug Name | Tier | Notes |
|--|------|-------|
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | 3 | \$0 |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 3 | \$0 |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE | 3 | |
| IPOL INJECTION INJECTABLE | 3 | \$0 |
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | |
| RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | \$0 |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 3 | \$0 |
| ROTATEQ ORAL SOLUTION | 3 | \$0 |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | \$0 |
| STAMARIL INJECTION SUSPENSION RECONSTITUTED | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | 3 | \$0 |
| VARIVAX SUBCUTANEOUS INJECTABLE | 3 | \$0 |
| YF-VAX SUBCUTANEOUS INJECTABLE | 3 | |

| Drug Name | Tier | Notes |
|--|----------|----------|
| *VAGINAL AND RELATED PRODUCTS* | | |
| *IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| GYNAZOLE-1 VAGINAL CREAM | 3 | |
| miconazole 3 vaginal suppository | 1 or 1b* | |
| terconazole vaginal cream | 1 or 1b* | |
| terconazole vaginal suppository | 1 or 1b* | |
| *MISCELLANEOUS VAGINAL PRODUCTS*** | | |
| INTRAROSA VAGINAL INSERT | 3 | ST; QL |
| *SPERMICIDES*** | | |
| 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 |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL | 2 | OTC; \$0 |
| *VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN VAGINAL CREAM | 3 | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | |
| clindamycin phosphate vaginal cream | 1 or 1b* | |
| CLINDESSE VAGINAL CREAM | 3 | |
| metronidazole vaginal gel | 1 or 1b* | |
| NUVESSA VAGINAL GEL | 3 | |

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| Drug Name | Tier | Notes |
|--|----------|----------------|
| vandazole vaginal gel | 1 or 1b* | |
| *VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** | | |
| PHEXXI VAGINAL GEL | 3 | |
| *VAGINAL ESTROGENS*** | | |
| estradiol vaginal cream | 1 or 1b* | |
| estradiol vaginal tablet | 1 or 1b* | |
| ESTRING VAGINAL RING | 3 | |
| FEMRING VAGINAL RING | 3 | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT | 3 | |
| IMVEXXY STARTER PACK VAGINAL INSERT | 3 | |
| PREMARIN VAGINAL CREAM | 2 | |
| yuvaferm vaginal tablet | 1 or 1b* | |
| *VAGINAL PROGESTINS*** | | |
| CRINONE VAGINAL GEL 4 % | 3 | SP |
| CRINONE VAGINAL GEL 8 % | 3 | PA; QL; SP |
| ENDOMETRIN VAGINAL INSERT | 3 | PA; QL |
| *VASOPRESSORS* | | |
| *ANAPHYLAXIS THERAPY AGENTS*** | | |
| ADRENALIN INJECTION SOLUTION | 3 | |
| epinephrine (anaphylaxis) injection solution | 1 or 1b* | |
| epinephrine injection solution auto-injector | 1 or 1b* | |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL |
| *NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** | | |
| droxidopa oral capsule | 1 or 1b* | PA; QL; SP |
| NORTHERA ORAL CAPSULE | 3 | PA; QL; LD; SP |

| Drug Name | Tier | Notes |
|---|----------|-------|
| *VASOPRESSORS*** | | |
| AKOVAZ INTRAVENOUS SOLUTION | 3 | |
| BIORPHEN INTRAVENOUS SOLUTION | 3 | |
| dobutamine hcl intravenous solution 250 mg/20ml | 1 or 1b* | |
| dobutamine in d5w intravenous solution | 1 or 1b* | |
| dopamine hcl intravenous solution 40 mg/ml | 1 or 1b* | |
| dopamine in d5w intravenous solution | 1 or 1b* | |
| EMERPHEID INTRAVENOUS SOLUTION | 3 | |
| EPHEDRINE SULFATE INTRAVENOUS SOLUTION | 3 | |
| EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/10ML-% | 3 | |
| EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-% | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION | 3 | |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML | 3 | |
| EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION | 3 | |
| EPINEPHRINE-NACL INTRAVENOUS SOLUTION | 3 | |
| GIAPREZA INTRAVENOUS SOLUTION | 3 | |
| LEVOPHEID INTRAVENOUS SOLUTION | 3 | |
| midodrine hcl oral tablet | 1 or 1b* | |

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| Drug Name | Tier | Notes |
|---|----------|-------|
| norepinephrine bitartrate intravenous solution | 1 or 1b* | |
| NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-% | 3 | |
| NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 8-0.9 MG/500ML-% | 3 | |
| PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML | 3 | |
| PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-% | 3 | |
| PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.8-0.9 MG/10ML-%, 20-0.9 MG/50ML-% | 3 | |
| VAZCULEP INTRAVENOUS SOLUTION | 3 | |
| *VITAMINS* | | |
| *VITAMIN A*** | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML, 50000 UNIT/ML | 3 | |
| *VITAMIN B-1*** | | |
| thiamine hcl injection solution | 1 or 1b* | |
| *VITAMIN B-6*** | | |
| PYRIDOXINE HCL INJECTION SOLUTION | 3 | |
| *VITAMIN C*** | | |
| ASCOR INTRAVENOUS SOLUTION | 3 | |

| Drug Name | Tier | Notes |
|--|----------|-------|
| *VITAMIN D*** | | |
| DRISDOL ORAL CAPSULE | 3 | |
| ergocalciferol oral capsule | 1 or 1a* | |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1 or 1a* | |
| *VITAMIN K*** | | |
| MEPHYTON ORAL TABLET | 3 | |
| phytonadione injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |
| phytonadione oral tablet | 1 or 1b* | |
| vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml | 1 or 1b* | |

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

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