

Traditional Open Drug List

Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

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

Traditional Open Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 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 Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

Who decides what drugs are on the list?

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

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

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

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

Online Pharmacy Resources

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

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

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

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

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

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

Traditional Open Drug List

Three-Tier

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Three-Tier

CURRENT AS OF 5/1/2020

Drug Name	Tier	Notes
*5-HT4 RECEPTOR AGONISTS***		
*5-HT4 RECEPTOR AGONISTS***		
MOTEGRITY ORAL TABLET	3	ST; QL
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS***		
REVCIVI INTRAMUSCULAR SOLUTION	3	PA; QL; LD
*ADENOSINE RECEPTOR ANTAGONIST***		
*ADENOSINE RECEPTOR ANTAGONIST***		
NOURIANZ ORAL TABLET	3	PA; QL; LD; SP
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS***		
NEXLETOL ORAL TABLET	3	PA; QL
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 or 1b*	PA; QL

Drug Name	Tier	Notes
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***		
atomoxetine hcl oral capsule	1 or 1b*	PA; QL
STRATTERA ORAL CAPSULE	3	PA; QL
*AMPHETAMINE MIXTURES***		
ADDERALL ORAL TABLET	3	PA; QL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral capsule extended release 24 hour	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet	1 or 1b*	PA; QL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
*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	1 or 1b*	
DESOXYN ORAL TABLET	3	PA; QL
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet	1 or 1b*	PA; QL
DYANA VEL XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
EVEKEO ODT ORAL TABLET DISPERSIBLE	3	PA; QL
EVEKEO ORAL TABLET	3	PA; QL
methamphetamine hcl oral tablet	1 or 1b*	PA; QL
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE	2	PA; QL
zenedi oral tablet	1 or 1b*	PA; QL
*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

Drug Name	Tier	Notes
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
*LIPASE INHIBITORS***		
XENICAL ORAL CAPSULE	3	PA; QL
*STIMULANTS - MISC.***		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
armodafinil oral tablet	1 or 1b*	PA; QL
CONCERTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	PA; QL
DAYTRANA TRANSDERMAL PATCH	3	PA; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet	1 or 1b*	PA; QL
FOCALIN ORAL TABLET	3	PA; QL
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
metadate er oral tablet extended release 20 mg	1 or 1b*	PA; QL
METHYLIN ORAL SOLUTION	3	PA; QL
methylphenidate hcl er (cd) oral capsule extended release	1 or 1b*	PA; QL

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

Effective 05/01/2020

Drug Name	Tier	Notes
methylphenidate hcl er (1a) oral capsule extended release 24 hour	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 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	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable	1 or 1b*	PA; QL
modafinil oral tablet 100 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
NUVIGIL ORAL TABLET	3	PA; QL
PROVIGIL ORAL TABLET 100 MG	3	PA; DO; QL
PROVIGIL ORAL TABLET 200 MG	3	PA; QL
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	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, 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET	3	PA; QL
*AGENTS FOR NARCOTIC WITHDRAWAL***		
*AGENTS FOR NARCOTIC WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	

Drug Name	Tier	Notes
*AGENTS FOR OPIOID WITHDRAWAL***		
*AGENTS FOR OPIOID WITHDRAWAL***		
LUCEMYRA ORAL TABLET	3	
AMEBICIDES		
*AMEBICIDES***		
SOLOSEC ORAL PACKET	3	ST; QL
*AMINO ACIDS***		
*AMINO ACIDS***		
ENDARI ORAL PACKET	3	PA; QL; LD
AMINOGLYCOSIDES		
*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*	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	3	LD; SP
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION	3	LD; SP
TOBI PODHALER INHALATION CAPSULE	3	LD; SP
tobramycin inhalation nebulization 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
tobramycin sulfate injection solution	1 or 1b*	
tobramycin sulfate injection solution reconstituted	1 or 1b*	
ZEMDRI INTRAVENOUS SOLUTION	3	
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA***		
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*AMINOMETHYLCYCLES***		
*AMINOMETHYLCYCLES***		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
NUZYRA ORAL TABLET 150 MG	3	PA; QL; LD
*ANALGESIC COMBINATIONS - TOPICAL***		
*ANALGESIC COMBINATIONS - TOPICAL***		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM	2	
ACTIVE-PREP KIT IV EXTERNAL CREAM	2	
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
OLUMIANT ORAL TABLET 1 MG	3	PA; QL; LD
OLUMIANT ORAL TABLET 2 MG	3	PA; QL; LD; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL; SP
XELJANZ ORAL TABLET	3	PA; QL; SP

Drug Name	Tier	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA; QL; SP
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
*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	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	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
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
*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	3	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	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***		
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL

Drug Name	Tier	Notes
*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE	2	
*INTERLEUKIN-1 BLOCKERS***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD
*INTERLEUKIN-1BETA BLOCKERS***		
ILARIS SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*INTERLEUKIN-6 RECEPTOR INHIBITORS***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
ACTEMRA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
ACTIVE INJECTION KET-L INJECTION KIT	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
ACTIVE INJECTION KETMARC-L INJECTION KIT	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	ST; QL
DERMACINRX ANALGESIC COMBOPAK COMBINATION KIT	3	
diclofenac-misoprostol oral tablet delayed release	1 or 1b*	ST; QL
DUEXIS ORAL TABLET	3	ST; QL
naproxen-esomeprazole oral tablet delayed release	3	ST; QL; CTT1
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK	3	
READYSHARP ANESTH + KETOROLAC INJECTION KIT	3	
VIMOVO ORAL TABLET DELAYED RELEASE	3	ST; QL
*NONSTEROIDAL ANTI- INFLAMMATORY AGENTS (NSAIDS)***		
ANJESO INTRAVENOUS INJECTABLE	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
DAYPRO ORAL TABLET	3	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT	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-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE	3	

Drug Name	Tier	Notes
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 CAPSULE 200 MG	3	ST; QL
fenopropfen calcium oral capsule 400 mg	1 or 1b*	ST; QL
fenopropfen 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*	
INDOCIN ORAL SUSPENSION	3	ST; QL
INDOCIN RECTAL SUPPOSITORY	3	ST; QL
indomethacin er oral capsule extended release	1 or 1b*	
indomethacin oral capsule 20 mg	3	CTT1
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	1 or 1b*	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1 or 1b*	QL
ketorolac tromethamine oral tablet	1 or 1a*	QL
LODINE ORAL TABLET	3	
meclofenamate sodium oral capsule	1 or 1b*	
mefenamic acid oral capsule	1 or 1b*	
meloxicam oral tablet	1 or 1b*	
MOBIC ORAL TABLET	3	
nabumetone 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
NALFON ORAL CAPSULE 400 MG	3	ST; QL
NALFON ORAL TABLET	3	ST; QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	ST; QL
NAPROSYN ORAL SUSPENSION	3	
naproxen dr oral tablet delayed release	1 or 1b*	
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
naproxen sodium er oral tablet extended release 24 hour	1 or 1b*	ST; QL
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*	
QMIIZ ODT ORAL TABLET DISPERSIBLE	3	ST; QL
RELAFEN DS ORAL TABLET	3	ST; QL
SPRIX NASAL SOLUTION	3	ST; QL
sulindac oral tablet	1 or 1b*	
TIVORBEX ORAL CAPSULE 20 MG	3	
tolmetin sodium oral capsule	1 or 1b*	
tolmetin sodium oral tablet 600 mg	1 or 1b*	
VIVLODEX ORAL CAPSULE	3	ST; QL
ZIPSOR ORAL CAPSULE	3	ST; QL
ZORVOLEX ORAL CAPSULE	3	ST; QL
*NSAID-NUTRITIONAL SUPPLEMENT COMBINATIONS***		
PRASTERA ORAL KIT	3	
*PYRIMIDINE SYNTHESIS INHIBITORS***		
ARAVA ORAL TABLET	3	

Drug Name	Tier	Notes
leflunomide oral tablet	1 or 1b*	
*SELECTIVE COSTIMULATION MODULATORS***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; SP
ANALGESICS - NONNARCOTIC		
*ANALGESIC COMBINATIONS***		
duraxin oral capsule	1 or 1b*	
*ANALGESICS OTHER***		
clonidine hcl (analgesia) epidural solution	1 or 1b*	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	3	
OFIRMEV 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
*ANALGESICS- SEDATIVES***		
ALLZITAL ORAL TABLET	3	
bupap oral tablet 50-300 mg	1 or 1b*	
BUTALBITAL- ACETAMINOPHEN ORAL CAPSULE	3	
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*	
BUTALBITAL-ASPIRIN- CAFFEINE ORAL TABLET	3	
esgic oral capsule	1 or 1b*	
ESGIC ORAL TABLET	3	
FIORICET ORAL CAPSULE	3	
FIORINAL ORAL CAPSULE	3	
tencon oral tablet 50-325 mg	1 or 1b*	
vanatol lq oral solution	3	CTT1
vanatol s oral solution	3	CTT1
vtol lq oral solution	3	CTT1
zebutal oral capsule 50-325- 40 mg	1 or 1b*	
*SALICYLATES***		
diflunisal oral tablet	1 or 1b*	
*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

Drug Name	Tier	Notes
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
FIORICET/CODEINE ORAL CAPSULE 50-300- 40-30 MG	3	QL
FIORINAL/CODEINE #3 ORAL CAPSULE	3	QL
TYLENOL WITH CODEINE #3 ORAL TABLET	3	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
dvorah oral tablet	1 or 1b*	QL
trezix oral capsule 320.5-30- 16 mg	1 or 1b*	QL
*HYDROCODONE COMBINATIONS***		
HYDROCODONE- ACETAMINOPHEN ORAL SOLUTION 10-325 MG/15ML	3	QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5- 325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10- 325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
lorcet hd oral tablet	1 or 1b*	QL
lorcet oral tablet	1 or 1b*	QL
lorcet plus oral tablet 7.5-325 mg	1 or 1b*	QL

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

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Drug Name	Tier	Notes
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
NORCO ORAL TABLET	3	QL
vicodin hp oral tablet 10-300 mg	1 or 1b*	QL
*OPIOID AGONISTS***		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 400 MCG, 600 MCG, 800 MCG	3	PA; QL
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
ALFENTANIL HCL INTRAVENOUS SOLUTION	3	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT	3	PA; QL
CODEINE SULFATE ORAL TABLET	3	QL
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	3	QL
DEMEROL INJECTION SOLUTION 25 MG/0.5ML, 75 MG/1.5ML	3	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML	3	QL
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
DOLOPHINE ORAL TABLET	3	PA; QL
DSUVIA SUBLINGUAL TABLET SUBLINGUAL	3	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	PA; QL
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	PA; QL

Drug Name	Tier	Notes
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 INJECTION SOLUTION 1500 MCG/30ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL

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Drug Name	Tier	Notes
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent	3	PA; QL; CTT1
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	
hydromorphone hcl injection solution 2 mg/ml, 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 RECTAL SUPPOSITORY	3	QL
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	

Drug Name	Tier	Notes
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 10-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	PA; QL
INFUMORPH 200 INJECTION SOLUTION	3	
INFUMORPH 500 INJECTION SOLUTION	3	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; QL
LAZANDA NASAL SOLUTION	3	PA; QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet	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

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

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Drug Name	Tier	Notes
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	PA; QL
mitigo injection solution	1 or 1b*	QL
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; 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
MORPHINE SULFATE INTRAMUSCULAR DEVICE	3	QL
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	QL
morphine sulfate intravenous solution 25 mg/ml	1 or 1b*	QL
morphine sulfate intravenous solution 50 mg/ml	1 or 1b*	
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
morphine sulfate rectal suppository	1 or 1b*	QL

Drug Name	Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 50-0.9 MG/50ML-%	3	QL
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	3	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
NUCYNTA ORAL TABLET	3	QL
OPANA ORAL TABLET 10 MG	3	QL
OXAYDO ORAL TABLET ABUSE-DETERRENT	3	QL
oxycodone hcl er oral tablet er 12 hour abuse-deterrent	3	PA; QL; CTT1
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
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
ROXICODONE ORAL TABLET	3	QL
SUBSYS SUBLINGUAL LIQUID	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
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED	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 capsule extended release 24 hour	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	
ULTRAM ORAL TABLET	3	QL
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL
*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
nalocet oral tablet	3	QL; CTT1
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 2.5-300 mg	3	QL; CTT1
oxycodone-aspirin oral tablet 4.8355-325 mg	1 or 1b*	QL
oxycodone-ibuprofen oral tablet	1 or 1a*	QL
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
PRIMLEV ORAL TABLET	3	QL

Drug Name	Tier	Notes
PROLATE ORAL TABLET	3	QL
*OPIOID PARTIAL AGONISTS***		
BELBUCA BUCCAL FILM	3	PA; QL
BUNAVAIL BUCCAL FILM	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
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LD
SUBOXONE SUBLINGUAL FILM	3	QL
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	QL
*TRAMADOL COMBINATIONS***		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ULTRACET ORAL TABLET	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
ANDROGENS-ANABOLIC		
*ANABOLIC STEROIDS***		
ANADROL-50 ORAL TABLET	3	
oxandrolone oral tablet	1 or 1b*	PA; QL
*ANDROGENS***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; QL
ANDROGEL TRANSDERMAL GEL	3	PA; QL
AVEED INTRAMUSCULAR SOLUTION	3	PA; QL; LD; SP
danazol oral capsule	1 or 1b*	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; QL
EC-RX TESTOSTERONE TRANSDERMAL CREAM	3	
FORTESTA TRANSDERMAL GEL	3	PA; QL
JATENZO ORAL CAPSULE	3	PA; QL
METHITEST ORAL TABLET	3	
methyltestosterone oral capsule	1 or 1b*	
NATESTO NASAL GEL	3	PA; QL
STRIANT BUCCAL	3	PA; QL
TESTIM TRANSDERMAL GEL	3	PA; QL
TESTOPEL IMPLANT PELLETT	3	PA; QL; LD
TESTOSTERONE COMPOUNDING KIT TRANSDERMAL CREAM	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA; QL
testosterone enanthate intramuscular solution	1 or 1b*	PA; QL

Drug Name	Tier	Notes
TESTOSTERONE IMPLANT PELLETT 100 MG, 25 MG, 50 MG	3	
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
VOGELXO PUMP TRANSDERMAL GEL	3	PA; QL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; QL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
ANORECTAL AGENTS		
*INTRARECTAL STEROIDS***		
colocort rectal enema	1 or 1b*	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	
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	

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

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Drug Name	Tier	Notes
*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*	
proctosol hc 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	
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	

Drug Name	Tier	Notes
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*	
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	
nitro-time oral capsule extended release	1 or 1b*	
ANTIANGIETY AGENTS		
*ANTIANGIETY AGENTS - MISC.***		
bupirone hcl oral tablet	1 or 1b*	
droperidol 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
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*	
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
chlordiazepoxide hcl oral capsule	1 or 1b*	
clorazepate dipotassium oral tablet	1 or 1b*	
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*	
TRANXENE-T ORAL TABLET 7.5 MG	3	
VALIUM ORAL TABLET	3	
XANAX ORAL TABLET	3	

Drug Name	Tier	Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
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*	
*ANTIARRHYTHMICS TYPE I-B***		
lidocaine hcl (cardiac) intravenous solution prefilled syringe	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 2-5 MG/ML-%, 3-5 MG/ML-%	3	
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*	

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

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Drug Name	Tier	Notes
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 intravenous solution	1 or 1b*	
amiodarone hcl oral tablet	1 or 1b*	
BRETYLIUM TOSYLATE INJECTION SOLUTION	3	
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*	
TIKOSYN ORAL CAPSULE	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-LIPOXYGENASE INHIBITORS***		
zileuton er oral tablet extended release 12 hour	1 or 1b*	PA; QL
ZYFLO ORAL TABLET	3	PA; QL
*ADRENERGIC COMBINATIONS***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADVAIR HFA INHALATION AEROSOL	2	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	

Drug Name	Tier	Notes
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BEVESPI AEROSPHERE INHALATION AEROSOL	3	ST; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
DULERA INHALATION AEROSOL	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1 or 1b*	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	CTT1
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	3	PA; QL
UTIBRON NEOHALER INHALATION 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
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	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
ARCAPTA NEOHALER INHALATION CAPSULE	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	
isoproterenol hcl injection solution	1 or 1b*	
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	3	CTT1
metaproterenol sulfate oral syrup	1 or 1a*	
PERFORMIST INHALATION NEBULIZATION SOLUTION	2	

Drug Name	Tier	Notes
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROAIR HFA INHALATION AEROSOL SOLUTION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	
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	
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	3	
XOPENEX HFA INHALATION AEROSOL	3	
XOPENEX INHALATION NEBULIZATION SOLUTION	3	
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ipratropium bromide inhalation solution	1 or 1b*	
LONHALA MAGNAIR REFILL KIT INHALATION 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
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	
SEEBRI NEOHALER INHALATION CAPSULE	3	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	
YUPELRI INHALATION SOLUTION	3	
*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*	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET CHEWABLE	3	
zafirlukast oral tablet	1 or 1b*	
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
DALIRESP ORAL TABLET	3	PA; QL
*STEROID INHALANTS***		
ALVESCO INHALATION AEROSOL SOLUTION	3	ST; QL
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	

Drug Name	Tier	Notes
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
ASMANEX HFA INHALATION AEROSOL	3	ST; QL
budesonide inhalation suspension	1 or 1b*	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
FLOVENT HFA INHALATION AEROSOL	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST; QL
PULMICORT INHALATION SUSPENSION	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	
*XANTHINE-EXPECTORANTS***		
difil-g forte oral liquid	1 or 1b*	
*XANTHINES***		
aminophylline 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
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 - MISC.***		
*ANTICOAGULANTS - MISC.***		
DEFITELIO INTRAVENOUS SOLUTION	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ANTICOAGULANTS		
*COUMARIN ANTICOAGULANTS***		
COUMADIN ORAL TABLET	2	
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS***		
BEVYXXA ORAL CAPSULE	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	2	
ELIQUIS ORAL TABLET	2	
SAVAYSA ORAL TABLET	3	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	

Drug Name	Tier	Notes
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2500-0.9 UT/500ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%	1 or 1b*	
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	
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*	
HEPMED COMBINATION KIT	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
*IN VITRO ANTICOAGULANTS***		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE	3	
*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	
LOVENOX INJECTION SOLUTION	3	
LOVENOX SUBCUTANEOUS SOLUTION	3	
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
ARIXTRA SUBCUTANEOUS SOLUTION	3	
fondaparinux sodium subcutaneous solution	1 or 1b*	
*THROMBIN INHIBITORS - HIRUDIN TYPE***		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE***		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.9 MG/125ML-%, 50-0.9 MG/50ML-%	3	
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML	3	
PRADAXA ORAL CAPSULE	3	
ANTICONSULTANTS		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS***		
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
*ANTICONSULTANTS - 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	2	
DIASTAT PEDIATRIC RECTAL GEL	2	
diazepam rectal gel	1 or 1b*	
KLONOPIN ORAL TABLET	3	
NAYZILAM NASAL SOLUTION	3	PA; QL
ONFI ORAL SUSPENSION	3	

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

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Drug Name	Tier	Notes
ONFI ORAL TABLET 10 MG, 20 MG	3	
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	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*	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
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*	
FANATREX FUSEPAQ ORAL SUSPENSION	3	
gabapentin oral capsule	1 or 1b*	

Drug Name	Tier	Notes
gabapentin oral solution	1 or 1b*	
gabapentin oral tablet	1 or 1b*	
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
LAMICTAL ODT ORAL KIT	2	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	2	
LAMICTAL ORAL TABLET	2	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	2	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er oral tablet extended release 24 hour	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*	
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*	

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

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Drug Name	Tier	Notes
LYRICA ORAL CAPSULE	3	
LYRICA ORAL SOLUTION	3	
MYSOLINE ORAL TABLET	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
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	1 or 1b*	
roovepra xr oral tablet extended release 24 hour	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*	
TEGRETOL ORAL SUSPENSION	2	
TEGRETOL ORAL TABLET	2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
TOPAMAX ORAL TABLET	2	

Drug Name	Tier	Notes
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	2	
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*	
TRILEPTAL ORAL SUSPENSION	2	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
ZONEGRAN ORAL CAPSULE	3	
zonisamide oral capsule	1 or 1b*	
*CARBAMATES***		
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
FELBATOL ORAL SUSPENSION	2	
FELBATOL ORAL TABLET	2	
*GABA MODULATORS***		
GABITRIL ORAL TABLET	2	
SABRIL ORAL PACKET	3	LD; SP
SABRIL ORAL TABLET	3	LD; SP
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	2	
DILANTIN ORAL 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
DILANTIN ORAL SUSPENSION	2	
fosphenytoin sodium injection solution	1 or 1b*	
PEGANONE ORAL TABLET	3	
PHENYTEK ORAL CAPSULE	2	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension 125 mg/5ml	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	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
ZARONTIN ORAL CAPSULE	2	
ZARONTIN ORAL SOLUTION	2	
*VALPROIC ACID***		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
DEPAKOTE ORAL TABLET DELAYED RELEASE	2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	2	
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*	

Drug Name	Tier	Notes
valproic acid oral solution	1 or 1b*	
*ANTIDEMENTIA AGENT COMBINATIONS***		
*ANTIDEMENTIA AGENT COMBINATIONS***		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
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	1 or 1b*	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 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
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
maprotiline hcl oral tablet	1 or 1b*	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	ST; DO; QL
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	
*MODIFIED CYCLICS***		
nefazodone hcl oral tablet	1 or 1b*	
trazodone hcl oral tablet	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD STARTER PACK ORAL KIT	3	ST; QL
*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*	

Drug Name	Tier	Notes
tranylcypromine sulfate oral tablet	1 or 1b*	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
CELEXA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
CELEXA ORAL TABLET 40 MG	3	ST; QL
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
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
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
LEXAPRO ORAL TABLET 20 MG	3	ST; QL
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
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 CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	3	ST; DO; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST; QL
PAXIL ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PAXIL ORAL TABLET 30 MG, 40 MG	3	ST; QL
PEXEVA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PEXEVA ORAL TABLET 30 MG, 40 MG	3	ST; QL
PROZAC ORAL CAPSULE 10 MG	3	ST; DO; QL
PROZAC ORAL CAPSULE 20 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
ZOLOFT ORAL CONCENTRATE	3	ST; QL
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO; QL
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3	PA; QL

Drug Name	Tier	Notes
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	PA; DO; QL
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
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	PA; QL
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	PA; DO; QL
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
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	3	ST; QL
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG	3	ST; DO; QL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 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
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*	
ANAFRANIL ORAL CAPSULE	3	
clomipramine hcl oral capsule	1 or 1b*	
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*	
GLYSET ORAL TABLET	3	
miglitol oral tablet	1 or 1b*	
PRECOSE ORAL TABLET	3	

Drug Name	Tier	Notes
*ANTIDIABETIC - AMYLIN ANALOGS***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
*BIGUANIDES***		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
metformin hcl er (mod) oral tablet extended release 24 hour	3	ST; QL; generic Glumetza; CTT1
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	3	ST; QL; generic Fortamet; CTT1
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	generic Glucophage XR
METFORMIN HCL ORAL SOLUTION	3	PA; QL
metformin hcl oral tablet	1 or 1b*	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER	3	PA; QL
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	
GLUCAGON EMERGENCY INJECTION KIT	2	
GLUCAGON EMERGENCY INJECTION 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
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
PROGLYCEM ORAL SUSPENSION	3	
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
alogliptin benzoate oral tablet	3	ST; QL; CTT1
JANUVIA ORAL TABLET	2	ST; QL
NESINA ORAL TABLET	3	ST; QL
ONGLYZA ORAL TABLET	3	ST; QL
TRADJENTA ORAL TABLET	2	ST; DO; QL
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
alogliptin-metformin hcl oral tablet	3	ST; QL; CTT1
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
JENTADUETO ORAL TABLET	2	ST; QL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
KAZANO ORAL TABLET	3	ST; QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES***		
CYCLOSET ORAL TABLET	3	
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
alogliptin-pioglitazone oral tablet	3	ST; QL; CTT1
OSENI ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
*HUMAN INSULIN***		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
ADMELOG SUBCUTANEOUS SOLUTION	3	ST; QL
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA; QL
APIDRA INJECTION SOLUTION	3	ST; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
FIASP SUBCUTANEOUS SOLUTION	3	ST; QL
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	

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

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Drug Name	Tier	Notes
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	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R INJECTION SOLUTION	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL

Drug Name	Tier	Notes
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL
INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION 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	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL

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

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Drug Name	Tier	Notes
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLIN R INJECTION SOLUTION	3	ST; QL
NOVOLIN R RELION INJECTION SOLUTION	3	ST; QL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	ST; QL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
NOVOLOG SUBCUTANEOUS SOLUTION	3	ST; QL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

Drug Name	Tier	Notes
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
TRESIBA SUBCUTANEOUS SOLUTION	3	ST; QL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	3	ST; QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN-INJECTOR	2	ST; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
RYBELSUS ORAL TABLET	3	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL

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

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Drug Name	Tier	Notes
*MEGLITINIDE ANALOGUES***		
nateglinide oral tablet	1 or 1b*	
repaglinide oral tablet	1 or 1b*	
STARLIX ORAL TABLET	3	
*PROGESTERONE RECEPTOR ANTAGONISTS***		
KORLYM ORAL TABLET	3	PA; QL; LD
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
FARXIGA ORAL TABLET	2	ST; QL
INVOKANA ORAL TABLET	3	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	3	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
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
GLUCOTROL ORAL TABLET	3	ST; QL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
GLYNASE ORAL TABLET	3	ST; QL
tolbutamide oral tablet	1 or 1b*	ST; QL

Drug Name	Tier	Notes
*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 ***		
ACTOS ORAL TABLET	3	ST; QL
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.***		
PRODIGEN ORAL CAPSULE	2	
PROVAD ORAL CAPSULE	2	
VISBIOME ORAL PACKET	2	
VSL#3 DS ORAL PACKET	2	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS***		
RESTORA RX ORAL CAPSULE	3	
ANTIDIARRHEALS		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS***		
MYTESI ORAL TABLET DELAYED RELEASE	3	PA; QL
*ANTIDIARRHEAL AGENTS - MISC.***		
PRODIGEN ORAL 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
PROVAD ORAL CAPSULE	2	
VISBIOME ORAL PACKET	2	
VSL#3 DS ORAL PACKET	2	
*ANTIDIARRHEAL COMBINATIONS***		
RESTORA RX ORAL CAPSULE	3	
*ANTIPERISTALTIC AGENTS***		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1 or 1b*	
MOTOFEN ORAL TABLET	3	
*ANTIDOTE COMBINATIONS***		
*ANTIDOTE COMBINATIONS***		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	

Drug Name	Tier	Notes
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
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue injection solution	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
sodium thiosulfate intravenous solution 25 %	1 or 1b*	
VISTOGARD ORAL PACKET	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
ANTIDOTES		
*ANTIDOTE COMBINATIONS AND KITS***		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
NITHIODOLE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML	3	
*ANTIDOTES - CHELATING AGENTS***		
CHEMET ORAL CAPSULE	3	
deferasirox oral tablet 360 mg, 90 mg	1 or 1b*	PA; QL; SP
deferasirox oral tablet soluble	1 or 1b*	PA; QL; SP
EXJADE ORAL TABLET SOLUBLE	3	PA; QL; LD; SP
FERRIPROX ORAL SOLUTION	3	PA; QL; LD
FERRIPROX 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	
*ANTIDOTES***		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ANEXXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	

Drug Name	Tier	Notes
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
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	3	
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
methylene blue injection solution	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
sodium thiosulfate intravenous solution 25 %	1 or 1b*	
VISTOGARD ORAL PACKET	3	PA; QL; LD

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Drug Name	Tier	Notes
*BENZODIAZEPINE ANTAGONISTS***		
flumazenil intravenous solution	1 or 1b*	
*OPIOID ANTAGONISTS***		
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML	3	ST; QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	
naloxone hcl injection solution auto-injector	3	ST; QL; CTT1
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 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 0.25 MG/2ML	3	PA; QL
palonosetron hcl intravenous solution 0.25 mg/5ml	1 or 1b*	PA; QL
palonosetron hcl intravenous solution prefilled syringe	1 or 1b*	PA; QL
SANCUSO TRANSDERMAL PATCH	3	QL

Drug Name	Tier	Notes
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
ZOFRAN ORAL TABLET	3	QL
ZUPLENZ ORAL FILM	3	QL
*ANTIEMETIC COMBINATIONS***		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
AKYNZEO ORAL CAPSULE	3	
BONJESTA ORAL TABLET EXTENDED RELEASE	3	PA; QL
DICLEGIS ORAL TABLET DELAYED 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	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE	3	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
trimethobenzamide hcl oral capsule	1 or 1b*	
*ANTIEMETICS - MISCELLANEOUS***		
dronabinol oral capsule	1 or 1b*	
SYNDROS ORAL SOLUTION	3	
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***		
aprepitant 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
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	PA; QL
EMEND ORAL CAPSULE 40 MG, 80 MG	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	
EMEND TRI-PACK ORAL CAPSULE	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	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ANTIFUNGALS***		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	

Drug Name	Tier	Notes
ANCOBON ORAL CAPSULE	3	PA; QL
BIO-STATIN ORAL CAPSULE	3	
bio-statin oral powder	1 or 1b*	
flucytosine oral capsule	1 or 1b*	PA; QL
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
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
posaconazole oral tablet delayed release	1 or 1b*	PA; QL
SPORANOX ORAL CAPSULE	3	PA; QL

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Drug Name	Tier	Notes
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
TOLSURA ORAL CAPSULE	3	PA; QL
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VFEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution reconstituted	1 or 1b*	
voriconazole oral suspension reconstituted	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
ANTIHISTAMINES		
*ANTIHISTAMINES - ALKYLAMINES***		
BROMPHENIRAMINE MALEATE INTRAMUSCULAR SOLUTION	3	
brompheniramine tannate oral tablet chewable	1 or 1b*	
dexchlorpheniramine maleate oral solution	1 or 1b*	
ryclora oral solution	1 or 1b*	
*ANTIHISTAMINES - ETHANOLAMINES***		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	

Drug Name	Tier	Notes
CARBINOXAMINE MALEATE ORAL TABLET 6 MG	3	
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	3	
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED	3	
diphen oral elixir	1 or 1a*	
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*	
desloratadine oral tablet dispersible	1 or 1b*	
levocetirizine dihydrochloride oral solution	1 or 1b*	
levocetirizine dihydrochloride oral tablet	1 or 1b*	
QUZYTTR INTRAVENOUS SOLUTION	3	
*ANTIHISTAMINES - PHENOTHIAZINES***		
phenadoz rectal suppository	1 or 1b*	
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*	

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

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Drug Name	Tier	Notes
promethegan rectal suppository	1 or 1b*	
*ANTIHISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
*ANTIHYPERLIPIDEMI CS MISC. COMBINATIONS***		
*ANTIHYPERLIPIDEMI CS MISC. COMBINATIONS***		
OMEGA-3 RX COMPLETE ORAL THERAPY PACK	3	
OMEGA-3/D-3 WELLNESS PACK ORAL KIT	3	
SURE RESULT O3D3 SYSTEM ORAL KIT	3	
ANTIHYPERLIPIDEMI CS		
*ANTIHYPERLIPIDEMI CS - MISC.***		
LOVAZA ORAL CAPSULE	3	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	

Drug Name	Tier	Notes
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	
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
*FIBRIC ACID DERIVATIVES***		
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; QL
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*	
FENOFIBRIC ACID ORAL TABLET 105 MG	3	
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
TRIGLIDE ORAL TABLET 160 MG	3	ST; QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	ST; QL

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

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Drug Name	Tier	Notes
*HMG COA REDUCTASE INHIBITOR COMBINATIONS***		
EQUAPAX/ATORVASTATIN/COQ10 ORAL THERAPY PACK	3	
*HMG COA REDUCTASE INHIBITORS***		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	3	ST; DO; QL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	3	ST; QL
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; DO; QL
CRESTOR ORAL TABLET 40 MG	3	ST; QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG	3	ST; DO; QL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG	3	ST; QL
FLOLIPID ORAL SUSPENSION	3	ST; QL
fluvastatin sodium er oral tablet extended release 24 hour	1 or 1b*	\$0
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; QL
LIPITOR ORAL TABLET 80 MG	3	ST; QL
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO; QL

Drug Name	Tier	Notes
LIVALO ORAL TABLET 4 MG	3	ST; QL
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	ST; DO; QL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0
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 SUSPENSION	3	ST; QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; QL
ZOCOR ORAL TABLET 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET 1 MG, 2 MG	3	ST; DO; QL
ZYPITAMAG ORAL TABLET 4 MG	3	ST; QL
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
VYTORIN ORAL TABLET	3	ST; QL
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet	1 or 1b*	ST; QL
ZETIA ORAL TABLET	3	ST; QL

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

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Drug Name	Tier	Notes
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS***		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; DO; QL; LD
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	3	PA; QL; LD
*NICOTINIC ACID DERIVATIVES***		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	
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
*ANTIHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
amlodipine besy-benazepril hcl oral capsule	1 or 1b*	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
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	

Drug Name	Tier	Notes
benazepril-hydrochlorothiazide oral tablet	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	1 or 1b*	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
VASERETIC ORAL TABLET	3	
ZESTORETIC ORAL TABLET	3	
*ACE INHIBITORS***		
ACCUPRIL ORAL TABLET	3	
ALTACE ORAL CAPSULE	3	
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	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*	
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	
QBRELIS ORAL SOLUTION	3	
quinapril hcl oral tablet	1 or 1b*	
ramipril 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
trandolapril oral tablet	1 or 1b*	
VASOTEC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB***		
methyl dopa-hydrochlorothiazide oral tablet	1 or 1b*	
*AGENTS FOR PHEOCHROMOCYTOM A***		
DEMSEER ORAL CAPSULE	3	PA; QL
DIBENZYLINE ORAL CAPSULE	3	PA; QL
phenoxybenzamine hcl oral capsule	1 or 1b*	PA; QL
phentolamine mesylate injection solution reconstituted	1 or 1b*	
*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
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	
AZOR ORAL TABLET 5-20 MG	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	
EXFORGE ORAL TABLET 5-160 MG	3	DO
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	

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

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

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Drug Name	Tier	Notes
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*	
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***		
ATACAND ORAL TABLET	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	
BENICAR ORAL TABLET 20 MG	3	DO
BENICAR ORAL TABLET 40 MG, 5 MG	3	
candesartan cilexetil oral tablet	1 or 1b*	
COZAAR ORAL TABLET	3	
DIOVAN ORAL TABLET	3	
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*	
MICARDIS ORAL TABLET 20 MG, 40 MG	3	DO
MICARDIS ORAL TABLET 80 MG	3	
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg, 5 mg	1 or 1b*	

Drug Name	Tier	Notes
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
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	
EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO
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*	
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	
*ANTIADRENERGICS - CENTRALLY ACTING***		
CATAPRES ORAL TABLET	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
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*	

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

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Drug Name	Tier	Notes
*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	
LOPRESSOR HCT ORAL TABLET 50-25 MG	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	
*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

Drug Name	Tier	Notes
aliskiren fumarate oral tablet 300 mg	1 or 1b*	
TEKTURNA ORAL TABLET 150 MG	3	DO
TEKTURNA ORAL TABLET 300 MG	3	
*DOPAMINE D1 RECEPTOR AGONISTS***		
CORLOPAM INTRAVENOUS SOLUTION	3	
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***		
epirenone 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	
NITROPRESS INTRAVENOUS SOLUTION	3	
nitroprusside sodium intravenous solution	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	PA; QL
bacim intramuscular solution reconstituted	1 or 1b*	
bacitracin intramuscular solution reconstituted	1 or 1b*	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/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
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
IMPAVIDO ORAL CAPSULE	3	PA; QL
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED	3	
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*	
MEPRON ORAL SUSPENSION	3	
*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	
MERREM 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
*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*	
*GLYCYLCYCLINES***		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
*LEPROSTATICS***		
dapsone oral tablet	1 or 1b*	
*LINCOSAMIDES***		
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
CLEOCIN PHOSPHATE INTRAVENOUS SOLUTION	3	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1 or 1b*	
*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
*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	

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

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Drug Name	Tier	Notes
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*	QL
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*	
PLAQUENIL ORAL TABLET	3	QL
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 AGENTS		
*ANTIMYASTHENIC 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	

Drug Name	Tier	Notes
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
*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

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

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Drug Name	Tier	Notes
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
ANTIMYCOBACTERIAL AGENTS		
*ANTI TB COMBINATIONS***		
RIFAMATE ORAL CAPSULE	3	
RIFATER ORAL TABLET	2	
*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*	

Drug Name	Tier	Notes
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	
RIFADIN ORAL CAPSULE	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION	3	
SIRTURO ORAL TABLET	3	
TRECTOR ORAL TABLET	3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA; QL; LD
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS***		
BLINCYTO 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
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS***		
BALVERSA ORAL TABLET	3	PA; QL; LD
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS***		
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	3	
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS***		
TAZVERIK ORAL TABLET	3	LD
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS***		
ROZLYTREK ORAL CAPSULE	3	PA; QL; LD; SP
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL; SP
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL; LD; SP
VITRAKVI ORAL SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
*ANTINEOPLASTIC - XPO1 INHIBITORS***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL; LD
XPOVIO (60 MG ONCE 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 OR PREMALIGNANT LESION AGENT - COMB***		
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB***		
HYALUCIL-4 TRANSDERMAL CREAM	3	
ORMECA COMBINATION KIT	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
BELRAPZO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	3	PA; QL; SP
BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
carboplatin 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
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; 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*	
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

Drug Name	Tier	Notes
*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***		
adrucil intravenous solution 2.5 gm/50ml, 500 mg/10ml	1 or 1b*	SP
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
FOLOTYN 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
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*	
PURIXAN ORAL SUSPENSION	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TREXALL ORAL TABLET	2	
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	PA; QL; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; SP
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY***		
PROVENGE INTRAVENOUS SUSPENSION	3	PA; QL; LD
*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

Drug Name	Tier	Notes
*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; SP
FARYDAK ORAL CAPSULE 10 MG, 20 MG	3	PA; QL; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
*ANTINEOPLASTIC - IMMUNOMODULATORS ***		
POMALYST ORAL CAPSULE	3	PA; QL; LD; SP
*ANTINEOPLASTIC - MEK INHIBITORS***		
COTELLIC ORAL TABLET	3	PA; QL; LD; SP
MEKINIST ORAL TABLET	3	PA; QL; LD; SP
MEKTOVI ORAL TABLET	3	PA; QL; LD
*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES***		
ARZERRA INTRAVENOUS CONCENTRATE	3	PA; QL; LD; SP
BAVENCIO 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
CAMPATH INTRAVENOUS SOLUTION	3	
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	SP
IMFINZI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
LARTRUVO INTRAVENOUS SOLUTION	3	PA; QL; LD
LIBTAYO INTRAVENOUS SOLUTION	3	PA; QL; LD
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
OPDIVO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

Drug Name	Tier	Notes
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION	3	LD; SP
RITUXAN INTRAVENOUS SOLUTION	3	PA; QL; SP
RUXIENCE INTRAVENOUS SOLUTION	3	PA; QL; SP
SARCLISA INTRAVENOUS SOLUTION	3	SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	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; 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
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

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

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Drug Name	Tier	Notes
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; SP
*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 - 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

Drug Name	Tier	Notes
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	3	PA; QL; LD
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	3	PA; QL; LD
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA; QL; LD
erlotinib hcl oral tablet	1 or 1b*	PA; QL; SP
GILOTRIF ORAL TABLET	3	PA; QL; LD
GLEEVEC ORAL TABLET	3	PA; QL; SP
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
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL; LD; SP
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
SPRYCEL ORAL TABLET	2	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
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
TARCEVA ORAL TABLET	3	PA; QL; LD; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TURALIO ORAL CAPSULE	3	PA; QL; LD
TYKERB ORAL TABLET	2	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
XOSPATA ORAL TABLET	3	PA; QL; LD
ZYKADIA ORAL TABLET	3	PA; QL; LD; SP
*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
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
ELLENC E INTRAVENOUS SOLUTION	3	PA; QL; SP
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin hcl intravenous solution	1 or 1b*	SP
mitomycin intravenous solution reconstituted	1 or 1b*	SP
mitoxantrone hcl intravenous concentrate	1 or 1b*	SP
mutamycin intravenous solution reconstituted	1 or 1b*	SP
valrubicin intravesical solution	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION	3	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
BESPONA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	3	PA; QL; LD; SP
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
POLIVY 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
*ANTINEOPLASTIC COMBINATIONS***		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	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
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	3	LD
*ANTINEOPLASTIC ENZYMES***		
ASPARLAS INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
ERWINAZE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD
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	

Drug Name	Tier	Notes
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; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	QL; SP
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS***		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD
*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
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	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
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*	
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
exemestane oral tablet	1 or 1b*	
FEMARA ORAL TABLET	3	
letrozole oral tablet	1 or 1b*	
*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
ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS***		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP

Drug Name	Tier	Notes
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS***		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*ESTROGEN RECEPTOR ANTAGONIST***		
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	3	PA; QL; SP
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

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

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Drug Name	Tier	Notes
*IMIDAZOTETRAZINES ***		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	2	PA; QL; SP
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; 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; SP
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
*MITOTIC INHIBITORS***		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; QL; SP

Drug Name	Tier	Notes
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 200 MG/10ML, 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; SP
MARQIBO INTRAVENOUS SUSPENSION	3	LD
NAVELBINE INTRAVENOUS SOLUTION	3	SP
paclitaxel intravenous concentrate	1 or 1b*	SP
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML	3	PA; QL; 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

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

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Drug Name	Tier	Notes
*NITROGEN MUSTARDS***		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
ALKERAN ORAL TABLET	3	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	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	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	SP

Drug Name	Tier	Notes
*PROGESTINS-ANTINEOPLASTIC***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	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*	
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene oral capsule	1 or 1b*	PA; QL; SP
TARGRETIN ORAL CAPSULE	3	PA; QL; SP
*TOPOISOMERASE I INHIBITORS***		
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
HYCAMTIN 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

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

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Drug Name	Tier	Notes
MESNEX INTRAVENOUS SOLUTION	3	PA; QL
MESNEX ORAL TABLET	2	PA; QL
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS***		
AVASTIN INTRAVENOUS SOLUTION	3	PA; QL; SP
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
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS***		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL
*ANTI-OBESITY AGENT COMBINATIONS**		
*ANTI-OBESITY AGENT COMBINATIONS**		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL
ANTIPARKINSON AGENTS		
*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*	

Drug Name	Tier	Notes
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; SP
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

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

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Drug Name	Tier	Notes
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*	
DUOPA ENTERAL SUSPENSION	3	PA; QL; LD
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
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	3	

Drug Name	Tier	Notes
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*	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	3	
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*	
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	
LITHOBID ORAL TABLET EXTENDED RELEASE	2	
*ANTIPSYCHOTICS - MISC.***		
CAPLYTA ORAL CAPSULE	3	ST; QL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
GEODON ORAL CAPSULE	3	ST; QL
LATUDA ORAL TABLET	3	
NUPLAZID ORAL CAPSULE	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
NUPLAZID ORAL TABLET 10 MG	3	PA; QL; LD; SP
VRAYLAR ORAL CAPSULE	3	ST; QL
VRAYLAR ORAL CAPSULE THERAPY PACK	3	ST; QL
ziprasidone hcl oral capsule	1 or 1b*	
ziprasidone mesylate intramuscular solution reconstituted	1 or 1b*	
*BENZISOXAZOLES***		
FANAPT ORAL TABLET	3	ST; QL
FANAPT TITRATION PACK ORAL TABLET	3	ST; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	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 or 1b*	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	
RISPERDAL ORAL SOLUTION	3	ST; QL
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; QL
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	

Drug Name	Tier	Notes
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	1 or 1b*	
clozapine oral tablet dispersible	1 or 1b*	
CLOZARIL ORAL TABLET	2	
VERSACLOZ ORAL SUSPENSION	3	
*DIBENZO-OXEPINO PYRROLES***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
*DIBENZOTHIAZEPINE S***		
quetiapine fumarate er oral tablet extended release 24 hour	1 or 1b*	
quetiapine fumarate oral tablet	1 or 1b*	
SEROQUEL ORAL TABLET	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
*DIBENZOXAZEPINES**		
*		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
loxapine succinate oral capsule	1 or 1b*	
DIHYDROINDOLONES		
**		
molindone hcl 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
*PHENOTHIAZINES***		
CHLORPROMAZINE HCL INJECTION SOLUTION	3	
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	3	ST; QL
ABILIFY ORAL TABLET	3	ST; QL
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet	1 or 1b*	
aripiprazole oral tablet dispersible	1 or 1b*	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	
REXULTI ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
*THIENBENZODIAZEPINES***		
olanzapine intramuscular solution reconstituted	1 or 1b*	
olanzapine oral tablet	1 or 1b*	
olanzapine oral tablet dispersible	1 or 1b*	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET	3	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	3	ST; QL
*THIOXANTHENES***		
thiothixene oral capsule	1 or 1b*	
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR***		
TROGARZO INTRAVENOUS SOLUTION	3	PA; QL; LD
*ANTIRETROVIRALS ADJUVANTS***		
*ANTIRETROVIRALS ADJUVANTS***		
TYBOST ORAL TABLET	3	QL
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS***		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD

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

Drug Name	Tier	Notes
ANTISEPTICS & DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS***		
formaldehyde external solution 10 %	1 or 1b*	
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	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	QL
ATRIPLA ORAL TABLET	2	ST; QL
BIKTARVY ORAL TABLET	2	QL
CIMDUO ORAL TABLET	3	QL
COMBIVIR ORAL TABLET	3	QL
COMPLERA ORAL TABLET	2	PA; QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	3	ST; QL
DOVATO ORAL TABLET	3	PA; QL
EPZICOM ORAL TABLET	3	QL
EVOTAZ ORAL TABLET	3	QL

Drug Name	Tier	Notes
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
PREZCOBIX ORAL TABLET	3	QL
STRIBILD ORAL TABLET	2	QL
SYMFI LO ORAL TABLET	2	QL
SYMFI ORAL TABLET	2	QL
SYMTUZA ORAL TABLET	3	QL
TEMIXYS ORAL TABLET	3	QL
TRIUMEQ ORAL TABLET	2	
TRIZIVIR ORAL TABLET	3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	2	QL
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET	2	QL
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS HD ORAL TABLET	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
ISENTRESS ORAL PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET CHEWABLE	2	QL
TIVICAY ORAL TABLET	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

Drug Name	Tier	Notes
efavirenz oral tablet	1 or 1b*	QL
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 ORAL TABLET	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
didanosine oral capsule delayed release 200 mg, 250 mg	1 or 1b*	QL
didanosine oral capsule delayed release 400 mg	1 or 1b*	
ZIAGEN ORAL SOLUTION	3	QL
ZIAGEN ORAL TABLET	3	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES***		
EMTRIVA ORAL SOLUTION	2	QL
EPIVIR ORAL SOLUTION	3	QL
EPIVIR ORAL TABLET	3	QL
lamivudine oral solution	1 or 1b*	QL

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

Drug Name	Tier	Notes
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	QL
*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***		
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
*CMV AGENTS***		
cidofovir intravenous solution	1 or 1b*	
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
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	
BARACLUDE ORAL TABLET	3	
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 AGENTS***		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	3	SP
PEGASYS SUBCUTANEOUS SOLUTION	3	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
SOVALDI ORAL TABLET 200 MG	3	PA; QL
SOVALDI ORAL TABLET 400 MG	3	PA; QL; SP
*HERPES AGENTS - PURINE ANALOGUES***		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	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 tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET	3	PA; QL
valacyclovir hcl oral tablet	1 or 1b*	
VALTREX ORAL TABLET	3	
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
*RSV AGENTS - NUCLEOSIDE ANALOGUES***		
ribavirin inhalation solution reconstituted	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
*ANTI-VON WILLEBRAND FACTOR AGENTS***		
CABLIVI INJECTION KIT	3	PA; QL; LD
ASSORTED CLASSES		
*ANTILEPTOTICS***		
THALOMID ORAL CAPSULE	2	PA; QL; SP
*ASSORTED CLASSES***		
NEXAVIR INJECTION SOLUTION	3	
PHENOL INJECTION SOLUTION	3	
*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
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; QL
EDETATE DISODIUM INTRAVENOUS SOLUTION	3	
penicillamine oral tablet	1 or 1b*	PA; QL
SYPRINE ORAL CAPSULE	3	PA; QL; SP
trientine hcl oral capsule	1 or 1b*	PA; QL; SP

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

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Drug Name	Tier	Notes
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS***		
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	
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*	
NEORAL ORAL CAPSULE	2	
NEORAL ORAL SOLUTION	2	
SANDIMMUNE INTRAVENOUS SOLUTION	3	SP
SANDIMMUNE ORAL CAPSULE	2	
SANDIMMUNE ORAL SOLUTION	2	
*ENZYMES***		
AMPHADASE INJECTION SOLUTION	3	
HYLENEX INJECTION SOLUTION	3	

Drug Name	Tier	Notes
VITRASE INJECTION SOLUTION	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA; QL; LD
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS***		
SOLESTA INJECTION GEL	3	LD; SP
*HOMEOPATHIC PRODUCTS***		
ACUNOL ORAL TABLET	3	
BHI URI-CONTROL ORAL TABLET	3	
COLCIGEL EXTERNAL GEL	3	
ECZEMOL ORAL TABLET	3	
ENGYSTOL INJECTION INJECTABLE	3	
HYLAFEM VAGINAL SUPPOSITORY	3	
LYMPHOMYOSOT X INJECTION INJECTABLE	3	
MORCIN EXTERNAL CREAM	3	
NEURALGO-RHEUM INJECTION INJECTABLE	3	
PSORIZIDE FORTE ORAL TABLET	3	
PSORIZIDE ULTRA ORAL TABLET	3	
RAPID GEL RX EXTERNAL GEL	3	
SPASCUPREEL INJECTION INJECTABLE	3	
SPEEDGEL RX EXTERNAL GEL	3	
TRANZGEL EXTERNAL GEL	3	
TRAUMEEL EXTERNAL OINTMENT	3	
TRAUMEEL INJECTION INJECTABLE	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
TRAUMEEL ORAL TABLET	3	
WELLMIND VERTIGO ORAL TABLET	3	
ZEEL INJECTION INJECTABLE	3	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS***		
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	2	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	2	
CELLCEPT ORAL TABLET	2	
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	

Drug Name	Tier	Notes
*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 IMMUNOSUPPRESSANTS***		
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	2	
PROGRAF ORAL PACKET	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	2	
sirolimus oral solution	1 or 1b*	
sirolimus oral tablet	1 or 1b*	
tacrolimus oral capsule	1 or 1b*	
ZORTRESS ORAL TABLET	2	
*MONOCLONAL ANTIBODIES***		
GAMIFANT 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
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
*PERITONIAL DIALYSIS SOLUTIONS***		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION	3	
EXTRANEAL INTRAPERITONEAL SOLUTION	3	

Drug Name	Tier	Notes
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 RESINS***		
kionex oral suspension	1 or 1b*	
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal suspension	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	LD
*PROSTAGLANDINS***		
alprostadil injection solution	1 or 1b*	
PROSTIN VR INJECTION SOLUTION	3	
*PURINE ANALOGS***		
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN 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
*SCLEROSING AGENTS***		
ASCLERA INTRAVENOUS SOLUTION	3	
ETHAMOLIN INTRAVENOUS SOLUTION	3	
POLIDOCANOL 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
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
*BACTERIAL MONOCLONAL ANTIBODIES***		
*BACTERIAL MONOCLONAL ANTIBODIES***		
ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
carvedilol oral tablet	1 or 1b*	

Drug Name	Tier	Notes
carvedilol phosphate er oral capsule extended release 24 hour	1 or 1b*	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
COREG ORAL TABLET	3	
LABETALOL HCL INTRAVENOUS SOLUTION	3	
labetalol hcl oral tablet	1 or 1b*	
*BETA BLOCKERS CARDIO-SELECTIVE***		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION	3	
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	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
FIRST - METOPROLOL ORAL SOLUTION	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
LOPRESSOR 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
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate intravenous solution cartridge	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
TENORMIN ORAL TABLET	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*BETA BLOCKERS NON-SELECTIVE***		
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
CORGARD ORAL TABLET	3	
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	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	

Drug Name	Tier	Notes
sotalol hcl oral tablet	1 or 1b*	
SOTYLIZE ORAL SOLUTION	3	
timolol maleate oral tablet	1 or 1b*	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
*BILE ACID SYNTHESIS DISORDER AGENTS***		
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
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	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION	3	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION	3	
BAHIA 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
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION	3	
BLACK WILLOW SUBCUTANEOUS SOLUTION	3	
BOTRYTIS SUBCUTANEOUS SOLUTION	3	
BOX ELDER SUBCUTANEOUS SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIODES SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
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	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION	3	
EPICOCCUM SUBCUTANEOUS SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
FUSARIUM SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE VENOM PROTEIN INJECTION 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
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	
LAMBS QUARTERS 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) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS 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; SP
PALFORZIA (120 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (160 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (20 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (200 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (240 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (3 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	PA; QL; SP
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	PA; QL; SP
PALFORZIA (40 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (6 MG DAILY DOSE) ORAL	3	PA; QL; SP
PALFORZIA (80 MG DAILY DOSE) ORAL	3	PA; QL; SP

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Drug Name	Tier	Notes
PALFORZIA INITIAL ESCALATION ORAL	3	PA; QL; SP
PECAN POLLEN SUBCUTANEOUS SOLUTION	3	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION	3	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS 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 BIRCH SUBCUTANEOUS SOLUTION	3	
RED CEDAR SUBCUTANEOUS SOLUTION	3	
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
RHIZOPUS SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	

Drug Name	Tier	Notes
ROUGH PIGWEED SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION	3	
SAGEBRUSH 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 SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	PA; QL
TRICHOPHYTON 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
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	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION	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 ASH 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	

Drug Name	Tier	Notes
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	3	
YELLOW 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	
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

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

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Drug Name	Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	3	PA; QL
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	3	ST; QL
UBRELVY ORAL TABLET	3	ST; QL
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS***		
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS***		
CONSENSI ORAL TABLET	3	ST; QL
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	3	
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	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 20-4.8 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO

Drug Name	Tier	Notes
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
cartia xt oral capsule extended release 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	
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*	
diltiazem hcl 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
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet	1 or 1b*	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 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 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*	

Drug Name	Tier	Notes
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*	
NORVASC ORAL TABLET 10 MG	3	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION	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
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*	

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

Drug Name	Tier	Notes
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG	3	DO
TIAZAC 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*	
digoxin oral solution	1 or 1b*	
digoxin oral tablet	1 or 1b*	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG	2	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	

Drug Name	Tier	Notes
*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
*NITRATE & VASODILATOR COMBINATIONS***		
BIDIL ORAL TABLET	2	
*PERIPHERAL VASODILATORS***		
papaverine hcl injection solution	1 or 1b*	
*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

* 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 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
*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; SP
LETAIRIS ORAL TABLET	3	PA; QL; LD; SP
OPSUMIT ORAL TABLET	3	PA; QL; LD; SP
TRACLEER ORAL TABLET	3	PA; QL; LD; SP

Drug Name	Tier	Notes
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL; LD; SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
ADCIRCA ORAL TABLET	3	PA; QL; SP
alyq oral tablet	1 or 1b*	PA; QL; SP
REVATIO INTRAVENOUS SOLUTION	3	PA; QL; SP
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA; QL; SP
REVATIO ORAL TABLET	3	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
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
CIALIS ORAL TABLET	3	PA; QL
LEVITRA ORAL TABLET 10 MG, 20 MG	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA; QL
STAXYN ORAL TABLET DISPERSIBLE	3	PA; QL
STENDRA ORAL TABLET	3	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
VIAGRA ORAL TABLET	3	PA; QL
*CEPHALOSPORIN COMBINATIONS***		
*CEPHALOSPORIN COMBINATIONS***		
AVYCAZ 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
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - SIDEROPHORES***		
*CEPHALOSPORINS - SIDEROPHORES***		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEPHALOSPORINS		
*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-%, 3-0.9 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	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	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 RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM- %(50ML)	3	

Drug Name	Tier	Notes
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
KEFLEX ORAL CAPSULE	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	
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*	

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

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Drug Name	Tier	Notes
cefдинир oral suspension reconstituted	1 or 1b*	
cefditoren pivoxil oral tablet	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*	
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
ceftriaxone sodium intravenous solution reconstituted	1 or 1b*	
CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED	3	
SUPRAX ORAL TABLET CHEWABLE	3	

Drug Name	Tier	Notes
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-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	3	
*CEPHALOSPORINS - 5TH GENERATION***		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL

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

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Drug Name	Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
VYEPTI INTRAVENOUS SOLUTION	3	PA; QL
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
TRULANCE ORAL TABLET	3	ST; QL
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	\$0
pimtrea oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0
*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	\$0
balziva oral tablet	1 or 1a*	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
chateal oral tablet	1 or 1a*	\$0
cryselle-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
drosipren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drosiprenone-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
gianvi oral tablet	1 or 1b*	\$0
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet chewable	1 or 1b*	\$0

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

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Drug Name	Tier	Notes
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
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
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 fe 1.5/30 oral tablet	1 or 1a*	\$0
microgestin fe 1/20 oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
mono-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 tablet	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

Drug Name	Tier	Notes
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
ocella oral tablet	1 or 1b*	\$0
ogestrel oral tablet	1 or 1a*	\$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
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	\$0
tydemy oral tablet	1 or 1b*	\$0
vienva oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
zarah oral tablet	1 or 1b*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
xulane transdermal patch weekly	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - VAGINAL***		
ANNOVERA VAGINAL RING	3	\$0
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethinyl estradiol vaginal ring	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
*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*** (NEW)		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
*COPPER CONTRACEPTIVES - IUD***		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	
*EMERGENCY CONTRACEPTIVES***		
ELLA ORAL TABLET	3	\$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
introvale oral tablet	1 or 1b*	\$0
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimiess oral tablet	1 or 1b*	\$0
rivelsa oral tablet	1 or 1b*	\$0
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET	3	\$0
*PROGESTIN CONTRACEPTIVES - IMPLANTS***		
NEXPLANON SUBCUTANEOUS IMPLANT	3	LD; SP
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
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
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
lyza 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
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
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
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
pirmella 7/7/7 oral tablet	1 or 1a*	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-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

Drug Name	Tier	Notes
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
budesonide er oral tablet extended release 24 hour	1 or 1b*	
budesonide oral capsule delayed release particles	1 or 1b*	
CORTEF ORAL TABLET	3	
cortisone acetate oral tablet	1 or 1b*	
decadron oral tablet	1 or 1a*	
DEPO-MEDROL INJECTION SUSPENSION	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE (LA) INJECTION SUSPENSION	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	
dexamethasone sodium phosphate injection solution	1 or 1b*	
dexpak 10 day oral tablet therapy pack	1 or 1b*	
dexpak 13 day oral tablet therapy pack	1 or 1b*	
dexpak 6 day oral tablet therapy pack	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK	3	
EMFLAZA ORAL SUSPENSION	3	PA; QL; LD
EMFLAZA ORAL TABLET	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
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	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 acetate injection suspension 40 mg/ml	1 or 1b*	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML, 80 MG/ML	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 DP 12-DAY ORAL TABLET THERAPY PACK	3	
MILLIPRED DP ORAL TABLET THERAPY PACK	3	
MILLIPRED ORAL TABLET	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	
PEDIAPRED ORAL SOLUTION	3	
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*	

Drug Name	Tier	Notes
prednisolone sodium phosphate oral tablet dispersible	1 or 1a*	
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*	
RAYOS ORAL TABLET DELAYED RELEASE	3	ST; QL
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*	
TOPIDEX INJECTION KIT	3	
triamcinolone acetonide injection suspension 40 mg/ml	1 or 1b*	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	LD
*MINERALOCORTICOIDSDS***		
fludrocortisone acetate oral tablet	1 or 1b*	
*STEROID COMBINATIONS***		
ACTIVE INJECTION BLM-1 INJECTION KIT	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
ACTIVE INJECTION BM INJECTION KIT	3	
ACTIVE INJECTION DL INJECTION KIT	3	
ACTIVE INJECTION DLM INJECTION KIT	3	
ACTIVE INJECTION KIT L INJECTION KIT	3	
ACTIVE INJECTION KL-3 COMBINATION KIT	3	
ACTIVE INJECTION KM INJECTION KIT	3	
ACTIVE INJECTION LM-DEP-2 INJECTION KIT	3	
ACTIVE INJECTION M-1 INJECTION KIT	3	
BETAMETHASONE COMBO INJECTION SUSPENSION	3	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	1 or 1b*	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	3	
JTT PHYSICIANS COMBINATION KIT	3	
LT INJECTION KIT INJECTION KIT	3	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION	3	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION	3	
P-CARE D40MX INJECTION KIT	3	
P-CARE D80MX INJECTION KIT	3	
P-CARE K40MX INJECTION KIT	3	

Drug Name	Tier	Notes
P-CARE K80MX INJECTION KIT	3	
POD-CARE 100CMX INJECTION KIT	3	
POD-CARE 100KMX INJECTION KIT	3	
POINT OF CARE KM INJECTION KIT	3	
POINT OF CARE L.2 INJECTION KIT	3	
POINT OF CARE L.5 INJECTION KIT	3	
POINT OF CARE LM DEP 2 INJECTION KIT	3	
READYSHARP ANESTH + BETAMETH INJECTION KIT	3	
READYSHARP ANESTH + DEXAMETH INJECTION KIT	3	
READYSHARP ANESTH + METHYLPRED INJECTION KIT	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION	3	
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule	1 or 1b*	
TESSALON PERLES ORAL CAPSULE	3	
*ANTITUSSIVE - OPIOID***		
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	
g tussin ac oral solution	1 or 1a*	
guaifenesin ac oral syrup	1 or 1a*	
guaifenesin ac oral syrup	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
guaifenesin-codeine oral solution	1 or 1a*	
MAR-COF CG EXPECTORANT ORAL LIQUID	2	
M-CLEAR WC ORAL SOLUTION	2	
NINJACOF-XG ORAL LIQUID	3	
trymine cg oral liquid	1 or 1a*	
virtussin a/c oral solution	1 or 1a*	
virtussin ac w/alc oral liquid	1 or 1a*	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
CODITUSSIN DAC ORAL LIQUID	3	
GILTUSS TR ORAL TABLET	2	
LORTUSS EX ORAL LIQUID 30-10-100 MG/5ML	2	
TUSNEL C ORAL SYRUP	2	
virtussin dac oral solution	1 or 1b*	
*DECONGESTANT & ANTIHISTAMINE***		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	
SEMPREX-D ORAL CAPSULE	3	ST; QL
*DECONGESTANT W/ EXPECTORANT***		
GILPHEX TR ORAL TABLET	3	
*IODINE EXPECTORANTS***		
SSKI ORAL SOLUTION	3	
*MISC. RESPIRATORY INHALANTS***		
HYPERSAL INHALATION NEBULIZATION SOLUTION	3	
nebusal inhalation nebulization solution 3 %	1 or 1b*	

Drug Name	Tier	Notes
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	2	
pulmosal inhalation nebulization solution	1 or 1b*	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1 or 1b*	
*MUCOLYTICS***		
acetylcysteine inhalation solution	1 or 1b*	
*NON-NARC ANTIHISTAMINE***		
promethazine-dm oral syrup	1 or 1a*	
*NON-NARC ANTIHISTAMINE-DECONGESTANT-ANTIANTHISTAMINE***		
bromfed dm oral syrup	1 or 1b*	
NEOTUSS PLUS ORAL LIQUID	2	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	1 or 1b*	
*OPIOID ANTIHISTAMINE-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	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	
Z-TUSS AC ORAL LIQUID	2	
*OPIOID ANTIHISTAMINE-DECONGESTANT-ANTIANTHISTAMINE***		
CAPCOF ORAL SYRUP	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
HISTEX-AC ORAL SYRUP	3	
MAR-COF BP ORAL LIQUID	3	
MAXI-TUSS CD ORAL LIQUID	2	
M-END PE ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
PRO-RED AC ORAL SYRUP 5-1-9 MG/5ML	3	
RYDEX ORAL LIQUID	2	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	2	PA; QL; LD; SP
IBRANCE ORAL TABLET	3	PA; QL; 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
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*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

Drug Name	Tier	Notes
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL; LD
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
ACZONE EXTERNAL GEL	3	ST; QL
AMZEEQ EXTERNAL FOAM	3	PA; QL
CLEOCIN-T EXTERNAL GEL	3	ST; QL
CLEOCIN-T EXTERNAL LOTION	3	ST; QL
clindacin etz external swab	1 or 1b*	
clindacin-p external swab	1 or 1b*	
CLINDAGEL EXTERNAL GEL	3	ST; QL
clindamycin phosphate external foam	1 or 1b*	
clindamycin phosphate external gel	1 or 1b*	ST; QL
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*	
EVOCLIN EXTERNAL FOAM	3	ST; QL
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
*ACNE COMBINATIONS***		
ACANYA EXTERNAL GEL	3	ST; QL
adapalene-benzoyl peroxide external gel	1 or 1b*	
BENZAACLIN EXTERNAL GEL	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
BENZA CLIN WITH PUMP EXTERNAL GEL	3	ST; QL
BENZAMYCIN EXTERNAL GEL	3	ST; QL
benzoyl perox-hydrocortisone external lotion	1 or 1b*	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	3	
benzoyl peroxide-erythromycin external gel	1 or 1b*	
bp 10-1 external emulsion	1 or 1b*	
bp cleansing wash external emulsion	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*	
CLINOIN EXTERNAL CREAM	3	
EPIDUO EXTERNAL GEL	3	PA; QL
EPIDUO FORTE EXTERNAL GEL	3	PA; QL
neuac external gel	1 or 1b*	
ONEXTON EXTERNAL GEL	2	
resorcinol-sulfur external lotion	1 or 1b*	
sss 10-5 external cream	1 or 1b*	
sss 10-5 external foam	1 or 1b*	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1 or 1b*	
sulfacetamide sodium-sulfur external liquid 9-4 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur external lotion 10-5 %	1 or 1b*	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 10-5 %	3	
sulfacetamide sodium-sulfur external suspension 8-4 %	1 or 1b*	
sulfacetamide sod-sulfur wash external kit	1 or 1b*	

Drug Name	Tier	Notes
SULFACETAMIDE-SULFUR IN UREA EXTERNAL EMULSION	3	
sulfamez wash external emulsion	1 or 1b*	
VELTIN EXTERNAL GEL	3	ST; QL
ZACARE EXTERNAL KIT	3	
ZIANA EXTERNAL GEL	3	ST; QL
*ACNE PRODUCTS****		
ABSORICA LD ORAL CAPSULE	3	PA; QL
ABSORICA ORAL CAPSULE	3	PA; 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
ADAPALENE EXTERNAL SOLUTION	3	PA; QL
AKLIEF EXTERNAL CREAM	3	ST; QL
ALTRENO EXTERNAL LOTION	3	PA; QL
amneestem oral capsule	2	PA; QL; CTT1
ATRALIN EXTERNAL GEL	3	PA; QL
avita external cream	1 or 1b*	PA; QL
avita external gel	1 or 1b*	PA; QL
AZELEX EXTERNAL CREAM	3	PA; QL
BENZAC AC WASH EXTERNAL LIQUID	3	
benzepro short contact external foam	1 or 1b*	
BENZI Q EXTERNAL GEL	3	
BENZI Q LS EXTERNAL GEL	3	
benziq wash external liquid	1 or 1b*	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %	3	
benzoyl peroxide external gel 8 %	1 or 1b*	PA; QL
bp wash external liquid 2.5 %, 7 %	1 or 1b*	
claravis oral capsule	2	PA; QL; CTT1

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

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Drug Name	Tier	Notes
DIFFERIN EXTERNAL CREAM	3	PA; QL
DIFFERIN EXTERNAL GEL 0.3 %	3	PA; QL
DIFFERIN EXTERNAL LOTION	3	PA; QL
FABIOR EXTERNAL FOAM	3	ST; QL
isotretinoin oral capsule	2	PA; QL; CTT1
myorisan oral capsule	2	PA; QL; CTT1
RETIN-A EXTERNAL CREAM	3	PA; QL
RETIN-A EXTERNAL GEL	3	PA; QL
RETIN-A MICRO EXTERNAL GEL	3	PA; QL
RETIN-A MICRO PUMP EXTERNAL GEL	3	PA; QL
RIAX EXTERNAL FOAM	3	
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
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
zenatane oral capsule	2	PA; QL; CTT1
*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
*ANALGESICS - TOPICAL***		
ACTIVE-TRAMADOL EXTERNAL CREAM	2	

Drug Name	Tier	Notes
BACLOFEN EXTERNAL CREAM	3	
ENOVARX-TRAMADOL EXTERNAL CREAM	2	
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL***		
CORTISPORIN EXTERNAL CREAM	3	
CORTISPORIN EXTERNAL OINTMENT	3	
NEO-SYNALAR EXTERNAL CREAM	3	
*ANTIBIOTICS - TOPICAL***		
ALTABAX EXTERNAL OINTMENT	2	
CENTANY AT EXTERNAL KIT	3	
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	
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
ACTIVE-PREP KIT V EXTERNAL CREAM	3	
clotrimazole-betamethasone external cream	1 or 1b*	
clotrimazole-betamethasone external lotion	1 or 1b*	
EXODERM EXTERNAL LOTION	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
iodoquimez-hc external cream	1 or 1b*	
miconazole-zinc oxide-petrolat external ointment	1 or 1b*	
nystatin-triamcinolone external cream	1 or 1b*	

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

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Drug Name	Tier	Notes
nystatin-triamcinolone external ointment	1 or 1b*	
RECURA EXTERNAL CREAM	3	
VUSION EXTERNAL OINTMENT	3	
XOLEGEL COREPAK EXTERNAL KIT	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT	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 or 1b*	ST; QL
naftifine hcl external gel	1 or 1b*	ST; QL
NAFTIN EXTERNAL CREAM 2 %	3	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*	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
ACTIVE-KETOPROFEN EXTERNAL CREAM	3	
diclofenac epolamine transdermal patch	3	ST; QL; CTT1

Drug Name	Tier	Notes
diclofenac sodium transdermal gel 1 %	1 or 1b*	
ENOVARX-DICLOFENAC SODIUM TRANSDERMAL CREAM	3	
FLECTOR TRANSDERMAL PATCH	3	ST; QL
KETOPHENE RAPIDPAQ EXTERNAL CREAM	3	
KETOROLAC TROMETHAMINE EXTERNAL GEL	3	
PENNSAID TRANSDERMAL SOLUTION 2 %	3	ST; QL
REXAPHENAC TRANSDERMAL CREAM	3	
VOLTAREN TRANSDERMAL GEL	3	ST; QL
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL***		
ACTIVE-PREP KIT I EXTERNAL CREAM	3	
ACTIVE-PREP KIT II EXTERNAL CREAM	3	
ACTIVE-PREP KIT III EXTERNAL CREAM	3	
AIF #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
AIF #3 DRUG PREPARATION KIT EXTERNAL CREAM	3	
BIIFENAC 1000 EXTERNAL THERAPY PACK	3	
BIIFENAC 500 EXTERNAL THERAPY PACK	3	
DFS/MS/MENTH/CAP PAK COMBINATION KIT	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
FBL KIT EXTERNAL CREAM	3	
K.B.G.L IN TERODERM 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
LIDOPROFEN EXTERNAL CREAM	3	
NP #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM	3	
VOPAC GB EXTERNAL CREAM	3	
VOPAC KT EXTERNAL CREAM	3	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM	3	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL***		
VALCHLOR EXTERNAL GEL	3	PA; QL; LD
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
CARAC EXTERNAL CREAM	2	
EFUDEX EXTERNAL CREAM	3	ST; QL
FLUOROPLEX EXTERNAL CREAM	3	ST; QL
fluorouracil external cream 0.5 %	3	ST; QL; CTT1
fluorouracil external cream 5 %	1 or 1b*	
fluorouracil external solution	1 or 1b*	
TOLAK EXTERNAL CREAM	3	ST; QL
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.***		
PICATO EXTERNAL GEL	3	ST; QL
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
diclofenac sodium transdermal gel 3 %	1 or 1b*	PA; QL

Drug Name	Tier	Notes
*ANTINEOPLASTIC RETINOIDS - TOPICAL***		
PANRETIN EXTERNAL GEL	3	SP
*ANTIPRURITICS - TOPICAL***		
doxepin hcl external cream	1 or 1b*	PA; QL
PRUDOXIN EXTERNAL CREAM	3	PA; QL
ZONALON EXTERNAL CREAM	3	PA; QL
*ANTIPSORIATICS - SYSTEMIC***		
acitretin oral capsule	1 or 1b*	
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
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
methoxsalen rapid oral capsule	1 or 1b*	SP
OXSORALEN ULTRA ORAL CAPSULE	3	SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL; SP
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	

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

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Drug Name	Tier	Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; 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*	
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 CREAM 0.1 %	3	ST; QL
TAZORAC EXTERNAL GEL	2	
VECTICAL EXTERNAL OINTMENT	3	
*ANTISEBORRHEIC COMBINATIONS***		
PROMISEB EXTERNAL CREAM	3	

Drug Name	Tier	Notes
SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID	3	
*ANTISEBORRHEIC PRODUCTS***		
OVACE WASH EXTERNAL LIQUID	3	
selenium sulfide external lotion	1 or 1a*	
sodium sulfacetamide external shampoo	1 or 1b*	
sulfacetamide sodium external gel	1 or 1b*	
sulfacetamide sodium external liquid	1 or 1b*	
*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*	
DENA VIR EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL CREAM	3	PA; QL
ZOVIRAX EXTERNAL OINTMENT	3	
*ASTRINGENTS***		
XERAC AC EXTERNAL SOLUTION	2	
*BURN PRODUCTS***		
mafenide acetate external packet	1 or 1b*	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
*CORTICOSTEROIDS - TOPICAL***		
ALA SCALP EXTERNAL LOTION	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
ala-cort external cream 1 %	1 or 1a*	QL
ala-cort external cream 2.5 %	1 or 1a*	
alclometasone dipropionate external cream	1 or 1b*	
alclometasone dipropionate external ointment	1 or 1b*	
amcinonide external cream	3	ST; QL; CTT1
amcinonide external lotion	3	ST; QL; CTT1
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL
APEXICON E EXTERNAL CREAM	3	ST; QL
beser external lotion	3	ST; QL; CTT1
betamethasone dipropionate aug external cream	1 or 1b*	
betamethasone dipropionate aug external gel	1 or 1b*	ST; QL
betamethasone dipropionate aug external lotion	1 or 1b*	ST; QL
betamethasone dipropionate aug external ointment	1 or 1b*	
betamethasone dipropionate external cream	3	ST; QL; CTT1
betamethasone dipropionate external lotion	3	ST; QL; CTT1
betamethasone dipropionate external ointment	3	ST; QL; CTT1
betamethasone valerate external cream	3	ST; QL; CTT1
betamethasone valerate external foam	3	ST; QL; CTT1
betamethasone valerate external lotion	3	ST; QL; CTT1
betamethasone valerate external ointment	3	ST; QL; CTT1
BRYHALI EXTERNAL LOTION	3	ST; QL
CAPEX EXTERNAL SHAMPOO	3	ST; QL
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*	
CLOBEX EXTERNAL LOTION	3	ST; QL
CLOBEX EXTERNAL SHAMPOO	3	ST; QL
CLOBEX SPRAY EXTERNAL LIQUID	3	ST; QL
clocortolone pivalate external cream	1 or 1b*	ST; QL
clodan external shampoo	1 or 1b*	
CLODERM EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL CREAM	3	ST; QL
CORDRAN EXTERNAL LOTION	3	ST; QL
CORDRAN EXTERNAL OINTMENT	3	ST; QL
CORDRAN EXTERNAL TAPE	3	ST; QL
CUTIVATE EXTERNAL LOTION	3	ST; QL
DERMA-SMOOTH/FS BODY EXTERNAL OIL	3	ST; QL
DESONATE EXTERNAL GEL	3	ST; QL
desonide external cream	3	ST; QL; CTT1
desonide external lotion	3	ST; QL; CTT1
desonide external ointment	3	ST; QL; CTT1
DESOWEN EXTERNAL CREAM	3	ST; QL
desoximetasone external cream	3	ST; QL; CTT1
desoximetasone external gel	3	ST; QL; CTT1

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

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Drug Name	Tier	Notes
desoximetasone external liquid	3	ST; QL; CTT1
desoximetasone external ointment	3	ST; QL; CTT1
diflorasone diacetate external cream	3	ST; QL; CTT1
diflorasone diacetate external ointment	3	ST; QL; CTT1
DIPROLENE AF EXTERNAL CREAM	3	
DIPROLENE EXTERNAL OINTMENT	3	ST; QL
fluocinolone acetonide body external oil	3	ST; QL; CTT1
fluocinolone acetonide external cream	3	ST; QL; CTT1
fluocinolone acetonide external ointment	3	ST; QL; CTT1
fluocinolone acetonide external solution	3	ST; QL; CTT1
fluocinolone acetonide scalp external oil	3	ST; QL; CTT1
fluocinonide emulsified base external cream	1 or 1b*	
fluocinonide external cream	1 or 1b*	
fluocinonide external gel	1 or 1b*	ST; QL
fluocinonide external ointment	1 or 1b*	
fluocinonide external solution	1 or 1b*	
flurandrenolide external cream	3	ST; QL; CTT1
flurandrenolide external lotion	3	ST; QL; CTT1
flurandrenolide external ointment	3	ST; QL; CTT1
fluticasone propionate external cream	3	ST; QL; CTT1
fluticasone propionate external lotion	3	ST; QL; CTT1
fluticasone propionate external ointment	3	ST; QL; CTT1
halcinonide external cream	1 or 1b*	ST; QL
halobetasol propionate external cream	1 or 1b*	
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL

Drug Name	Tier	Notes
halobetasol propionate external ointment	1 or 1b*	
HALOG EXTERNAL CREAM	3	ST; QL
HALOG EXTERNAL OINTMENT	3	ST; QL
hydrocortisone butyr lipo base external cream	3	ST; QL; CTT1
hydrocortisone butyrate external cream	3	ST; QL; CTT1
hydrocortisone butyrate external lotion	3	ST; QL; CTT1
hydrocortisone butyrate external ointment	3	ST; QL; CTT1
hydrocortisone butyrate external solution	3	ST; QL; CTT1
hydrocortisone external cream 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone external lotion 2.5 %	1 or 1a*	
hydrocortisone external ointment 1 %, 2.5 %	1 or 1a*	QL
hydrocortisone valerate external cream	3	ST; QL; CTT1
hydrocortisone valerate external ointment	3	ST; QL; CTT1
IMPOYZ EXTERNAL CREAM	3	ST; QL
KENALOG EXTERNAL AEROSOL SOLUTION	3	ST; QL
LEXETTE EXTERNAL FOAM	3	ST; QL
LOCOID EXTERNAL CREAM	3	ST; QL
LOCOID EXTERNAL LOTION	3	ST; QL
LOCOID EXTERNAL SOLUTION	3	ST; QL
LOCOID LIPOCREAM EXTERNAL CREAM	3	ST; QL
LUXIQ EXTERNAL FOAM	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 cream	3	ST; QL; CTT1

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

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Drug Name	Tier	Notes
nolix external lotion	3	ST; QL; CTT1
OLUX EXTERNAL FOAM	3	ST; QL
OLUX-E EXTERNAL FOAM	3	ST; QL
PANDEL EXTERNAL CREAM	3	ST; QL
prednicarbate external cream	3	ST; QL; CTT1
prednicarbate external ointment	3	ST; QL; CTT1
PSORCON EXTERNAL CREAM	3	ST; QL
SERNIVO EXTERNAL EMULSION	3	ST; QL
SYNALAR EXTERNAL CREAM	3	ST; QL
SYNALAR EXTERNAL OINTMENT	3	ST; QL
SYNALAR EXTERNAL SOLUTION	3	ST; QL
TEMOVATE EXTERNAL CREAM	3	ST; QL
TEMOVATE EXTERNAL OINTMENT	3	ST; QL
TEXACORT EXTERNAL SOLUTION	3	ST; QL
TOPICORT EXTERNAL CREAM	3	ST; QL
TOPICORT EXTERNAL GEL	3	ST; QL
TOPICORT EXTERNAL OINTMENT	3	ST; QL
TOPICORT SPRAY EXTERNAL LIQUID	3	ST; QL
tovet external foam	1 or 1b*	
triamcinolone acetone external aerosol solution	1 or 1a*	ST; QL
triamcinolone acetone external cream	1 or 1a*	
triamcinolone acetone external lotion	1 or 1a*	
triamcinolone acetone external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
triamcinolone acetone external ointment 0.05 %	1 or 1a*	ST; QL
trianex external ointment	1 or 1a*	ST; QL
triderm external cream 0.1 %	1 or 1a*	

Drug Name	Tier	Notes
triderm external cream 0.5 %	1 or 1a*	ST; QL
TRIDESILON EXTERNAL CREAM	3	ST; QL
ULTRAVATE EXTERNAL LOTION	3	ST; QL
VANOS EXTERNAL CREAM	3	ST; QL
VERDESO EXTERNAL FOAM	3	ST; QL
*DEPIGMENTING AGENTS***		
blanche external cream	1 or 1b*	
EPIQUIN MICRO EXTERNAL CREAM	3	
melpaque hp external cream	1 or 1b*	
remergent hq external cream	1 or 1b*	
tl hydroquinone 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	1 or 1b*	
HYDRO 40 EXTERNAL FOAM	3	
urea external cream 40 %, 45 %, 47 %	1 or 1b*	
UREA EXTERNAL FOAM	3	
urea external suspension 40 %	1 or 1b*	
urea nail external gel 45 %	1 or 1b*	
urea-c40 external lotion	1 or 1b*	
uredeb external cream	1 or 1b*	
uremez-40 external cream	1 or 1b*	
URESOL EXTERNAL CREAM	3	
*EMOLLIENT/KERATOLYTIC COMBINATIONS***		
LATRIX XM EXTERNAL EMULSION	3	
urea hydrating external foam	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
*EMOLLIENTS***		
ammonium lactate external cream	1 or 1b*	
ammonium lactate external lotion	1 or 1b*	
lactic acid external lotion	1 or 1b*	
sodium hyaluronate external gel	1 or 1b*	
*ENZYMES - TOPICAL***		
SANTYL EXTERNAL OINTMENT	3	
*EYELID CLEANSERS & LUBRICANTS***		
AVENOVA EXTERNAL SOLUTION	3	
*GLABELLAR LINES (FROWN LINES) AGENTS***		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
clotrimazole external cream	1 or 1b*	
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

Drug Name	Tier	Notes
LUZU EXTERNAL CREAM	3	ST; QL
NIZORAL EXTERNAL SHAMPOO	3	ST; QL
oxiconazole nitrate external cream	1 or 1b*	ST; QL
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	1 or 1b*	
imiquimod pump external cream	1 or 1b*	ST; QL
ZYCLARA EXTERNAL CREAM	3	ST; QL
ZYCLARA PUMP EXTERNAL CREAM	3	ST; QL
*KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS***		
GORDOFILM EXTERNAL SOLUTION	2	
PYROGALLIC ACID EXTERNAL OINTMENT	3	
SALVAX DUO PLUS EXTERNAL KIT	3	
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
CONDYLOX EXTERNAL GEL	3	
podofilox external solution	1 or 1b*	
SALEX EXTERNAL KIT 6 % (CREAM), 6 % (LOTION)	3	
salicylic acid external cream	1 or 1b*	
salicylic acid external foam	1 or 1b*	
salicylic acid external gel	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
salicylic acid external lotion	1 or 1b*	
salicylic acid external shampoo	1 or 1b*	
salicylic acid external solution 26 %	1 or 1b*	
SALVAX EXTERNAL FOAM	3	
*LINIMENT COMBINATIONS***		
MEDI-DERM-RX EXTERNAL CREAM	3	
MEDROX-RX EXTERNAL OINTMENT	2	
*LINIMENTS***		
METHYL SALICYLATE EXTERNAL LIQUID	3	
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL***		
EHA EXTERNAL LOTION	2	
glydo external prefilled syringe	1 or 1b*	
lidocaine external patch 5 %	1 or 1b*	
LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
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*	
LIDODERM EXTERNAL PATCH	3	
pramox external gel	1 or 1b*	
premium lidocaine external ointment	1 or 1b*	
QUTENZA (2 PATCH) EXTERNAL KIT	2	LD
QUTENZA EXTERNAL KIT	2	LD
zionodil 100 external lotion	1 or 1b*	
ZTLIDO EXTERNAL PATCH	3	PA; QL

Drug Name	Tier	Notes
*MACROLIDE IMMUNOSUPPRESSANT S - TOPICAL***		
ELIDEL EXTERNAL CREAM	3	ST; QL
pimecrolimus external cream	1 or 1b*	ST; QL
PROTOPIC EXTERNAL OINTMENT	3	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL
*MISC. DERMATOLOGICAL PRODUCTS***		
ALEVAMAX EXTERNAL CREAM	3	
ATOPICLAIR EXTERNAL CREAM	3	
EMULSION SB EXTERNAL EMULSION	3	
ILIDERM EXTERNAL EMULSION	3	
NEOSALUS EXTERNAL FOAM	3	
NUVAIL EXTERNAL SOLUTION	3	
PENLEN EXTERNAL EMULSION	3	
PRESERA EXTERNAL FOAM	3	
REMIGEN EXTERNAL CREAM	3	
XERALUX EXTERNAL CREAM	3	
*MISC. TOPICAL COMBINATIONS***		
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT	3	
PRE & POST SX POUCH EXTERNAL THERAPY PACK	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	
*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*	
doxycycline oral capsule delayed release	3	ST; QL; CTT1
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
ivermectin external cream	1 or 1b*	
METROCREAM EXTERNAL CREAM	3	ST; QL
METROGEL EXTERNAL GEL	3	ST; QL
METROLOTION EXTERNAL LOTION	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
ORACEA ORAL CAPSULE DELAYED RELEASE	3	
RHOFADE EXTERNAL CREAM	3	
rosadan external cream	1 or 1b*	
rosadan external gel	1 or 1b*	

Drug Name	Tier	Notes
SOOLANTRA EXTERNAL CREAM	3	
*SCABICIDES & PEDICULICIDES***		
croton external lotion	1 or 1b*	
ELIMITE EXTERNAL CREAM	3	
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	
*SCAR TREATMENT PRODUCTS***		
RECEDO EXTERNAL GEL	3	
*SKIN CLEANSERS***		
EPICYN EXTERNAL SOLUTION	3	
ESSENTRA WIPES 9X9" EXTERNAL	3	
*SKIN PROTECTANTS***		
benzoin compound external tincture	1 or 1b*	
BENZOIN EXTERNAL TINCTURE	3	
*SKIN TISSUE REPLACEMENTS***		
AFFINITY EXTERNAL SHEET	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	LD
BIOVANCE 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
DERMAGRAFT 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	
GRAFIX CORE 1.5CM X 2CM EXTERNAL	3	
GRAFIX CORE 16MM EXTERNAL	3	
GRAFIX CORE 2CM X 3CM EXTERNAL	3	
GRAFIX CORE 3CM X 4CM EXTERNAL	3	
GRAFIX CORE 5CM X 5CM EXTERNAL	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	3	
GRAFIX PRIME 16MM EXTERNAL	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NUSHIELD EXTERNAL DISK	3	
NUSHIELD EXTERNAL SHEET	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	

Drug Name	Tier	Notes
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS***		
EPIFOAM EXTERNAL FOAM	3	
lidocaine-hydrocortisone ace external cream 1-1 %	1 or 1b*	
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	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK	3	LD
BIOVANCE EXTERNAL SHEET	3	
DERMAGRAFT EXTERNAL SHEET	3	
EPICORD EXTERNAL SHEET	3	
EPIFIX EXTERNAL DISK	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
EPIFIX EXTERNAL SHEET	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED 100 MG, 160 MG, 40 MG	3	
GRAFIX CORE 1.5CM X 2CM EXTERNAL	3	
GRAFIX CORE 16MM EXTERNAL	3	
GRAFIX CORE 2CM X 3CM EXTERNAL	3	
GRAFIX CORE 3CM X 4CM EXTERNAL	3	
GRAFIX CORE 5CM X 5CM EXTERNAL	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	3	
GRAFIX PRIME 16MM EXTERNAL	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL	3	
KARDIAMEMBRANE EXTERNAL SHEET	3	
NEOX 100 EXTERNAL SHEET	3	
NEOX CORD 1K EXTERNAL SHEET	3	
NUSHIELD EXTERNAL DISK	3	
NUSHIELD EXTERNAL SHEET	3	
PALINGEN FLOW INJECTION INJECTABLE	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN INOVOFLO INJECTION INJECTABLE	3	
PALINGEN MEMBRANE EXTERNAL SHEET	3	

Drug Name	Tier	Notes
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET	3	
STRAVIX EXTERNAL SHEET	3	
TRUSKIN EXTERNAL SHEET	3	
*TOPICAL ANESTHETIC COMBINATIONS***		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH 4-0.0375-5-20 %	3	
DERMACINRX DUOPATCH PHARMAPAK EXTERNAL THERAPY PACK	3	
DERMACINRX NEUROTRAL PHARMAPAK EXTERNAL THERAPY PACK	3	
FLEXIN EXTERNAL PATCH	3	
LEVATIO EXTERNAL PATCH	3	
lidocaine-prilocaine external kit	1 or 1b*	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %	3	PA; QL
LIDOTHOL EXTERNAL PATCH	3	
MEDI-DERM/L-RX EXTERNAL CREAM	2	
MEDI-PATCH RX EXTERNAL PATCH	3	
PLIAGLIS EXTERNAL CREAM	3	PA; QL
PREMIUM SCAR EXTERNAL PATCH	3	
PREPILV SUPPLY COMBINATION KIT	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	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
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT	3	
SYNERA EXTERNAL PATCH	3	PA; QL
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	3	
vexatrol external kit	1 or 1b*	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***		
TARGRETIN 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	
SYNALAR (OINTMENT) EXTERNAL KIT	3	ST; QL
TACLONEX EXTERNAL OINTMENT	3	
TACLONEX EXTERNAL SUSPENSION	3	
trivix external kit	1 or 1b*	
*TYPE II 5-ALPHA REDUCTASE INHIBITORS***		
finasteride oral tablet 1 mg	1 or 1b*	
PROPECIA ORAL TABLET	3	
*WOUND CARE - GROWTH FACTOR AGENTS***		
REGRANEX EXTERNAL GEL	3	
*WOUND CARE COMBINATIONS***		
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT	3	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	3	

Drug Name	Tier	Notes
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	3	
XEROFORM OIL EMULSION STRIP EXTERNAL	3	
XEROFORM OIL ROLL 4"X9' EXTERNAL	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	3	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	3	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	3	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY***		
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	3	
MICROCYN EXTERNAL GEL	3	
MICROCYN EXTERNAL LIQUID 0.023 %	3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	3	
*WOUND DRESSINGS***		
ACTICOAT 7 EXTERNAL PAD	2	
ACTICOAT 7 EXTERNAL SHEET	2	
ACTICOAT ABSORBENT EXTERNAL	2	
ACTICOAT ABSORBENT EXTERNAL PAD	2	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD	2	
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 8"X16"	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
ACTICOAT EXTERNAL SHEET 5"X5"	2	
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD	2	
ACTICOAT FLEX 3 EXTERNAL SHEET	2	
ACTICOAT FLEX 7 EXTERNAL SHEET	2	
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 2"X2"	2	
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 4"X4" , 4"X8"	3	
ACTICOAT SITE EXTERNAL DISK	2	
ACTICOAT SURGICAL EXTERNAL PAD	3	
ALLEVYN AG ADHESIVE EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	2	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	2	
ALLEVYN AG GENTLE EXTERNAL PAD	3	
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"X2" , 4"X4" , 6"X6" , 8"X8"	2	
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	2	
ALLEVYN AG SACRUM 9"X9" EXTERNAL	2	
ALLEVYN GENTLE EXTERNAL PAD	2	
AQUACEL AG BURN EXTERNAL PAD	3	
ARIDA EXTERNAL GEL	3	
AVO CREAM EXTERNAL EMULSION	3	
BIAFINE EXTERNAL EMULSION	3	
BIOSTEP AG EXTERNAL SHEET	2	
BIOSTEP EXTERNAL SHEET	2	

Drug Name	Tier	Notes
CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL	3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD	2	
DIAB EXTERNAL GEL	3	
DIAB F.D.G. FREEZE-DRIED EXTERNAL GEL	3	
DURAFIBER AG EXTERNAL PAD	3	
DURAFIBER EXTERNAL PAD	3	
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET	3	
ENDOFORM DERMAL/FENESTRATE D EXTERNAL SHEET	3	
HYDROFERA BLUE 4"X4" EXTERNAL PAD	2	
HYDROFERA BLUE 6"X6" EXTERNAL PAD	2	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD	2	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD	2	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	2	
HYGEL EXTERNAL GEL 2.5 %	3	
KENDALL ALGINATE 12" ROPE EXTERNAL	3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X4" EXTERNAL PAD	2	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	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
KENDALL AMORPHOUS WOUND EXTERNAL GEL	3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	3	
KERAGEL EXTERNAL GEL	3	
KERAGELT EXTERNAL GEL	3	
LUXAMEND EXTERNAL CREAM	3	
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD	2	
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	3	
MIRODERM BIOLOGIC MATRIX FENES EXTERNAL SHEET	3	
MIRODERM BIOLOGIC WOUND MATRIX EXTERNAL SHEET	3	
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET	3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM	3	

Drug Name	Tier	Notes
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 7X10CM , 7X20CM	2	
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	3	
PICO WOUND THERAPY SYSTEM EXTERNAL KIT	3	
PRUTECT EXTERNAL EMULSION	3	
RADIAGEL EXTERNAL GEL	3	
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	2	
RTD WOUND CARE DRESSING EXTERNAL PAD	2	
SILVASORB EXTERNAL GEL	3	
SILVRSTAT WOUND DRESSING EXTERNAL GEL	3	
SONAFINE EXTERNAL EMULSION	3	
TEGADERM AG MESH EXTERNAL PAD	2	
THERAHONEY EXTERNAL GEL	3	
THERAHONEY EXTERNAL SHEET	3	
VASCUDERM HYDROGEL EXTERNAL GEL	3	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	2	QL
ACCU-CHEK GUIDE IN VITRO STRIP	2	QL
ACCU-CHEK SMARTVIEW IN VITRO STRIP	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
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL
ADVANCE INTUITION TEST IN VITRO STRIP	3	ST; QL
ADVANCE MICRO-DRAW TEST IN VITRO STRIP	3	ST; QL
ADVOCATE REDICODE IN VITRO STRIP	3	ST; QL
ADVOCATE REDICODE+ TEST IN VITRO STRIP	3	ST; QL
ADVOCATE TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX AMP TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX JAZZ TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX KEYNOTE TEST IN VITRO STRIP	3	ST; QL
AGAMATRIX PRESTO TEST IN VITRO STRIP	3	ST; QL
ASSURE 3 TEST IN VITRO STRIP	3	ST; QL
ASSURE 4 TEST IN VITRO STRIP	3	ST; QL
ASSURE II CHECK IN VITRO STRIP	3	ST; QL
ASSURE II IN VITRO STRIP	3	ST; QL
ASSURE PLATINUM IN VITRO STRIP	3	ST; QL
ASSURE PRISM MULTI TEST IN VITRO STRIP	3	ST; QL
ASSURE PRO TEST IN VITRO STRIP	3	ST; QL
BIOSCANNER GLUCOSE TEST IN VITRO STRIP	3	ST; QL
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CARESENS N GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CARETOUCH TEST IN VITRO STRIP	3	ST; QL
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP	3	ST; QL
CLEVER CHEK TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE MICRO TEST IN VITRO STRIP	3	ST; QL
CLEVER CHOICE NO CODING IN VITRO STRIP	3	ST; QL
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP	3	ST; QL
CONTOUR NEXT TEST IN VITRO STRIP	3	ST; QL
CONTOUR TEST IN VITRO STRIP	3	ST; QL
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP	3	ST; QL
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL
D-CARE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	3	ST; QL
DIATRUE PLUS TEST IN VITRO STRIP	3	ST; QL
DUO-CARE TEST IN VITRO STRIP	3	ST; QL
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY STEP TEST IN VITRO STRIP	3	ST; QL
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASY TOUCH TEST IN VITRO STRIP	3	ST; QL

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Drug Name	Tier	Notes
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYGLUCO IN VITRO STRIP	3	ST; QL
EASYGLUCO PLUS IN VITRO STRIP	3	ST; QL
EASYMAX 15 TEST IN VITRO STRIP	3	ST; QL
EASYMAX TEST IN VITRO STRIP	3	ST; QL
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EASYPRO PLUS IN VITRO STRIP	3	ST; QL
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL
ELEMENT TEST IN VITRO STRIP	3	ST; QL
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EVENCARE G2 TEST IN VITRO STRIP	3	ST; QL
EVENCARE G3 TEST IN VITRO STRIP	3	ST; QL
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
EVENCARE PROVUEW GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EVOLUTION AUTOCODE IN VITRO STRIP	3	ST; QL
EXACTECH R-S-G TEST IN VITRO STRIP	3	ST; QL
EXACTECH TEST IN VITRO STRIP	3	ST; QL
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP	3	ST; QL
FORA BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GD20 TEST IN VITRO STRIP	3	ST; QL
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA TN'G/TN'G VOICE IN VITRO STRIP	3	ST; QL
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL

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Drug Name	Tier	Notes
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
FORACARE GD40 TEST IN VITRO STRIP	3	ST; QL
FORACARE PREMIUM V10 TEST IN VITRO STRIP	3	ST; QL
FORACARE TEST N GO TEST IN VITRO STRIP	3	ST; QL
FORTISCARE TEST IN VITRO STRIP	3	ST; QL
FREESTYLE INSULINX TEST IN VITRO STRIP	3	ST; QL
FREESTYLE LITE TEST IN VITRO STRIP	3	ST; QL
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	3	ST; QL
FREESTYLE TEST IN VITRO STRIP	3	ST; QL
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GENULTIMATE TEST IN VITRO STRIP	3	ST; QL
GHT TEST IN VITRO STRIP	3	ST; QL
GLUCO PERFECT 3 TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	3	ST; QL
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD SHINE TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD VITAL TEST IN VITRO STRIP	3	ST; QL
GLUCOCARD X-SENSOR IN VITRO STRIP	3	ST; QL
GLUCOCOM TEST IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	3	ST; QL
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	3	ST; QL
IGLUCOSE TEST STRIPS IN VITRO STRIP	3	ST; QL
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
INFINITY VOICE IN VITRO STRIP	3	ST; QL
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	3	ST; QL
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL
KROGER TEST IN VITRO STRIP	3	ST; QL
LIBERTY NEXT GENERATION TEST IN VITRO STRIP	3	ST; QL

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Drug Name	Tier	Notes
LIBERTY TEST IN VITRO STRIP	3	ST; QL
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MEIJER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETEST TEST IN VITRO STRIP	3	ST; QL
MEIJER TRUETRACK TEST IN VITRO STRIP	3	ST; QL
MICRODOT TEST IN VITRO STRIP	3	ST; QL
MM EASY TOUCH GLUCOSE IN VITRO STRIP	3	ST; QL
MYGLUCOHEALTH TEST IN VITRO STRIP	3	ST; QL
NEUTEK 2TEK TEST IN VITRO STRIP	3	ST; QL
NOVA MAX GLUCOSE TEST IN VITRO STRIP	3	ST; QL
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
ONE DROP TEST IN VITRO STRIP	3	ST; QL
ONETOUCH ULTRA BLUE IN VITRO STRIP	2	
ONETOUCH VERIO IN VITRO STRIP	2	QL
OPTIUM TEST IN VITRO STRIP	3	ST; QL
OPTIUMEZ TEST IN VITRO STRIP	3	ST; QL
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL
POCKETCHEM EZ TEST IN VITRO STRIP	3	ST; QL
PRECISION PCX IN VITRO STRIP	3	ST; QL
PRECISION PCX PLUS TEST IN VITRO STRIP	3	ST; QL
PRECISION POINT OF CARE TEST IN VITRO STRIP	3	ST; QL
PRECISION QID TEST IN VITRO STRIP	3	ST; QL
PRECISION SOF-TACT TEST IN VITRO STRIP	3	ST; QL
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	3	ST; QL
PTS PANELS GLUCOSE TEST IN VITRO STRIP	3	ST; QL
QUICKTEK TEST IN VITRO STRIP	3	ST; QL
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RA TRUETEST TEST IN VITRO STRIP	3	ST; QL
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RELION CONFIRM/MICRO TEST IN VITRO STRIP	3	ST; QL
RELION PREMIER TEST IN VITRO STRIP	3	ST; QL

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

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Drug Name	Tier	Notes
RELION PRIME TEST IN VITRO STRIP	3	ST; QL
RELION ULTIMA TEST IN VITRO STRIP	3	ST; QL
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL
SMART SENSE PREMIUM TEST IN VITRO STRIP	3	ST; QL
SMART SENSE VALUE TEST IN VITRO STRIP	3	ST; QL
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SOLUS V2 TEST IN VITRO STRIP	3	ST; QL
SUPREME TEST IN VITRO STRIP	3	ST; QL
SURE EDGE TEST IN VITRO STRIP	3	ST; QL
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP	3	ST; QL
TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL

Drug Name	Tier	Notes
TRUETEST TEST IN VITRO STRIP	3	ST; QL
TRUETRACK TEST IN VITRO STRIP	3	ST; QL
ULTIMA TEST IN VITRO STRIP	3	ST; QL
ULTRATRAK PRO TEST IN VITRO STRIP	3	ST; QL
ULTRATRAK ULTIMATE TEST IN VITRO STRIP	3	ST; QL
UNISTRIP1 GENERIC IN VITRO STRIP	3	ST; QL
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
VICTORY AGM-4000 TEST IN VITRO STRIP	3	ST; QL
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	3	ST; QL
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL
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	
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	

* 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-ACTING P2Y12 INHIBITORS***		
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
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*	
DYAZIDE ORAL CAPSULE	3	
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	3	
EDECRIN ORAL TABLET	3	

Drug Name	Tier	Notes
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
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	
torseamide oral tablet	1 or 1b*	
*OSMOTIC DIURETICS***		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution	1 or 1b*	
*POTASSIUM SPARING DIURETICS***		
ALDACTONE ORAL TABLET	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	1 or 1b*	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorothiazide oral tablet	1 or 1b*	
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*	

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Drug Name	Tier	Notes
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)***		
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO; QL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	
*BISPHOSPHONATES***		
ACTONEL ORAL TABLET 150 MG, 30 MG, 35 MG, 5 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	

Drug Name	Tier	Notes
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
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	

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

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Drug Name	Tier	Notes
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CARNITOR SF ORAL SOLUTION	3	
LEVOCARNITINE INJECTION SOLUTION	3	
levocarnitine oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levocarnitine sf oral solution	1 or 1b*	
*CORTICOTROPIN***		
ACTHAR INJECTION GEL	3	PA; QL; LD; SP
*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
ORLISSA ORAL TABLET	3	PA; QL
*GROWTH HORMONE RECEPTOR ANTAGONISTS***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP

Drug Name	Tier	Notes
*GROWTH HORMONE RELEASING HORMONES (GHRH)***		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; QL; LD
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; LD
*GROWTH HORMONES***		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; QL; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; QL; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION	3	PA; QL; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP

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Drug Name	Tier	Notes
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; QL; LD
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule	1 or 1b*	PA; QL; LD
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
*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

Drug Name	Tier	Notes
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
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)***		
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
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
*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

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

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Drug Name	Tier	Notes
*MUCOPOLYSACCHARI DOSIS VI (MPS VI) - AGENTS***		
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*OVULATION STIMULANTS- GONADOTROPINS***		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; QL; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION	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
*OVULATION STIMULANTS- SYNTHETIC***		
clomiphene citrate oral tablet	1 or 1b*	PA; QL

Drug Name	Tier	Notes
*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	
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	PA; QL; SP
*PHENYLKETONURIA TREATMENT - AGENTS***		
KUVAN ORAL PACKET	2	PA; QL; LD; SP
KUVAN ORAL TABLET SOLUBLE	2	PA; QL; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
XGEVA SUBCUTANEOUS SOLUTION	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

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

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Drug Name	Tier	Notes
*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
*SOMATOSTATIC AGENTS***		
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
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

Drug Name	Tier	Notes
*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS***		
VAPRISOL INTRAVENOUS SOLUTION	3	
*VASOPRESSIN***		
DDAVP INJECTION SOLUTION 4 MCG/ML	3	
DDAVP NASAL SOLUTION	3	
DDAVP ORAL TABLET	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	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL
STIMATE NASAL SOLUTION	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
*ERYTHROID MATURATION AGENTS***		
*ERYTHROID MATURATION AGENTS***		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	LD; SP
*ESTROGEN COMBINATIONS***		
*ESTROGEN COMBINATIONS***		
BI-EST 50:50 TRANSDERMAL 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
*ESTROGEN-ANDROGEN-PROGESTIN***		
*ESTROGEN-ANDROGEN-PROGESTIN***		
BI-EST PROGEST-TESTOSTERONE TRANSDERMAL CREAM	3	
ESTROGENS		
*ESTROGEN & PROGESTIN***		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
amabelz oral tablet	1 or 1b*	
ANGELIQ ORAL TABLET	3	
BI-EST 80:20 PROGESTERONE TRANSDERMAL CREAM	3	
BIEST/PROGESTERONE TRANSDERMAL CREAM	3	
BIJUVA ORAL CAPSULE	3	ST; QL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	
estradiol-norethindrone acet oral tablet	1 or 1b*	
ESTRIOL-PROGESTERONE MICRO TRANSDERMAL CREAM	3	
FEMHRT LOW DOSE ORAL TABLET	3	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
lopreeza oral tablet 1-0.5 mg	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREFEST ORAL TABLET	3	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	

Drug Name	Tier	Notes
*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*	
EC-RX ESTRADIOL TRANSDERMAL CREAM	3	
ELESTRIN TRANSDERMAL GEL	3	
ESTRACE ORAL TABLET	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	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN 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
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	
*ESTROGEN- SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*ESTROGEN- SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
DUAVEE ORAL TABLET	3	PA; QL
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
OICALIVA ORAL TABLET	3	PA; QL; LD; SP
*FENTANYL COMBINATIONS***		
*FENTANYL COMBINATIONS***		
FENTANYL CIT- ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	3	
FENTANYL- BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML- %, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125- 0.9 MG/250ML-%	3	
FENTANYL- BUPIVACAINE-NACL INJECTION SOLUTION	3	
*FLUOROCYCLINES***		
*FLUOROCYCLINES***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
*FLUOROQUINOLONES		
*FLUOROQUINOLONES		

AVELOX INTRAVENOUS SOLUTION	3	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	
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		
moxifloxacin hcl oral tablet	1 or 1b*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***		
ZULRESSO 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
GASTROINTESTINAL AGENTS - MISC.		
*GALLSTONE SOLUBILIZING AGENTS***		
ACTIGALL ORAL CAPSULE	3	
CHENODAL ORAL TABLET	3	PA; QL; LD
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
URSODIOL+SYRSPEND SF ORAL SUSPENSION	3	
*GASTROINTESTINAL ANTIALLERGY AGENTS***		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***		
AMITIZA ORAL CAPSULE	2	
*GASTROINTESTINAL STIMULANTS***		
DEXPANTHENOL INJECTION SOLUTION	3	
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	
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	
REGLAN ORAL TABLET	3	

Drug Name	Tier	Notes
*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 - 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	
ASACOL HD ORAL TABLET DELAYED RELEASE	3	ST; QL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
balsalazide disodium oral capsule	1 or 1b*	
CANASA RECTAL SUPPOSITORY	3	
COLAZAL ORAL CAPSULE	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	ST; QL
DIPENTUM ORAL CAPSULE	3	ST; QL
LIALDA ORAL TABLET DELAYED RELEASE	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*	

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

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Drug Name	Tier	Notes
mesalamine rectal suppository	1 or 1b*	
mesalamine-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*	
*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***		
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
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

Drug Name	Tier	Notes
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
RENAGEL ORAL TABLET 800 MG	3	ST; QL
RENVELA ORAL PACKET	3	ST; QL
RENVELA ORAL TABLET	3	ST; QL
sevelamer carbonate oral packet	1 or 1b*	
sevelamer carbonate oral tablet	1 or 1b*	
sevelamer hcl oral tablet	1 or 1b*	
VELPHORO ORAL TABLET CHEWABLE	3	ST; QL
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
CIMZIA PREFILLED SUBCUTANEOUS KIT	3	PA; QL; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT	3	PA; QL; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA; QL; SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
RENFLIXIS 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-40 INTRAVENOUS KIT	3	
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 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
*BARBITURATE ANESTHETICS***		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 2.5 GM, 500 MG	3	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
*VOLATILE ANESTHETICS***		
desflurane inhalation solution	1 or 1b*	

Drug Name	Tier	Notes
FORANE INHALATION SOLUTION	3	
isoflurane inhalation solution	1 or 1b*	
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***		
AVODART ORAL CAPSULE	3	
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	
FLOMAX ORAL CAPSULE	3	
RAPAFLO ORAL CAPSULE	3	
silodosin oral capsule	1 or 1b*	
tamsulosin hcl oral capsule	1 or 1b*	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*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*	

* 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 citrate-citric acid oral solution	1 or 1b*	
sod citrate-citric acid oral solution	1 or 1b*	
taron-crystals oral packet	1 or 1b*	
tricitrates oral solution	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
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	ST; QL; LD
PROCYSBI ORAL PACKET	3	ST; QL
*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	

Drug Name	Tier	Notes
*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	
*URINARY ANALGESICS***		
phenazo oral tablet 200 mg	1 or 1a*	
*URINARY STONE AGENTS***		
LITHOSTAT ORAL TABLET	3	
THIOLA EC ORAL TABLET DELAYED RELEASE	3	PA; QL; LD
THIOLA ORAL TABLET	3	PA; QL; LD
*GLYCOPEPTIDES***		
*GLYCOPEPTIDES***		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; QL
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN HCL ORAL CAPSULE 125 MG	3	PA; QL
VANCOCIN ORAL CAPSULE	3	PA; QL

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

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Drug Name	Tier	Notes
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%	3	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	3	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1500 MG/300ML, 2000 MG/400ML, 500 MG/100ML	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 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
VANCOMYCIN+SYRSPE ND SF ORAL SUSPENSION	3	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
colchicine-probenecid oral tablet	1 or 1b*	
*GOUT AGENTS***		
allopurinol oral tablet	1 or 1a*	

Drug Name	Tier	Notes
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
colchicine oral capsule	3	ST; QL; CTT1
colchicine oral tablet	2	CTT1
COLCRYS ORAL TABLET	2	QL
febuxostat oral tablet	1 or 1b*	ST; QL
GLOPERBA ORAL SOLUTION	3	ST; QL
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
MITIGARE ORAL CAPSULE	3	ST; QL
ULORIC ORAL TABLET	3	ST; QL
ZYLOPRIM ORAL TABLET	3	
*URICOSURICS***		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
*ANTIHEMOPHILIC PRODUCTS***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
AFSTYLA INTRAVENOUS KIT	3	PA; QL; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ALPROLIX 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
BENEFIX INTRAVENOUS KIT	3	PA; QL; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	PA; QL; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	PA; QL; LD; SP
CORIFACT INTRAVENOUS KIT	3	PA; QL; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	3	PA; QL; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000- 2400 UNIT, 250-600 UNIT, 500-1200 UNIT	3	PA; QL; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP

Drug Name	Tier	Notes
KCENTRA INTRAVENOUS KIT	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	3	PA; QL; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	3	SP
KOGENATE FS INTRAVENOUS KIT	3	PA; QL; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	3	PA; QL; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
NUWIQ INTRAVENOUS KIT	3	PA; QL; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT	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
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; 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; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	3	PA; QL; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT	3	PA; QL; SP
*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

Drug Name	Tier	Notes
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
*CYCLOPENTYLTRIAZ OLOPYRIMIDINE (CPTP) DERIVATIVES***		
BRILINTA ORAL TABLET	2	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS***		
AGGRASTAT INTRAVENOUS CONCENTRATE	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 200 MG/100ML, 75 MG/100ML	3	
*HEMATORHEOLOGIC AGENTS***		
pentoxifylline er oral tablet extended release	1 or 1b*	
*HEMIN***		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	

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

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Drug Name	Tier	Notes
*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***		
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*PLASMA PROTEINS***		
albiked 25 intravenous solution	1 or 1b*	
albiked 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*	

Drug Name	Tier	Notes
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	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE	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

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

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Drug Name	Tier	Notes
*PROTAMINE***		
protamine sulfate intravenous solution	1 or 1b*	
*QUINAZOLINE AGENTS***		
AGRYLIN ORAL CAPSULE	3	
anagrelide hcl oral capsule	1 or 1b*	
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet	1 or 1b*	
EFFIENT ORAL TABLET 10 MG	3	
EFFIENT ORAL TABLET 5 MG	3	DO
PLAVIX ORAL TABLET 75 MG	3	
prasugrel hcl oral tablet 10 mg	1 or 1b*	
prasugrel hcl oral tablet 5 mg	1 or 1b*	DO
*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

Drug Name	Tier	Notes
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
ZAVESCA ORAL CAPSULE	3	PA; QL; LD
*COBALAMIN COMBINATIONS***		
abaneu-sl sublingual tablet sublingual	2	CTT1
FOLTRATE ORAL TABLET	3	
LIPO-B INTRAMUSCULAR SOLUTION	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	3	
*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	
NASCOBAL NASAL SOLUTION	3	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT	3	
*CXCR4 RECEPTOR ANTAGONIST***		
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*CYTOTOXIC AGENTS***		
DROXIA ORAL 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
SIKLOS ORAL TABLET	3	PA; QL; 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
RETACRIT INJECTION SOLUTION	3	PA; QL; SP
*ERYTHROPOIETINS***		
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
RETACRIT INJECTION SOLUTION	3	PA; QL; SP
*FOLIC ACID/FOLATE COMBINATIONS***		
airavite oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ANIMI-3 ORAL CAPSULE	3	
ANIMI-3/VITAMIN D ORAL CAPSULE	3	
B-6 FOLIC ACID ORAL CAPSULE 8.333-100-1 MG	3	
BP VIT 3 ORAL CAPSULE	3	
CENFOL ORAL TABLET	3	
fabb oral tablet	1 or 1b*	
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
folbee oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
FOLI-D ORAL TABLET	3	
folplex 2.2 oral tablet	1 or 1b*	
nufol oral tablet	1 or 1b*	
TALIVA ORAL CAPSULE	3	
virt-gard oral tablet	1 or 1b*	
VITAMEZ ORAL CAPSULE	3	
*FOLIC ACID/FOLATES***		
folic acid injection solution	1 or 1a*	
folic acid oral tablet 1 mg	1 or 1a*	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	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
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
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
*IRON COMBINATIONS***		
ACTIVE FE ORAL TABLET	3	
CENTRATEX ORAL CAPSULE	3	
chromagen oral capsule	1 or 1b*	
corvita 150 oral tablet	1 or 1b*	
CORVITE 150 ORAL TABLET 150-1.25 MG	3	
CORVITE FE ORAL TABLET	3	
ferocon oral capsule	1 or 1b*	
ferottrinsic oral capsule	1 or 1b*	
ferrocite plus oral tablet	1 or 1b*	
FERRO-PLEX HEMATINIC ORAL TABLET	3	

Drug Name	Tier	Notes
FERROTRIN ORAL CAPSULE	3	
FOLIVANE-PLUS ORAL CAPSULE	3	
foltrin oral capsule	1 or 1b*	
FUSION PLUS ORAL CAPSULE	3	
hematinic plus vit/minerals oral tablet	1 or 1b*	
HEMATOGEN FA ORAL CAPSULE	3	
hematogen forte oral capsule	1 or 1b*	
hematogen oral capsule	1 or 1b*	
HEMATRON-AF ORAL TABLET	3	
HEMOCYTE PLUS ORAL CAPSULE	3	
hemocyte-plus oral tablet 106-1 mg	1 or 1b*	
ICAR-C PLUS ORAL TABLET	3	
INTEGRA PLUS ORAL CAPSULE	3	
IROSPAN 24/6 ORAL	3	
IS 24/6 ORAL	3	
k-tan plus oral capsule	1 or 1b*	
MULTIGEN FOLIC ORAL TABLET	3	
MULTIGEN ORAL TABLET	3	
MULTIGEN PLUS ORAL TABLET	3	
NEPHRON FA ORAL TABLET	3	
NIFEREX ORAL TABLET	3	
polysaccharide iron forte oral capsule	1 or 1b*	
purevit dualfe plus oral capsule	1 or 1b*	
se-tan plus oral capsule	1 or 1b*	
TARON FORTE ORAL CAPSULE	3	
tl-hem 150 oral tablet	1 or 1b*	
tricon oral capsule	1 or 1b*	
trigels-f forte oral capsule	1 or 1b*	
VIRT-FEFA PLUS ORAL CAPSULE	3	

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

Drug Name	Tier	Notes
*IRON W/ FOLIC ACID***		
FOLIVANE-F ORAL CAPSULE	3	
FUSION SPRINKLES ORAL PACKET	3	
hematinic/folic acid oral tablet	1 or 1b*	
hemocyte-f oral tablet	1 or 1b*	
INTEGRA F ORAL CAPSULE	3	
*IRON***		
FERAHEME INTRAVENOUS SOLUTION	3	
FERRLECIT INTRAVENOUS SOLUTION	3	
INFED INJECTION SOLUTION	3	
INJECTAFER 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	
*IRON-B12-FOLATE***		
FERIVA 21/7 ORAL TABLET	3	
FERRALET 90 ORAL TABLET	3	
FERRAPLUS 90 ORAL TABLET	3	
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***		
DOPTELET ORAL TABLET 20 MG	3	PA; QL; LD; SP
MUPLETA ORAL TABLET	3	PA; QL; SP

Drug Name	Tier	Notes
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG	3	PA; QL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	3	PA; QL; SP
PROMACTA ORAL PACKET 12.5 MG	3	PA; QL; LD; SP
PROMACTA ORAL PACKET 25 MG	3	PA; QL
PROMACTA ORAL TABLET	3	PA; QL; LD; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS***		
OXBRYTA ORAL TABLET	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*	

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

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Drug Name	Tier	Notes
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	
*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	

Drug Name	Tier	Notes
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	
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	
*HEPATITIS C AGENT - COMBINATIONS***		
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL TABLET	3	PA; QL; SP
HARVONI ORAL TABLET 45-200 MG	3	PA; QL
HARVONI ORAL TABLET 90-400 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
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; QL; SP
MAVYRET ORAL TABLET	3	PA; QL; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET	3	PA; QL; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK	3	PA; QL; SP
VOSEVI ORAL TABLET	3	PA; QL; SP
ZEPATIER ORAL TABLET	3	PA; QL; SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS**		
XURIDEN ORAL PACKET	3	PA; QL; LD
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS***		
*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
HYPNOTICS		
*BARBITURATE HYPNOTICS***		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED	3	
NEMBUTAL INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral solution	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution 130 mg/ml	1 or 1b*	

Drug Name	Tier	Notes
PHENOBARBITAL SODIUM INJECTION SOLUTION 65 MG/ML	3	
SECONAL ORAL CAPSULE	3	
*BENZODIAZEPINE HYPNOTICS***		
DORAL ORAL TABLET	3	
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*	
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 INTRAVENOUS SOLUTION 150 MG/30ML	3	
midazolam hcl oral syrup	1 or 1b*	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 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+SYRSPEN D SF ORAL SUSPENSION	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	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

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

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Drug Name	Tier	Notes
SILENOR ORAL TABLET	3	ST; QL
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	ST; QL
eszopiclone oral tablet	1 or 1b*	
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG	3	ST; QL
LUNESTA ORAL TABLET	3	ST; QL
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem tartrate er oral tablet extended release	1 or 1b*	ST; QL
zolpidem tartrate oral tablet	1 or 1b*	
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL
ZOLPIMIST ORAL SOLUTION	3	ST; QL
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
dexmedetomidine hcl in nacl intravenous solution	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 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	3	

Drug Name	Tier	Notes
*SELECTIVE MELATONIN RECEPTOR AGONISTS***		
HETLIOZ ORAL CAPSULE	3	PA; QL; LD
ramelteon oral tablet	1 or 1b*	ST; QL
ROZEREM ORAL TABLET	3	ST; QL
*HYPOPHOSPHATASIA (HPP) AGENTS***		
*HYPOPHOSPHATASIA (HPP) AGENTS***		
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS***		
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS***		
ZELNORM ORAL TABLET	3	ST; QL
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS***		
VIBERZI ORAL TABLET	3	PA; QL
*IMPOTENCE AGENT COMBINATIONS***		
*IMPOTENCE AGENT COMBINATIONS***		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER QUAD-MIX INTRACAVERNOSAL 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
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
*IMPOTENCE AGENTS - OTHER***		
*IMPOTENCE AGENTS - OTHER***		
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION	3	
*IN VITRO/LOCK ANTICOAGULANTS***		
*IN VITRO/LOCK ANTICOAGULANTS***		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE	3	
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
*INSULIN-INCRETIN MIMETIC COMBINATIONS***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL

Drug Name	Tier	Notes
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)***		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
*INTEGRIN RECEPTOR ANTAGONISTS***		
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
*INTERLEUKIN ANTAGONISTS***		
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	3	PA; QL; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
*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

* 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-5 ANTAGONISTS (IGG4 KAPPA)***		
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
CINQAIR INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
*INTERLEUKIN-6 (IL-6) ANTAGONISTS***		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
TIBSOVO ORAL TABLET	3	PA; QL; LD
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
IDHIFA ORAL TABLET	3	PA; QL; LD; SP
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
CLENPIQ ORAL SOLUTION	3	
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	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Notes
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED	3	
PCP 100 COMBINATION KIT	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-prep oral kit	1 or 1b*	\$0
PLENVU ORAL SOLUTION RECONSTITUTED	3	
PREPOPIK ORAL PACKET	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
trilyte oral solution reconstituted	1 or 1a*	\$0
*LAXATIVES - MISCELLANEOUS***		
constulose oral solution	1 or 1b*	
KRISTALOSE ORAL PACKET	3	
LACTULOSE ORAL PACKET	1 or 1b*	
lactulose oral solution	1 or 1b*	
*LUBRICANT LAXATIVES***		
mineral oil heavy oral oil	1 or 1b*	
*SALINE LAXATIVE MIXTURES***		
OSMOPREP ORAL TABLET	3	
*STIMULANT LAXATIVES***		
CASCARA SAGRADA ORAL FLUID EXTRACT	3	
*LEPTIN ANALOGUES***		
*LEPTIN ANALOGUES***		
MYALEPT 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
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
LUPANETA PACK COMBINATION KIT	3	PA; QL; SP
LOCAL ANESTHETICS-PARENTERAL		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
articadent dental injection solution cartridge	3	CTT1
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/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
RECK SOLUTION PREFILLED SYRINGE	3	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %	3	
xylocaine dental injection solution	1 or 1b*	

Drug Name	Tier	Notes
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
*LOCAL ANESTHETIC COMBINATIONS***		
ACTIVE INJECTION LM-2 INJECTION KIT	3	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE	3	
P-CARE 100MX INJECTION KIT	3	
POINT OF CARE LM-2.2 INJECTION KIT	3	
POINT OF CARE LM-2.5 INJECTION KIT	3	
READYSHARP-A 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 INJECTION SOLUTION 312.5 MG/10ML	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 125 MG/4ML, 250 MG/8ML, 312.5 MG/10ML, 625 MG/20ML	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	

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

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Drug Name	Tier	Notes
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION	3	
CITANEST PLAIN DENTAL INJECTION SOLUTION	3	
EXPAREL INJECTION SUSPENSION	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1 or 1b*	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 60 MG/3ML	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, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION 33.4 MG/ML	3	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	3	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	

Drug Name	Tier	Notes
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*	
CLOROTEKAL INTRATHECAL SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	3	PA; QL
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS***		
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
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

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

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Drug Name	Tier	Notes
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*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ery-tab oral tablet delayed release	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
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*	

Drug Name	Tier	Notes
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
*FIDAXOMICIN***		
DIFICID ORAL TABLET	3	
MEDICAL DEVICES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	2	\$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
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

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

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Drug Name	Tier	Notes
*GLUCOSE MONITORING TEST SUPPLIES***		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK MULTICLIX LANCET DEV KIT	2	
ACCU-CHEK MULTICLIX LANCETS	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE LANCING DEVICE	2	
ADVOCATE RAPID-SAFE LANCING	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 26G	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	

Drug Name	Tier	Notes
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	
AQUALANCE LANCETS 30G	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE HAEMOLANCE PLUS HIGH	2	
ASSURE HAEMOLANCE PLUS LOW	2	
ASSURE HAEMOLANCE PLUS MICRO	2	
ASSURE HAEMOLANCE PLUS NORMAL	2	
ASSURE HAEMOLANCE PLUS PED	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE LANCETS	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET	2	
AUTO-LANCET MINI	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE KIT	2	
AUTOLET LITE STARTER PACK KIT	2	
AUTOLET MINI	2	
AUTOLET PLATFORMS	2	
AUTOLET PLUS	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 LANCET ULTRAFINE 30G	2	
BD LANCET ULTRAFINE 33G	2	
BD MICROTAINER LANCETS	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS	2	
CARDIOCOM LANCING DEVICE	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET THIN 23G	2	
CAREONE LANCET ULTRA THIN 28G	2	
CARESENS LANCETS	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK LANCETS	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
COAGUCHEK LANCETS	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT LANCETS	2	
CVS LANCETS 21G	2	

Drug Name	Tier	Notes
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	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
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASY TWIST & CAP LANCETS	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCET SUPER THIN 30G	2	
E-Z JECT LANCETS	2	
E-Z JECT LANCETS 21G	2	
E-Z JECT LANCETS THIN 26G	2	
EZ SMART BLOOD GLUCOSE LANCETS	2	
EZ-LETS LANCETS 21G	2	
EZ-LETS LANCETS 26G	2	
EZ-LETS LANCETS 28G	2	
EZ-LETS LANCETS 30G	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	

Drug Name	Tier	Notes
FINE 30	2	
FINGERSTIX LANCETS	2	
FORA LANCETS	2	
FORA LANCING DEVICE	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTICK II LANCETS	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL CONTACT TIPS (BLUE)	2	
GENTEEL CONTACT TIPS (CLEAR)	2	
GENTEEL CONTACT TIPS (GREEN)	2	
GENTEEL CONTACT TIPS (ORANGE)	2	
GENTEEL CONTACT TIPS (RAINBOW)	2	
GENTEEL CONTACT TIPS (VIOLET)	2	
GENTEEL CONTACT TIPS (YELLOW)	2	
GENTEEL LANCING DEVICE (BLACK)	2	
GENTEEL LANCING DEVICE (BLUE)	2	
GENTEEL LANCING DEVICE (GOLD)	2	
GENTEEL LANCING DEVICE (PINK)	2	
GENTEEL LANCING DEVICE (WHITE)	2	
GENTEEL LANCING DEVICE (PLATNM)	2	
GENTEEL LANCING DEVICE (PURPLE)	2	
GENTEEL LANCING DEVICE (SILVER)	2	
GENTEEL LANCING KIT (BLUE) KIT	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
GENTEEL NOZZLES	2	
GENTLE-LET GP LANCETS	2	
GENTLE-LET LANCETS	2	
GENTLE-LET PLATFORMS	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GNP LANCETS	2	
GNP LANCETS 21G	2	
GNP LANCETS MICRO THIN 33G	2	
GNP LANCETS SUPER THIN 30G	2	
GNP LANCETS THIN	2	
GNP LANCETS THIN 26G	2	
GNP MICRO THIN LANCETS 33G	2	
GNP SUPER THIN LANCETS 30G	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	

Drug Name	Tier	Notes
GOODSENSE LANCING DEVICE	2	
HAEMOLANCE	2	
HAEMOLANCE LOW FLOW LANCETS	2	
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTH CARE LANCING DEVICE	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HYPOLANCE AST LANCING KIT	2	
HY-VEE LANCETS	2	
HY-VEE THIN LANCETS	2	
IN TOUCH LANCING DEVICE	2	
IN TOUCH STERILE LANCETS 30G	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER HEALTHPRO LANCET 30G	2	
KROGER HEALTHPRO LANCET 33G	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	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
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G	2	
LANCETS 30G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA FINE	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS	2	
LIBERTY MINI LANCING DEVICE	2	
LIFESCAN UNISTIK 2	2	
LIFESCAN UNISTIK II LANCETS	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN	2	
LITETOUCH LANCETS	2	
LIVE BETTER ADV LANCING DEVICE	2	

Drug Name	Tier	Notes
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE THIN LANCETS	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS THIN	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER SUPER THIN LANCETS	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE	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
MM TWIST LANCETS	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2 KIT	2	
MYGLUCOHEALTH LANCETS 30G	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
ON CALL LANCETS	2	
ON CALL LANCING DEVICE	2	
ON CALL PLUS LANCETS	2	
ON CALL PLUS LANCING DEVICE	2	
ONETOUCH CLUB LANCETS FINE PT	2	
ONETOUCH DELICA LANCETS 30G	2	
ONETOUCH DELICA LANCETS 33G	2	
ONETOUCH DELICA LANCING DEV	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	

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

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

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Drug Name	Tier	Notes
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT COLOR LANCETS 33G	2	
RA E-ZJECT LANCETS 28G	2	
RA E-ZJECT LANCETS THIN 26G	2	
RA E-ZJECT LANCETS THIN 28G	2	
RA E-ZJECT LANCETS ULTRA THIN	2	
RA LANCING DEVICE	2	
READYLANCE SAFETY LANCETS	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS STANDARD 21G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION LANCING DEVICE	2	

Drug Name	Tier	Notes
RELION LANCING DEVICE KIT	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST ALTERNATE SITE ADAPT	2	
RIGHTEST GD500 LANCING DEVICE	2	
RIGHTEST GL300 LANCETS	2	
SAFE-T-LANCE	2	
SAFE-T-LANCE PLUS	2	
SAFETY LANCET 21G/PRESSURE ACT	2	
SAFETY LANCET 23G/PRESSURE ACT	2	
SAFETY LANCET 28G/PRESSURE ACT	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS	2	
SAFETY SEAL LANCETS	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS KIT	2	
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE	2	
SHOPKO ON-THE-GO LANCETS 30G	2	
SHOPKO UNILET LANCETS 28G	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
SHOPKO UNILET LANCETS 30G	2	
SIDE BUTTON SAFETY LANCET	2	
SIMPLE DIAGNOSTICS LANCING DEV	2	
SINGLE-LET	2	
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE	2	
SMART DIABETES VANTAGE LANCING	2	
SMART SENSE COLOR LANCETS 33G	2	
SMART SENSE STANDARD LANCETS	2	
SMART SENSE SUPER THIN LANCETS	2	
SMART SENSE THIN LANCETS 26G	2	
SMARTTEST LANCETS 28G	2	
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE PA	2	
STERILANCE TL	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE FLAT LANCETS	2	
SURE-LANCE LANCETS 26G	2	
SURE-LANCE THIN LANCETS 28G	2	

Drug Name	Tier	Notes
SURE-LANCE ULTRA THIN LANCETS	2	
SURELITE LANCETS	2	
SURE-PEN	2	
SURE-TOUCH LANCETS UNIVERSAL	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 30G	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
ULTI-LANCE AUTOMATIC	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	

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

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Drug Name	Tier	Notes
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRALANCE	2	
ULTRA-THIN II AUTO LANCET	2	
ULTRA-THIN II LANCETS	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	

Drug Name	Tier	Notes
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VIDA MIA AUTOLET LANCING DEV	2	
VIDA MIA UNILET LANCETS 28G	2	
VIDA MIA UNILET LANCETS 30G	2	
VIVAGUARD LANCETS	2	ST; QL
VIVAGUARD LANCING DEVICE	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS	2	
WALGREENS LANCETS MICRO THIN	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
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS	2	
WALGREENS ULTRA THIN LANCETS	2	
*NEEDLES & SYRINGES***		
1ST TIER UNIFINE PENTIPS	3	ST; QL
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL
ABOUTTIME PEN NEEDLE	3	ST; QL
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL
ADVOCATE INSULIN SYRINGE	3	ST; QL
ASSURE ID INSULIN SAFETY SYR	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES	3	
AURORA PEN NEEDLES	3	ST; QL
AURORA UNIFINE PENTIPS	3	ST; QL
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	ST; QL
BD AUTOSHIELD DUO	2	
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	ST; QL
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U/F 1/2UNIT	2	
BD INSULIN SYRINGE U-500	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML	2	ST; QL
BD PEN NEEDLE MICRO U/F	2	
BD PEN NEEDLE MINI U/F	2	
BD PEN NEEDLE NANO 2ND GEN	2	ST; QL
BD PEN NEEDLE NANO U/F	2	
BD PEN NEEDLE ORIGINAL U/F	2	
BD PEN NEEDLE SHORT U/F	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	2	ST; QL
BD SAFETY-LOK INSULIN SYRINGE	2	
BD VEO INSULIN SYRINGE U/F	2	
CAREFINE PEN NEEDLES	3	ST; QL
CAREONE INSULIN SYRINGE	3	ST; QL
CAREONE UNIFINE PENTIPS	3	ST; QL
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	3	ST; QL
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	3	
CARETOUCH PEN NEEDLES	3	ST; QL

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

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Drug Name	Tier	Notes
CLEVER CHOICE COMFORT EZ	3	ST; QL
CLICKFINE PEN NEEDLES	3	ST; QL
COMFORT ASSIST INSULIN SYRINGE	3	ST; QL
COMFORT EZ INSULIN SYRINGE	3	ST; QL
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL
COMFORT EZ PEN NEEDLES	3	ST; QL
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL
DROPLET MICRON	3	
DROPLET PEN NEEDLES	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES	3	
DRUG MART UNIFINE PENTIPS	3	ST; QL
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM	3	

Drug Name	Tier	Notes
EASY COMFORT PEN NEEDLES 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL
EASY GLIDE PEN NEEDLES	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SYR	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR	3	ST; QL
EASY TOUCH INSULIN SYRINGE	3	ST; QL
EASY TOUCH PEN NEEDLES	3	ST; QL
EASY TOUCH SAFETY PEN NEEDLES	3	ST; QL
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	3	ST; QL
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
ELITE-THIN INSULIN SYRINGE 28G X 5/16" 0.5 ML, 29G X 5/16" 0.5 ML	3	
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
EXEL COMFORT POINT INSULIN SYR	3	ST; QL
EXEL COMFORT POINT PEN NEEDLE	3	ST; QL
FIFTY50 PEN NEEDLES	3	ST; QL
FIFTY50 SUPERIOR COMFORT SYR	3	ST; QL
FREDS PHARMACY UNIFINE PENTIP+	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
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL
FREESTYLE PRECISION INS SYR	3	ST; QL
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML	3	ST; QL
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL
GLOBAL INSULIN SYRINGES	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	3	
GNP CLICKFINE PEN NEEDLES	3	ST; QL
GNP INSULIN SYRINGE	3	ST; QL
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL
GOODSENSE PEN NEEDLE PENFINE	3	ST; QL
HEALTHWISE INSULIN SYR/NEEDLE	3	
HEALTHWISE MICRON PEN NEEDLES	3	
HEALTHWISE MINI PEN NEEDLES	3	ST; QL
HEALTHWISE PEN NEEDLES	3	ST; QL
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	

Drug Name	Tier	Notes
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL
HEALTHWISE UNIFINE PENTIPS	3	ST; QL
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL
H-E-B INCONTROL PEN NEEDLES	3	ST; QL
H-E-B INCONTROL UNIFINE PENTIP	3	ST; QL
HM ULTICARE INSULIN SYRINGE	3	ST; QL
HM ULTICARE SHORT PEN NEEDLES	3	ST; QL
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL
INSULIN SYRINGE 29G X 1" 0.3 ML	3	
INSULIN SYRINGE/NEEDLE	3	ST; QL
INSULIN SYRINGE-NEEDLE U-100	3	ST; QL
INSUPEN PEN NEEDLES	3	ST; QL
INSUPEN SENSITIVE	3	ST; QL
INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM	3	ST; QL
KINRAY INSULIN SYRINGE	3	ST; QL
KMART VALU INSULIN SYRINGE 29G	3	ST; QL
KMART VALU INSULIN SYRINGE 30G	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
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
KROGER PEN NEEDLES 29G X 12MM	3	
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	3	ST; QL
LEADER INSULIN SYRINGE	3	ST; QL
LEADER UNIFINE PENTIPS	3	ST; QL
LEADER UNIFINE PENTIPS PLUS	3	ST; QL
LITETOUCH INSULIN SYRINGE	3	ST; QL
LITETOUCH PEN NEEDLES	3	ST; QL
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL
MEDIC INSULIN SYRINGE	3	ST; QL
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL
MEIJER PEN NEEDLES	3	ST; QL
MICRODOT PEN NEEDLE	3	ST; QL
MM INSULIN SYRINGE/NEEDLE	3	ST; QL
MM PEN NEEDLES	3	ST; QL

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

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

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Drug Name	Tier	Notes
PRODIGY INSULIN SYRINGE	3	ST; QL
PURE COMFORT PEN NEEDLE	3	ST; QL
PX EXTRA SHORT PEN NEEDLES	3	ST; QL
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL
PX MINI PEN NEEDLES	3	ST; QL
PX PEN NEEDLE	3	ST; QL
PX SHORTLENGTH PEN NEEDLES	3	ST; QL
QC PEN NEEDLES	3	ST; QL
QC UNIFINE PENTIPS	3	ST; QL
RA INSULIN SYRINGE	3	ST; QL
RA PEN NEEDLES	3	ST; QL
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL
RELION INSULIN SYRINGE	3	ST; QL
RELI-ON INSULIN SYRINGE	3	ST; QL
RELION MINI PEN NEEDLES	3	ST; QL
RELION PEN NEEDLES	3	ST; QL
RELION SHORT PEN NEEDLES	3	ST; QL
SAFESNAP INSULIN SYRINGE	3	ST; QL
SAFETY INSULIN SYRINGES	3	ST; QL
SB INSULIN SYRINGE	3	ST; QL
SECURESAFE INSULIN SYRINGE	3	ST; QL
SHOPKO UNIFINE PENTIPS	3	ST; QL
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL
SURE COMFORT INSULIN SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLES	3	ST; QL
SURE-FINE PEN NEEDLES	3	ST; QL

Drug Name	Tier	Notes
SURE-JECT INSULIN SYRINGE	3	ST; QL
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	
TECHLITE PEN NEEDLES	3	ST; QL
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL
TODAYS HEALTH PEN NEEDLES	3	ST; QL
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL
TRUE COMFORT INSULIN SYRINGE	3	
TRUE COMFORT PEN NEEDLES	3	ST; QL
TRUEPLUS 5-BEVEL PEN NEEDLES	3	
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLES	3	
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL
ULTICARE MICRO PEN NEEDLES	3	ST; QL
ULTICARE MINI PEN NEEDLES	3	ST; QL
ULTICARE PEN NEEDLES	3	ST; QL
ULTICARE SHORT PEN NEEDLES	3	ST; QL

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

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

Drug Name	Tier	Notes
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	
VIDA MIA UNIFINE PENTIPS	3	ST; QL
VP INSULIN SYRINGE	3	ST; QL
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL
*OSTOMY SUPPLIES***		
KANGAROO BALLOON 12FR/0.8CM KIT	2	
KANGAROO BALLOON 12FR/1.2CM KIT	2	
KANGAROO BALLOON 12FR/1.5CM KIT	2	
KANGAROO BALLOON 12FR/1.7CM KIT	2	
KANGAROO BALLOON 12FR/1CM KIT	2	
KANGAROO BALLOON 12FR/2.3CM KIT	2	
KANGAROO BALLOON 12FR/2.5CM KIT	2	
KANGAROO BALLOON 12FR/2.7CM KIT	2	
KANGAROO BALLOON 12FR/2CM KIT	2	
KANGAROO BALLOON 12FR/3.5CM KIT	2	
KANGAROO BALLOON 12FR/3CM KIT	2	
KANGAROO BALLOON 12FR/4.5CM KIT	2	
KANGAROO BALLOON 12FR/4CM KIT	2	
KANGAROO BALLOON 12FR/5CM KIT	2	
KANGAROO BALLOON 14FR/0.8CM KIT	2	
KANGAROO BALLOON 14FR/1.2CM KIT	2	
KANGAROO BALLOON 14FR/1.5CM KIT	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
KANGAROO BALLOON 14FR/1.7CM KIT	2	
KANGAROO BALLOON 14FR/1CM KIT	2	
KANGAROO BALLOON 14FR/2.3CM KIT	2	
KANGAROO BALLOON 14FR/2.5CM KIT	2	
KANGAROO BALLOON 14FR/2.7CM KIT	2	
KANGAROO BALLOON 14FR/2CM KIT	2	
KANGAROO BALLOON 14FR/3.5CM KIT	2	
KANGAROO BALLOON 14FR/3CM KIT	2	
KANGAROO BALLOON 14FR/4.5CM KIT	2	
KANGAROO BALLOON 14FR/4CM KIT	2	
KANGAROO BALLOON 14FR/5CM KIT	2	
KANGAROO BALLOON 16FR/0.8CM KIT	2	
KANGAROO BALLOON 16FR/1.2CM KIT	2	
KANGAROO BALLOON 16FR/1.5CM KIT	2	
KANGAROO BALLOON 16FR/1.7CM KIT	2	
KANGAROO BALLOON 16FR/1CM KIT	2	
KANGAROO BALLOON 16FR/2.3CM KIT	2	
KANGAROO BALLOON 16FR/2.5CM KIT	2	
KANGAROO BALLOON 16FR/2.7CM KIT	2	
KANGAROO BALLOON 16FR/2CM KIT	2	
KANGAROO BALLOON 16FR/3.5CM KIT	2	
KANGAROO BALLOON 16FR/3CM KIT	2	
KANGAROO BALLOON 16FR/4.5CM KIT	2	
KANGAROO BALLOON 16FR/4CM KIT	2	

Drug Name	Tier	Notes
KANGAROO BALLOON 16FR/5CM KIT	2	
KANGAROO BALLOON 18FR/0.8CM KIT	2	
KANGAROO BALLOON 18FR/1.2CM KIT	2	
KANGAROO BALLOON 18FR/1.5CM KIT	2	
KANGAROO BALLOON 18FR/1.7CM KIT	2	
KANGAROO BALLOON 18FR/1CM KIT	2	
KANGAROO BALLOON 18FR/2.3CM KIT	2	
KANGAROO BALLOON 18FR/2.5CM KIT	2	
KANGAROO BALLOON 18FR/2.7CM KIT	2	
KANGAROO BALLOON 18FR/2CM KIT	2	
KANGAROO BALLOON 18FR/3.5CM KIT	2	
KANGAROO BALLOON 18FR/3CM KIT	2	
KANGAROO BALLOON 18FR/4.5CM KIT	2	
KANGAROO BALLOON 18FR/4CM KIT	2	
KANGAROO BALLOON 18FR/5CM KIT	2	
KANGAROO BALLOON 20FR/0.8CM KIT	2	
KANGAROO BALLOON 20FR/1.2CM KIT	2	
KANGAROO BALLOON 20FR/1.5CM KIT	2	
KANGAROO BALLOON 20FR/1.7CM KIT	2	
KANGAROO BALLOON 20FR/1CM KIT	2	
KANGAROO BALLOON 20FR/2.3CM KIT	2	
KANGAROO BALLOON 20FR/2CM KIT	2	
NUTRIPOINT BALLOON 20FR/2.5CM KIT	2	
NUTRIPOINT BALLOON 20FR/2.7CM KIT	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
NUTRIPOINT BALLOON 20FR/3.5CM KIT	2	
NUTRIPOINT BALLOON 20FR/4.5CM KIT	2	
NUTRIPOINT BALLOON 20FR/4CM KIT	2	
NUTRIPOINT BALLOON 20FR/5CM KIT	2	
NUTRIPOINT BALLOON 24FR/0.8CM KIT	2	
NUTRIPOINT BALLOON 24FR/1.2CM KIT	2	
NUTRIPOINT BALLOON 24FR/1.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/1.7CM KIT	2	
NUTRIPOINT BALLOON 24FR/1CM KIT	2	
NUTRIPOINT BALLOON 24FR/2.3CM KIT	2	
NUTRIPOINT BALLOON 24FR/2.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/2.7CM KIT	2	
NUTRIPOINT BALLOON 24FR/2CM KIT	2	
NUTRIPOINT BALLOON 24FR/3.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/3CM KIT	2	
NUTRIPOINT BALLOON 24FR/4.5CM KIT	2	
NUTRIPOINT BALLOON 24FR/4CM KIT	2	
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)***		
SCENESSE SUBCUTANEOUS IMPLANT	3	

Drug Name	Tier	Notes
*MELANOCORTIN RECEPTOR AGONISTS***		
*MELANOCORTIN RECEPTOR AGONISTS***		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL; LD
MIGRAINE PRODUCTS		
*ERGOT COMBINATIONS***		
CAFERGOT ORAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
*MIGRAINE COMBINATIONS***		
MIGRAINE PACK COMBINATION THERAPY PACK	3	
*MIGRAINE PRODUCTS - NSAIDS***		
CAMBIA ORAL PACKET	3	ST; QL
*MIGRAINE PRODUCTS***		
D.H.E. 45 INJECTION SOLUTION	3	PA; QL
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
dihydroergotamine mesylate nasal solution	1 or 1b*	ST; QL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
MIGRANAL NASAL SOLUTION	3	ST; QL
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***		
sumatriptan-naproxen sodium oral tablet	1 or 1b*	ST; QL
TREXIMET ORAL TABLET 85-500 MG	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
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
almotriptan malate oral tablet	1 or 1b*	QL
AMERGE ORAL TABLET	3	ST; QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
FROVA ORAL TABLET	3	ST; QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
IMITREX NASAL SOLUTION	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
MAXALT ORAL TABLET 10 MG	3	ST; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL
RELPAK ORAL TABLET	3	ST; QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate refill subcutaneous solution cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1 or 1b*	QL

Drug Name	Tier	Notes
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
TOSYMRA NASAL SOLUTION	3	ST; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
ZOMIG NASAL SOLUTION	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET DISPERSIBLE	3	ST; QL
MINERALS & ELECTROLYTES		
*BICARBONATES***		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1 or 1b*	
*CALCIUM COMBINATIONS***		
CALCIFOL ORAL WAFER	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.9 GM/100ML-%, 2-0.675 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CALCIUM-FOLIC ACID PLUS D ORAL WAFER	3	
*CALCIUM***		
CALCIUM GLUCONATE 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
*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 %, 5-0.225 %, 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	
kcl in dextrose-nacl intravenous solution 0.15-5-0.45 %, 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	

Drug Name	Tier	Notes
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%	1 or 1b*	
*ELECTROLYTES PARENTERAL***		
hyperlyte-cr intravenous concentrate	1 or 1b*	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION	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	
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***		
FLUORABON ORAL SOLUTION	3	
fluoritab oral solution	1 or 1a*	\$0
fluoritab oral tablet chewable	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
flura-drops oral solution 0.55 (0.25 f) mg/drop	1 or 1a*	\$0
ludent oral tablet chewable	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 COMBINATIONS***		
MAGNEBIND 400 ORAL TABLET	3	
*MAGNESIUM***		
magnesium chloride injection solution	1 or 1b*	
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%	3	
magnesium sulfate injection solution 50 %	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	3	
*MANGANESE***		
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
*PHOSPHATE***		
GLYCOPHOS INTRAVENOUS SOLUTION	3	
K-PHOS ORAL TABLET	2	
K-PHOS-NEUTRAL ORAL TABLET	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	

Drug Name	Tier	Notes
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
sodium phosphates intravenous solution 15 mmole/5ml, 45 mmole/15ml	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
*POTASSIUM COMBINATIONS***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ	3	
pot bicarb-pot chloride oral tablet effervescent	1 or 1b*	
*POTASSIUM***		
effer-k oral tablet effervescent 25 meq	1 or 1b*	
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*	
klor-con sprinkle oral capsule extended release	1 or 1b*	
k-prime oral tablet effervescent	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium bicarbonate oral tablet effervescent	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*	

* 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 INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 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 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
*SODIUM***		
LIQUVIDA HYDRATION INTRAVENOUS KIT	3	
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 (pf) injection solution	1 or 1b*	
sodium chloride flush intravenous solution	1 or 1b*	
sodium chloride injection solution 2.5 meq/ml	1 or 1b*	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	1 or 1b*	
swabflush saline flush intravenous solution	1 or 1b*	
*TRACE MINERAL COMBINATIONS***		
multitrace-4 concentrate intravenous solution	1 or 1b*	
MULTITRACE-4 INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION	3	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION	3	
multitrace-5 concentrate intravenous solution	1 or 1b*	
MULTITRACE-5 INTRAVENOUS SOLUTION	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION	3	
*TRACE MINERALS***		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
SELENIOS ACID INTRAVENOUS SOLUTION	3	
selenium intravenous solution	1 or 1b*	
*ZINC***		
GALZIN ORAL CAPSULE	3	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	1 or 1b*	
ZINC SULFATE INTRAVENOUS SOLUTION 3 MG/ML	3	
*MISC. ANTIVIRALS***		
*MISC. ANTIVIRALS***		
FAVIPRAVIR ORAL TABLET	3	
REMEDSIVIR 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
MISCELLANEOUS THERAPEUTIC CLASSES		
*MISCELLANEOUS THERAPEUTIC CLASSES***		
NEXAVIR INJECTION SOLUTION	3	
PHENOL INJECTION SOLUTION	3	
*MIXED ALLERGENIC EXTRACTS***		
*MIXED ALLERGENIC EXTRACTS***		
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	
*MONOBACTAMS***		
*MONOBACTAMS***		
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	LD
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS***		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	3	

Drug Name	Tier	Notes
*ANESTHETICS TOPICAL ORAL***		
lidocaine hcl mouth/throat solution	1 or 1a*	
lidocaine viscous hcl mouth/throat solution	1 or 1a*	
topex topical anesthetic mouth/throat aerosol	1 or 1b*	
*ANTI-INFECTIVES - THROAT***		
clotrimazole mouth/throat lozenge	1 or 1b*	
clotrimazole mouth/throat troche	1 or 1b*	
nystatin mouth/throat suspension	1 or 1b*	
ORAVIG BUCCAL TABLET	3	
*ANTISEPTIC COMBINATIONS - MOUTH/THROAT***		
DEBACTEROL MOUTH/THROAT SOLUTION	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***		
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	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
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA***		
AQUORAL MOUTH/THROAT SOLUTION	3	
BOCASAL MOUTH/THROAT PACKET	3	
CAPHOSOL MOUTH/THROAT SOLUTION	3	
NEUTRASAL MOUTH/THROAT PACKET	3	
NUMOISYN MOUTH/THROAT LIQUID	3	
NUMOISYN MOUTH/THROAT LOZENGE	3	
*FLUORIDE DENTAL PRODUCTS***		
cavarest dental gel	1 or 1b*	
dentagel dental gel	1 or 1a*	
easygel dental gel	1 or 1b*	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED	3	
neutral sodium fluoride mouth/throat solution	1 or 1a*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT MOUTH/THROAT SOLUTION	3	
sf dental gel	1 or 1a*	

Drug Name	Tier	Notes
*PROTECTANTS - MOUTH/THROAT***		
EPISIL MOUTH/THROAT LIQUID	3	
GELX MOUTH/THROAT GEL	3	
MUCOTROL MOUTH/THROAT WAFER	3	
MUGARD MOUTH/THROAT LIQUID	3	
ORAFATE MOUTH/THROAT PASTE	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	3	
SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED	3	
*SALIVA STIMULANTS***		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE	3	
pilocarpine hcl oral tablet	1 or 1b*	
SALAGEN ORAL TABLET	3	
*STERIODS - MOUTH/THROAT***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***		
*MUCOPOLYSACCHARI DOSIS IV (MPS IV) - AGENTS***		
VIMIZIM INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

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Drug Name	Tier	Notes
*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
*MUCOPOLYSACCHARI DOSIS VII (MPS VII) - AGENTS***		
MEPSEVII INTRAVENOUS SOLUTION	3	PA; QL; LD
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
*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
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 VITAMINS & FLUORIDE-FOLIC ACID***		
*MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID***		
MULTIVITAMIN/FLUOR IDE ORAL TABLET CHEWABLE 0.25-0.3 MG, 0.5-0.3 MG, 1-0.3 MG	3	

Drug Name	Tier	Notes
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID***		
QUFLORA FE ORAL TABLET CHEWABLE	3	
*MULTIPLE VITAMINS WITH FOLIC ACID***		
*MULTIPLE VITAMINS WITH FOLIC ACID***		
GENICIN VITA-Q ORAL TABLET	3	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
B-COMPLEX INJECTION INJECTABLE	3	
*B-COMPLEX W/ C & FOLIC ACID***		
b-plex oral tablet	1 or 1b*	
dexifol oral tablet	1 or 1b*	
dialyvite oral tablet	1 or 1b*	
folbee plus oral tablet	1 or 1b*	
genicin vita-s oral tablet	1 or 1b*	
hylavite oral tablet	1 or 1b*	
mynephrocaps oral capsule	1 or 1b*	
mynephron oral capsule	1 or 1b*	
NEPHRO-VITE RX ORAL TABLET	3	
renal oral capsule	1 or 1b*	
reno caps oral capsule	1 or 1b*	
triphrocaps oral capsule	1 or 1b*	
virt-caps oral capsule	1 or 1b*	
vp-vite rx oral tablet	1 or 1b*	
*B-COMPLEX W/ C- BIOTIN-D-ZINC & FOLIC ACID***		
VITAL-D RX 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
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
RENATABS ORAL TABLET	3	
*B-COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON***		
RENATABS WITH IRON ORAL	3	
*B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID***		
DIALYVITE 3000 ORAL TABLET	3	
DIALYVITE 5000 ORAL TABLET	3	
*B-COMPLEX W/ C-ZN & FOLIC ACID***		
DIALYVITE/ZINC ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET	3	
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID***		
NUTRIVIT ORAL LIQUID	2	
*B-COMPLEX W/ LYSINE-ZN & FOLIC ACID***		
SUPERVITE ORAL LIQUID	3	
*BIOFLAVONOID PRODUCTS***		
ADRENAL C FORMULA ORAL TABLET	3	
*IRON W/ VITAMINS***		
VITAFOL ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID***		
FOLGARD OS ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS & FOLIC ACID***		
corvita oral tablet	1 or 1b*	

Drug Name	Tier	Notes
DIALYVITE SUPREME D ORAL TABLET	3	
OCUVEL ORAL CAPSULE 0.5 MG	2	
ONEVITE ORAL TABLET	3	
STROVITE FORTE ORAL SYRUP	3	
SYNAGEX ORAL CAPSULE	3	
SYNATEK ORAL CAPSULE	3	
THRIVITE 19 ORAL TABLET 1 MG	2	
UDAMIN SP ORAL TABLET	3	
*MULTIPLE VITAMINS W/ MINERALS***		
BACMIN ORAL TABLET	3	
biocel oral tablet	1 or 1b*	
b-plex plus oral tablet	1 or 1b*	
FORTAVIT ORAL CAPSULE	3	
lysiplex plus oral tablet	1 or 1b*	
NICAZEL FORTE ORAL TABLET	3	
NICAZEL ORAL TABLET	3	
NUTRICAP ORAL TABLET	3	
nutrifac zx oral tablet	1 or 1b*	
REQ 49+ ORAL TABLET	3	
SIDEROL ORAL TABLET	2	
STROVITE FORTE ORAL TABLET	3	
STROVITE ONE ORAL TABLET	3	
SUPPORT ORAL LIQUID	3	
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
vita s forte oral tablet	1 or 1b*	
vitacel oral tablet	1 or 1b*	
vita-min oral capsule	1 or 1b*	
VITAROCA PLUS 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
*MULTIVITAMINS***		
INFUVITE ADULT INTRAVENOUS INJECTABLE	3	
M.V.I. ADULT INTRAVENOUS INJECTABLE	3	
*PED MULTI VITAMINS W/FL & FE***		
multi-vit/iron/fluoride oral solution	1 or 1b*	
multivitamin/fluoride/iron 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 MULTIPLE VITAMINS W/ MINERALS & C***		
vitamax pediatric oral solution	1 or 1b*	
*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
multivitamins/fluoride oral tablet chewable 0.5 mg	1 or 1b*	\$0
mvc-fluoride oral tablet chewable	1 or 1b*	\$0
POLY-VI-FLOR FS ORAL STRIP	3	
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-vitamin/fluoride oral solution	1 or 1b*	\$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acid-fluoride oral solution	1 or 1b*	\$0
*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	
BAL-CARE DHA ORAL	3	
CITRANATAL B-CALM ORAL	3	
CITRANATAL BLOOM ORAL TABLET	3	
CITRANATAL RX 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
C-NATE DHA ORAL CAPSULE	3	
COMPLETENATE ORAL TABLET CHEWABLE	2	
CO-NATAL FA ORAL TABLET	3	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
DUET DHA 400 ORAL	3	
DUET DHA BALANCED ORAL 25-1 & 267 MG	3	
elite-ob oral tablet	1 or 1b*	
ENBRACE HR ORAL CAPSULE	3	
FOLIVANE-OB ORAL CAPSULE	2	
inatal gt oral tablet	1 or 1b*	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
MARNATAL-F ORAL CAPSULE	3	
M-VIT ORAL TABLET	3	
MYNATAL ADVANCE ORAL TABLET	3	
MYNATAL ORAL CAPSULE	3	
MYNATAL ORAL TABLET	3	
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE	2	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	3	
NATALVIT ORAL TABLET	3	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL PLUS ORAL TABLET	3	

Drug Name	Tier	Notes
NESTABS DHA ORAL	3	
NESTABS ORAL TABLET	3	
NIVA-PLUS ORAL TABLET	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE/DHA ORAL CAPSULE	3	
OBSTETRIX DHA ORAL	3	
OBSTETRIX EC ORAL TABLET	3	
O-CAL PRENATAL ORAL TABLET	3	
PNV FOLIC ACID + IRON ORAL TABLET	3	
PNV PRENATAL PLUS MULTIVIT+DHA ORAL	3	
PNV PRENATAL PLUS MULTIVITAMIN ORAL TABLET	2	
PNV TABS 29-1 ORAL TABLET	2	
PNV-OMEGA ORAL CAPSULE	3	
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	
PRENARA ORAL CAPSULE	3	
PRENATA ORAL TABLET CHEWABLE	3	
prenatabs rx oral tablet	1 or 1a*	
prenatal 19 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	

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

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Drug Name	Tier	Notes
PRENATAL ORAL TABLET 27-1 MG	2	
PRENATAL PLUS IRON ORAL TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL-U ORAL CAPSULE	2	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	
PRENATVITE COMPLETE ORAL TABLET	3	
PRENATVITE PLUS ORAL TABLET	3	
PRENATVITE RX ORAL TABLET	3	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
RELNATE DHA ORAL CAPSULE	3	
SELECT-OB ORAL TABLET CHEWABLE	3	
SE-NATAL 19 ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET CHEWABLE	2	
TARON-C DHA ORAL CAPSULE	3	
THRIVITE RX ORAL TABLET	2	
TRICARE ORAL TABLET	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3	
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
TRI-TABS DHA ORAL	3	
VINATE DHA RF ORAL CAPSULE	3	

Drug Name	Tier	Notes
VINATE II ORAL TABLET	2	
VINATE M ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
VIRT-C DHA ORAL CAPSULE	3	
VIRT-NATE DHA ORAL CAPSULE	3	
VIRT-PN PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE	3	
VITAFOL-NANO ORAL TABLET	3	
VITAFOL-OB ORAL TABLET	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	
VITATHELY WITH GINGER ORAL TABLET	3	
VIVA DHA ORAL CAPSULE	3	
VOL-PLUS ORAL TABLET	2	
VOL-TAB RX ORAL TABLET	2	
VP-HEME OB + DHA ORAL	3	
VP-PNV-DHA ORAL CAPSULE	3	
ZALVIT ORAL TABLET	3	
ZATEAN-PN PLUS ORAL CAPSULE	3	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
COMPLETE NATAL DHA ORAL	3	
PR NATAL 400 EC ORAL	2	
PR NATAL 400 ORAL	2	
PR NATAL 430 EC ORAL	2	
PR NATAL 430 ORAL	2	
TRIVEEN-DUO DHA ORAL	2	

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

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Drug Name	Tier	Notes
*PRENATAL MV & MIN W/FE-FA-DHA***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3	
CITRANATAL BLOOM DHA ORAL	3	
CITRANATAL DHA ORAL	3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	
NESTABS ONE ORAL CAPSULE	3	
OBSTETRIX ONE ORAL CAPSULE	3	
PNV-DHA+DOCUSATE ORAL CAPSULE	3	
PRENA 1 TRUE ORAL	3	
PRENAISSANCE ORAL CAPSULE	3	
PRENAISSANCE PLUS ORAL CAPSULE	3	
PRENATAL + DHA ORAL THERAPY PACK	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB+DHA ORAL	3	
TARON-PREX ORAL CAPSULE	3	

Drug Name	Tier	Notes
TRISTART DHA ORAL CAPSULE	3	
TRISTART ONE ORAL CAPSULE	3	
VIRT-PN DHA ORAL CAPSULE	3	
VITAFOL FE+ ORAL CAPSULE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB+DHA ORAL	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	
VITATRUE ORAL	3	
ZATEAN-PN DHA ORAL CAPSULE	3	
*PRENATAL MV & MINERALS W/FA***		
PRENATE ORAL TABLET CHEWABLE	3	
*PRENATAL VITAMINS***		
PREMESISRX ORAL TABLET	2	
PRENA1 ORAL TABLET CHEWABLE	2	
PRENATE AM ORAL TABLET	3	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG	3	
*SPECIALTY VITAMINS PRODUCTS***		
SUPPORT-500 ORAL CAPSULE	3	
urosex oral tablet	1 or 1b*	
VITA-RX DIABETIC VITAMIN ORAL CAPSULE	3	
*VITAMINS A & D***		
COD LIVER OIL ORAL OIL	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
*MUSCULAR DYSTROPHY AGENTS***		
*MUSCULAR DYSTROPHY AGENTS***		
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; QL; LD
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA; QL; LD
MUSCULOSKELETAL THERAPY AGENTS		
*ARTICULAR CARTILAGE REPAIR THERAPY***		
CARTICEL INTRA-ARTICULAR IMPLANT	3	
*CENTRAL MUSCLE RELAXANTS***		
ACTIVE-CYCLOBENZAPRINE TRANSDERMAL CREAM	3	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
baclofen intrathecal solution	1 or 1b*	
baclofen oral tablet	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	
CHLORZOXAZONE ORAL TABLET 250 MG	1 or 1b*	ST; QL
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
cyclobenzaprine hcl er oral capsule extended release 24 hour	1 or 1b*	ST; QL
cyclobenzaprine hcl oral tablet	1 or 1b*	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM	3	
fexmid oral tablet	1 or 1b*	ST; QL
FIRST-BACLOFEN ORAL SUSPENSION	3	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	3	

Drug Name	Tier	Notes
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*	
OZOBAX ORAL SOLUTION	3	
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	3	ST; QL
TABRADOL FUSEPAQ ORAL SUSPENSION	3	
TABRADOL RAPIDPAQ ORAL SUSPENSION	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
*DIRECT MUSCLE RELAXANTS***		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	

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

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Drug Name	Tier	Notes
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 oral tablet	1 or 1b*	
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	
CYCLO/GABA 10/300 ORAL THERAPY PACK	3	
METAXALL CP COMBINATION KIT	3	
orphenadrine-aspirin-caffeine oral tablet 50-770-60 mg	1 or 1b*	
orphengesic forte oral tablet	1 or 1b*	ST; QL
*VISCOSUPPLEMENTS**		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	3	PA; QL
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
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; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; LD; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP

Drug Name	Tier	Notes
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
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 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	
*NASAL STEROIDS***		
BECONASE AQ NASAL SUSPENSION	3	ST; QL
flunisolide nasal solution 25 mcg/act (0.025%)	3	ST; QL; CTT1
mometasone furoate nasal suspension	3	ST; QL; CTT1

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

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Drug Name	Tier	Notes
NASONEX NASAL SUSPENSION	3	ST; QL
OMNARIS NASAL SUSPENSION	3	ST; QL
PROPEL MINI NASAL IMPLANT	3	
PROPEL NASAL IMPLANT	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST; QL
QNASL NASAL AEROSOL SOLUTION	3	ST; QL
XHANCE NASAL EXHALER SUSPENSION	3	PA; QL
ZETONNA NASAL AEROSOL SOLUTION	3	ST; QL
*TOPICAL DECONGESTANTS***		
ADRENALIN NASAL SOLUTION	3	
*NASAL ANESTHETICS***		
*NASAL ANESTHETICS***		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION	3	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	3	PA; QL
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS***		
NORTHERA ORAL CAPSULE	3	LD; SP

Drug Name	Tier	Notes
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 injection solution	1 or 1b*	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS***		
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA; QL; SP
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	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
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 PREFILLED SYRINGE	3	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA; QL; LD
*NSAID-DIETARY MANAGEMENT COMBINATIONS***		
*NSAID-DIETARY MANAGEMENT COMBINATIONS***		
PRASTERA ORAL KIT	3	
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***		
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS***		
EQUAPAX/IBUPROFEN/MINREX ORAL THERAPY PACK	3	

Drug Name	Tier	Notes
NUTRIENTS		
*AMINO ACID MIXTURES***		
aminoamrms oral capsule	1 or 1b*	
AMINOPROTECT INTRAVENOUS SOLUTION	3	
aminoreliefrms oral capsule	1 or 1b*	
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/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	
clinisol sf intravenous solution	1 or 1b*	
FREAMINE HBC INTRAVENOUS SOLUTION	3	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	
hepatamine 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
NEPHRAMINE INTRAVENOUS SOLUTION	3	
plenamine intravenous solution	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	
PROSOL INTRAVENOUS SOLUTION	3	
SYNTHAMIN 17 INTRAVENOUS SOLUTION	3	
TRAVASOL INTRAVENOUS SOLUTION	3	
TROPHAMINE INTRAVENOUS SOLUTION	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*	
NEOKE ALCAR ORAL POWDER	3	
TAURINE INJECTION SOLUTION	3	
TRYPTOPHAN ORAL CAPSULE	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	
INTRALIPID INTRAVENOUS EMULSION	3	
NEOKE MCT70 ORAL POWDER	2	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	
OMEGAVEN INTRAVENOUS EMULSION	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
*LIPOTROPIC COMBINATIONS***		
LECITHIN ORAL GRANULES	3	
LIPO INTRAMUSCULAR SOLUTION	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS***		
CARDIOVID PLUS ORAL CAPSULE	3	
*PROTEIN COMBINATIONS***		
TRI-AMINO INJECTION SOLUTION	3	
*ONCOLYTIC VIRAL AGENTS - HSV1***		
*ONCOLYTIC VIRAL AGENTS - HSV1***		
IMLYGIC INTRALESIONAL SUSPENSION	3	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
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
SIMBRINZA OPHTHALMIC SUSPENSION	2	
*ARTIFICIAL TEAR INSERTS***		
LACRISERT OPHTHALMIC INSERT	3	PA; QL
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	
*BETA-BLOCKERS - OPHTHALMIC***		
betaxolol hcl ophthalmic solution	1 or 1b*	
BETIMOL OPHTHALMIC SOLUTION	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	2	
carteolol hcl ophthalmic solution	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION	3	
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*	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
TIMOPTIC OPHTHALMIC SOLUTION	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	3	
*CYCLOPLEGIC MYDRIATIC COMBINATIONS***		
CYCLOMYDRIL OPHTHALMIC SOLUTION	3	
*CYCLOPLEGIC MYDRIATICS***		
altafrin ophthalmic solution 10 %, 2.5 %	1 or 1b*	
ATROPINE SULFATE OPHTHALMIC SOLUTION	3	
CYCLOGYL OPHTHALMIC SOLUTION	3	
cyclopentolate hcl ophthalmic solution	1 or 1b*	
ISOPTO ATROPINE OPHTHALMIC SOLUTION	3	
MYDRIACYL OPHTHALMIC SOLUTION	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
*MIOTICS - CHOLINESTERASE INHIBITORS***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
*MIOTICS - DIRECT ACTING***		
ISOPTO CARPINE OPHTHALMIC SOLUTION	3	
MIOCHOL-E INTRAOCULAR 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
MIOSTAT INTRAOCULAR SOLUTION	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
*OPHTHALMIC ANTIALLERGIC***		
ALOCRI OPHTHALMIC SOLUTION	3	ST; QL
ALOMIDE OPHTHALMIC SOLUTION	3	ST; QL
azelastine hcl ophthalmic solution	1 or 1b*	
BEPREVE OPHTHALMIC SOLUTION	3	ST; QL
cromolyn sodium ophthalmic solution	1 or 1a*	
epinastine hcl ophthalmic solution	1 or 1b*	
LASTACFT OPHTHALMIC SOLUTION	3	ST; QL
olopatadine hcl ophthalmic solution	1 or 1b*	ST; QL
PAZEO OPHTHALMIC SOLUTION	3	ST; QL
ZERVIA OPHTHALMIC SOLUTION	3	ST; QL
*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*	

Drug Name	Tier	Notes
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*	
MITOSOL OPHTHALMIC KIT	3	
MOXEZA OPHTHALMIC SOLUTION	3	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	
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*	
MOXIFLOXACIN HCL- BSS INTRAVITREAL 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
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*	
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	
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	

Drug Name	Tier	Notes
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
FLURA-SAFE OPTHALMIC SOLUTION	3	
glostrips ophthalmic strip 1 mg	1 or 1b*	
lissamine green ophthalmic strip	1 or 1b*	
PAREMYD OPTHALMIC SOLUTION	3	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
ROSE GLO OPTHALMIC STRIP	3	
*OPHTHALMIC ENZYMES***		
JETREA INTRAVITREAL SOLUTION 0.375 MG/0.3ML	3	PA; QL; LD
*OPHTHALMIC IMMUNOMODULATORS ***		
CEQUA OPTHALMIC SOLUTION	3	PA; QL
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	
*OPHTHALMIC LOCAL ANESTHETICS***		
AKTEN OPTHALMIC GEL	3	
ALCAINE OPTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine 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
*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
*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*	

Drug Name	Tier	Notes
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	
DOUBLE PM OPTHALMIC SOLUTION RECONSTITUTED	3	
MAXITROL OPTHALMIC OINTMENT	3	
MAXITROL OPTHALMIC 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 OPTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPTHALMIC OINTMENT	3	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	
TOBRADEX OPTHALMIC OINTMENT	2	
TOBRADEX OPTHALMIC 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
TOBRADEX ST OPTHALMIC SUSPENSION	3	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	
TRIPLE PMB OPTHALMIC SOLUTION RECONSTITUTED	3	
TRIPLE PMK OPTHALMIC SOLUTION RECONSTITUTED	3	
ZYLET OPTHALMIC SUSPENSION	2	
*OPHTHALMIC STEROIDS***		
ALREX OPTHALMIC SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DEXTENZA OPTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
DUREZOL OPTHALMIC EMULSION	2	
FLAREX OPTHALMIC SUSPENSION	3	
fluorometholone ophthalmic suspension	1 or 1b*	
FML FORTE OPTHALMIC SUSPENSION	3	
FML LIQUIFILM OPTHALMIC SUSPENSION	3	
FML OPTHALMIC OINTMENT	3	
ILUVIEN INTRAVITREAL IMPLANT	3	PA; QL; LD; SP
INVELTYS OPTHALMIC SUSPENSION	3	
LOTEMAX OPTHALMIC GEL	2	

Drug Name	Tier	Notes
LOTEMAX OPTHALMIC OINTMENT	3	
LOTEMAX OPTHALMIC SUSPENSION	3	
LOTEMAX SM OPTHALMIC GEL	3	
loteprednol etabonate ophthalmic suspension	1 or 1b*	
MAXIDEX OPTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; LD; SP
PRED FORTE OPTHALMIC SUSPENSION	3	
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	

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

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Drug Name	Tier	Notes
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
CELLUGEL INTRAOCULAR SOLUTION	3	
GELFILM OPHTHALMIC FILM	3	
HEALON GV INTRAOCULAR SOLUTION	3	
HEALON INTRAOCULAR SOLUTION	3	
HEALON PRO INTRAOCULAR SOLUTION	3	
HEALON5 INTRAOCULAR SOLUTION	3	
HEALON5 PRO INTRAOCULAR SOLUTION	3	
MEMBRANEBLUE OPHTHALMIC SOLUTION	3	
ocucoat viscoadherent intraocular solution	1 or 1b*	
PROVISC INTRAOCULAR SOLUTION	3	
VISIONBLUE OPHTHALMIC SOLUTION	3	

Drug Name	Tier	Notes
*OPHTHALMICS - CYSTINOSIS AGENTS**		
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL; LD
*PROSTAGLANDINS - OPHTHALMIC***		
bimatoprost ophthalmic solution	1 or 1b*	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
TRAVATAN Z OPHTHALMIC SOLUTION	2	
travoprost (bak free) ophthalmic solution	1 or 1b*	
VYZULTA OPHTHALMIC SOLUTION	3	
XALATAN OPHTHALMIC SOLUTION	3	
XELPROS OPHTHALMIC EMULSION	3	
ZIOPTAN OPHTHALMIC SOLUTION	3	
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS***		
BEOVU INTRAVITREAL SOLUTION	3	PA; QL; LD; SP
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
MACUGEN INTRAOCULAR 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
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS***		
ROCKLATAN OPHTHALMIC SOLUTION	3	
*OPHTHALMIC NERVE GROWTH FACTORS***		
*OPHTHALMIC NERVE GROWTH FACTORS***		
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL; LD
*OPHTHALMIC PHOTOENHANCER COMBINATIONS***		
*OPHTHALMIC PHOTOENHANCER COMBINATIONS***		
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
*OPHTHALMIC RHO KINASE INHIBITORS***		
*OPHTHALMIC RHO KINASE INHIBITORS***		
RHOPRESSA OPHTHALMIC SOLUTION	3	
*OPIOID ANTAGONIST COMBINATIONS***		
*OPIOID ANTAGONIST COMBINATIONS***		
NALTREXONE SUBCUTANEOUS IMPLANT	3	
*OREXIN RECEPTOR ANTAGONISTS***		
*OREXIN RECEPTOR ANTAGONISTS***		
BELSOMRA ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
acetic acid otic solution	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS***		
cortic-nd otic solution	1 or 1b*	
OTICIN HC NR OTIC SOLUTION	3	
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	2	
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	
COLY-MYCIN S OTIC SUSPENSION	3	
CORTISPORIN-TC OTIC SUSPENSION	3	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
OTOVEL OTIC SOLUTION	2	
*OTIC STEROIDS***		
DERMOTIC OTIC OIL	3	
flac otic oil	1 or 1b*	
fluocinolone acetamide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic 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
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
KERYDIN EXTERNAL SOLUTION	3	ST; QL
OXYTOCICS		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT	3	
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-%, 30-0.9 UT/500ML-%	3	
PITOCIN INJECTION SOLUTION	3	

Drug Name	Tier	Notes
*PA ENDONUCLEASE INHIBITORS***		
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT	3	PA; QL; SP
PASSIVE IMMUNIZING 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	
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; QL; SP
*IMMUNE SERUMS***		
ASCENIV 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
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA; QL; 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; SP
CYTOGAM INTRAVENOUS INJECTABLE	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA; QL; SP
GAMASTAN INTRAMUSCULAR INJECTABLE	3	PA; QL; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	PA; QL; SP
GAMMAGARD INJECTION SOLUTION	3	PA; QL; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	3	PA; QL; SP
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; SP
HEPAGAM B INJECTION SOLUTION	3	SP

Drug Name	Tier	Notes
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
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML	3	SP
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	3	
HYPERRAB S/D INJECTION SOLUTION	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	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	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; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML	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
PANZYGA INTRAVENOUS SOLUTION	3	PA; QL; SP
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; QL; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	SP
VARIZIG INTRAMUSCULAR SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	SP
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA; QL; LD
*PCSK9 INHIBITORS***		
*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
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE***		
FLORIVA ORAL TABLET CHEWABLE	3	

Drug Name	Tier	Notes
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*	
*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*	

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

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Drug Name	Tier	Notes
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	
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	

Drug Name	Tier	Notes
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*	
*PERITONEAL DIALYSIS SOLUTIONS***		
*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	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL; LD

Drug Name	Tier	Notes
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
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
EUCRISA EXTERNAL OINTMENT	3	ST; QL
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	3	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK	3	PA; QL; SP
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
*PLEUROMUTILINS***		
*PLEUROMUTILINS***		
XENLETA INTRAVENOUS SOLUTION	3	LD
XENLETA ORAL TABLET	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
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*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
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*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
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS***		
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS***		
CONVENIENCE PAK COMBINATION THERAPY PACK	3	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***		
GRALISE ORAL TABLET 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET 600 MG	2	PA; QL

Drug Name	Tier	Notes
GRALISE STARTER ORAL	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
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS***		
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS***		
CONVENIENCE PAK COMBINATION THERAPY PACK	3	
*POTASSIUM REMOVING AGENTS***		
*POTASSIUM REMOVING AGENTS***		
kionex oral suspension	1 or 1b*	
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal suspension	1 or 1b*	
sps oral suspension	1 or 1b*	
VELTASSA ORAL PACKET	3	LD
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***		
PRENATE ORAL TABLET CHEWABLE	3	
PROGESTINS		
*PROGESTINS***		
AYGESTIN 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
EC-RX PROGESTERONE TRANSDERMAL CREAM	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*	
MEGACE ES ORAL SUSPENSION	3	
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
PROGESTERONE COMPOUNDING KIT TRANSDERMAL CREAM	3	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM	3	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
ZONTIVITY ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS***		
KABIVEN INTRAVENOUS EMULSION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release	1 or 1b*	
ANTABUSE ORAL TABLET	3	
disulfiram oral tablet	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS***		
XYREM ORAL SOLUTION	3	PA; QL; LD
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS***		
ARICEPT ORAL TABLET	3	
donepezil hcl oral tablet	1 or 1b*	
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	1 or 1b*	
galantamine hydrobromide oral solution	1 or 1b*	
galantamine hydrobromide 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
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
RAZADYNE ORAL TABLET 4 MG	3	
rivastigmine tartrate oral capsule	1 or 1b*	
rivastigmine transdermal patch 24 hour	1 or 1b*	
*FIBROMYALGIA AGENT - SNRIS***		
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
*MOVEMENT DISORDER DRUG THERAPY***		
AUSTEDO ORAL TABLET	3	PA; QL; 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 - 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; SP

Drug Name	Tier	Notes
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
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***		
LEMTRADA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
TYSABRI INTRAVENOUS CONCENTRATE	3	PA; QL; LD; SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
TECFIDERA ORAL	3	PA; QL; LD; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; SP
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	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
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA; QL; LD; 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; SP
glatiramer acetate subcutaneous solution prefilled syringe	3	PA; QL; CTT1; SP
glatopa subcutaneous solution prefilled syringe	3	PA; QL; CTT1; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
memantine hcl er oral capsule extended release 24 hour	1 or 1b*	
memantine hcl oral solution	1 or 1b*	
memantine hcl oral tablet	1 or 1b*	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLET	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*POSTHERPETIC NEURALGIA (PHN) AGENTS***		
GRALISE ORAL TABLET 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET 600 MG	2	PA; QL
GRALISE STARTER ORAL	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
*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*	
SARAFEM ORAL TABLET 10 MG	3	DO
SARAFEM ORAL TABLET 20 MG	3	
*PSEUDOBUBAR 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
*SMOKING DETERRENTS***		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; QL; \$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
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
NICOTROL INHALATION INHALER	3	PA; QL; \$0
NICOTROL NS NASAL SOLUTION	3	PA; QL; \$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
*THIENBENZODIAZEPINES & SSRIS***		
olanzapine-fluoxetine hcl oral capsule	1 or 1b*	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
*VASOMOTOR SYMPTOM AGENTS - SSRIS***		
BRISDELLE ORAL CAPSULE	3	
paroxetine mesylate oral capsule	1 or 1b*	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	3	PA; QL; LD; SP
*PULMONARY FIBROSIS AGENTS***		
*PULMONARY FIBROSIS AGENTS***		
ESBRIET ORAL CAPSULE	3	PA; QL; LD; SP
ESBRIET ORAL TABLET	3	PA; QL; LD; SP

Drug Name	Tier	Notes
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
UPTRAVI ORAL TABLET	3	PA; QL; LD; SP
UPTRAVI ORAL TABLET THERAPY PACK	3	PA; QL; LD; SP
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
KALYDECO ORAL TABLET	3	PA; QL; LD
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION 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
*PLEURAL SCLEROSING AGENTS***		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	3	
STERITALC INTRAPLEURAL POWDER	3	
*RESPIRATORY AGENTS - MISC.***		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
*SCLEROSTIN INHIBITORS***		
*SCLEROSTIN INHIBITORS***		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL; SP
*SEBORRHEIC KERATOSIS PRODUCTS**		
*SEBORRHEIC KERATOSIS PRODUCTS**		
ESKATA EXTERNAL SOLUTION	3	
*SELECTIN BLOCKERS***		
*SELECTIN BLOCKERS***		
ADAKVEO INTRAVENOUS SOLUTION	3	PA; QL; SP

Drug Name	Tier	Notes
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)***		
REYVOW ORAL TABLET	3	ST; QL
*SEPTAL AGENTS - ABLATION**		
*SEPTAL AGENTS - ABLATION**		
ABLYSINOL INTRA-ARTERIAL SOLUTION	3	
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
ADDYI ORAL TABLET	3	PA; QL
*SEROTONIN MODULATORS***		
*SEROTONIN MODULATORS***		
nefazodone hcl oral tablet	1 or 1b*	
trazodone hcl oral tablet	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD STARTER PACK ORAL KIT	3	ST; QL
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***		
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	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
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS***		
GLYXAMBI ORAL TABLET	3	ST; QL
QTERN ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
*SINUS NODE INHIBITORS**		
*SINUS NODE INHIBITORS**		
CORLANOR ORAL SOLUTION	3	PA; QL
CORLANOR ORAL TABLET	2	PA; QL
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS***		
ONPATRO INTRAVENOUS SOLUTION	3	PA; QL; LD
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
INVOKAMET ORAL TABLET	3	ST; QL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
SEGLUROMET ORAL TABLET	3	ST; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL

Drug Name	Tier	Notes
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
TAVALISSE ORAL TABLET	3	PA; QL; LD
*STEROIDS - MOUTH/THROAT/DENT AL***		
*STEROIDS - MOUTH/THROAT/DENT AL***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
SULFONAMIDES		
*SULFONAMIDES***		
SULFADIAZINE ORAL TABLET	3	
TETRACYCLINES		
*TETRACYCLINES***		
ACTICLATE ORAL TABLET	3	ST; QL
avidoxy oral tablet	1 or 1b*	
coremino oral tablet extended release 24 hour	1 or 1b*	ST; QL
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE	3	ST; QL
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	3	ST; QL
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

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

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Drug Name	Tier	Notes
doxycycline 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*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
MINOCIN ORAL CAPSULE 50 MG	3	ST; QL
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*	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL
mondoxyne nl oral capsule 100 mg, 75 mg	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
NUTRIDOX ORAL KIT	3	
okebo oral capsule 75 mg	1 or 1b*	
SEYSARA ORAL TABLET	3	ST; QL
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; QL
TARGADOX ORAL TABLET	3	ST; QL
tetracycline hcl oral capsule	1 or 1b*	
VIBRAMYCIN ORAL CAPSULE	3	ST; QL
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	ST; QL
VIBRAMYCIN ORAL SYRUP	3	ST; QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL

Drug Name	Tier	Notes
*TETRAHYDROISOQUINOLINES***		
*TETRAHYDROISOQUINOLINES***		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
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	2	
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 tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
NATURE-THROID ORAL TABLET	3	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET	2	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1 or 1a*	

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

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Drug Name	Tier	Notes
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
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3	\$0
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0

Drug Name	Tier	Notes
TENIVAC INTRAMUSCULAR INJECTABLE	3	\$0
*TRANSTHYRETIN STABILIZERS***		
*TRANSTHYRETIN STABILIZERS***		
VYNDAMAX ORAL CAPSULE	3	PA; QL; LD; SP
VYNDAQEL ORAL CAPSULE	3	PA; QL; LD; SP
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
XERMELO ORAL TABLET	3	PA; QL; LD
ULCER DRUGS		
*ANTICHOLINERGIC COMBINATIONS***		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE	3	
*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*	
*BELLADONNA ALKALOIDS***		
ANASPAZ ORAL TABLET DISPERSIBLE	3	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml	1 or 1b*	
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML	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
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	1 or 1b*	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 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*	
*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*	
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS***		
omeprazole-sodium bicarbonate oral packet	3	ST; QL; CTT1
ZEGERID ORAL CAPSULE	3	ST; QL
ZEGERID ORAL PACKET	3	ST; QL
*PROTON PUMP INHIBITORS***		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	ST; QL

Drug Name	Tier	Notes
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE	3	ST; QL
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	ST; QL
esomeprazole magnesium oral capsule delayed release	3	ST; QL; CTT1
esomeprazole magnesium oral packet	3	ST; QL; CTT1
esomeprazole sodium intravenous solution reconstituted 40 mg	1 or 1b*	
lansoprazole oral capsule delayed release	3	ST; QL; CTT1
lansoprazole oral tablet delayed release dispersible	3	ST; QL; CTT1
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL
NEXIUM ORAL PACKET	3	ST; QL
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
PREVACID ORAL CAPSULE DELAYED RELEASE	3	ST; QL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST; QL
PRIOSEC ORAL PACKET	3	ST; QL
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	3	ST; QL
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST; QL

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

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Drug Name	Tier	Notes
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST; QL
rabeprazole sodium oral tablet delayed release	3	ST; QL; CTT1
*QUATERNARY ANTICHOLINERGICS***		
CUVPOSA ORAL SOLUTION	3	
GLYCATE ORAL TABLET	3	PA; QL
glycopyrrolate injection solution	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION	3	
methscopolamine bromide oral tablet	1 or 1b*	
propantheline bromide oral tablet	1 or 1b*	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS***		
PYLERA ORAL CAPSULE	3	
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS***		
amoxicill-clarithro-lansopraz oral	1 or 1b*	
OMECLAMOX-PAK ORAL	3	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	
*ULCER DRUGS - PROSTAGLANDINS***		
CYTOTEC ORAL TABLET	3	

Drug Name	Tier	Notes
misoprostol oral tablet	1 or 1a*	
URINARY ANTI-INFECTIVES		
*URINARY ANTI-INFECTIVES***		
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate oral tablet 1 gm	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*	
*URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS***		
uretron d/s oral tablet	1 or 1b*	
uryl oral tablet	1 or 1b*	
uticap oral capsule	1 or 1b*	
utrona-c oral tablet	1 or 1b*	
URINARY ANTISPASMODICS		
*BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
*		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL

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

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Drug Name	Tier	Notes
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	ST; QL
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	3	ST; QL
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL
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*	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST; QL
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*	
VESICARE ORAL TABLET	3	ST; QL
*URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)*** (NEW)		
darifenacin hydrobromide er oral tablet extended release 24 hour	1 or 1b*	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	ST; QL

Drug Name	Tier	Notes
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG	3	ST; QL
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL
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*	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	ST; QL
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*	
VESICARE ORAL TABLET	3	ST; QL
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW)		
bethanechol chloride oral tablet	1 or 1b*	
URECHOLINE ORAL TABLET 25 MG, 50 MG	3	

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

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Drug Name	Tier	Notes
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet	1 or 1b*	
URECHOLINE ORAL TABLET 25 MG, 50 MG	3	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** (NEW)		
flavoxate hcl 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
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	\$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0

Drug Name	Tier	Notes
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
ENGERIX-B INTRAMUSCULAR INJECTABLE	3	\$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$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
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	
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	2	QL; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	QL; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0

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	
IPOLE INJECTION INJECTABLE	3	\$0
IXIARO INTRAMUSCULAR SUSPENSION	3	
RABAVERT 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	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	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
VAGINAL 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
*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	
vandazole vaginal gel	1 or 1b*	
*VAGINAL ESTROGENS***		
ESTRACE VAGINAL CREAM	3	
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	
VAGIFEM VAGINAL TABLET 10 MCG	3	

Drug Name	Tier	Notes
yuvafem 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	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
epinephrine injection solution auto-injector	1 or 1b*	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	ST; QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
*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*	
ephedrine sulfate injection solution	1 or 1b*	
EPHEDRINE SULFATE 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
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION	3	
LEVOPHED INTRAVENOUS SOLUTION	3	
midodrine hcl oral tablet	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 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 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	3	
VAZCULEP INTRAVENOUS SOLUTION	3	
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS***		
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS***		
DEFLUX INJECTION PREFILLED SYRINGE	3	
VITAMINS		
*PABA***		
aminobenzoate potassium oral packet	1 or 1b*	
*VITAMIN A***		
AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML	3	
*VITAMIN B-1***		
thiamine hcl injection solution	1 or 1b*	
*VITAMIN B-6***		
pyridoxine hcl injection solution	1 or 1b*	
*VITAMIN C***		
ASCOR INTRAVENOUS SOLUTION	3	
ascorbic acid injection solution	1 or 1b*	
ASCORBIC ACID INTRAVENOUS SOLUTION	3	

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Drug Name	Tier	Notes
*VITAMIN D***		
DRISDOL ORAL CAPSULE	3	
ERGOCAL ORAL CAPSULE	2	
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1 or 1a*	
*VITAMIN E***		
WHEAT GERM OIL ORAL OIL	2	
*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*	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS***		
CRYSVITA 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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