

# Essential Drug List

## Drug list — Five Tier Drug Plan

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

Here are a few things to remember about the list:

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

## Essential Drug List

### What is a drug list?

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

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

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

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

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

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

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

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

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
  - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.
- Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.
- Tier 5 drugs have the highest cost share. Drugs in this tier are non-preferred specialty brand and generic drugs. Tier 5 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

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

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

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

Here are a few things to think about:

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

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

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

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

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

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

## **Online Pharmacy Resources**

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

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

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

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

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

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

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

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

**KEY**

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

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

# Essential Drug List

## Five-Tier

### Table of Contents

ANALGESICS .....	3
ANESTHETICS .....	5
ANTIALLERGY .....	5
ANTIARTHRITICS .....	5
ANTIASTHMATICS .....	6
ANTIBIOTICS .....	7
ANTICOAGULANTS .....	12
ANTIDOTES .....	12
ANTIFUNGALS .....	13
ANTIHISTAMINE AND DECONGESTANT COMBINATION .....	13
ANTIHISTAMINES .....	13
ANTIHYPERGLYCEMICS .....	14
ANTIINFECTIVES/MISCELLANEOUS .....	15
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS .....	16
ANTINEOPLASTICS .....	16
ANTI-OBESITY DRUGS .....	18
ANTIPARASITICS .....	18
ANTIPARKINSON DRUGS .....	18
ANTIPLATELET DRUGS .....	18
ANTIVIRALS .....	18
AUTONOMIC DRUGS .....	20
BIOLOGICALS .....	21
BLOOD .....	23
CARDIAC DRUGS .....	24
CARDIOVASCULAR .....	26
CNS DRUGS .....	29
COLONY STIMULATING FACTORS .....	30
CONTRACEPTIVES .....	31
COUGH/COLD PREPARATIONS .....	34
DIAGNOSTIC .....	34
DIURETICS .....	34
EENT PREPS .....	35
ELECT/CALORIC/H2O .....	36
GASTROINTESTINAL .....	38
HORMONES .....	40
IMMUNOSUPPRESSANTS .....	42
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG .....	42
MUSCLE RELAXANTS .....	47
PRE-NATAL VITAMINS .....	47
PSYCHOTHERAPEUTIC DRUGS .....	48
SEDATIVE/HYPNOTICS .....	50
SKIN PREPS .....	51
SMOKING DETERRENTS .....	54
THYROID PREPS .....	54
UNCLASSIFIED DRUG PRODUCTS .....	54
VITAMINS .....	56



Essential Drug List

Five-Tier

CURRENT AS OF 10/1/2019

Drug Name	Tier	Notes
<b>ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	1 or 1b*	QL
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
almotriptan malate oral tablet	1 or 1b*	QL
ascomp with codeine oral capsule	1 or 1b*	QL
buprenorphine hcl injection solution	2	QL; CTT1
buprenorphine hcl injection syringe	2	QL; CTT1
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	2	PA; QL; CTT1
butalbital compound w/codeine oral capsule	1 or 1b*	QL
butalbital-acetaminop-caf-cod oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral capsule	1 or 1b*	
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-acetaminophen-caff oral capsule	1 or 1b*	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
butorphanol tartrate injection solution	2	QL; CTT1
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	QL
carisoprodol-asa-codeine oral tablet	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	
codeine-butalbital-asa-caff oral capsule	1 or 1b*	QL

Drug Name	Tier	Notes
diclofenac potassium oral tablet	1 or 1b*	
diflunisal oral tablet	1 or 1b*	
dihydroergotamine injection solution	1 or 1b*	PA; QL
dihydroergotamine nasal spray,non-aerosol	2	CTT1
diskets oral tablet,soluble	1 or 1b*	PA; QL
duramorph (pf) injection solution	1 or 1b*	QL
dvorah oral tablet	1 or 1b*	QL
eletriptan oral tablet	1 or 1b*	QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
ergotamine-caffeine oral tablet	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL; CTT1
fentanyl transdermal patch 72 hour	2	PA; QL; CTT1
frovatriptan oral tablet	1 or 1b*	ST; QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1 or 1b*	QL
hydromorphone injection solution	1 or 1b*	QL
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL
hydromorphone oral liquid	1 or 1b*	QL
hydromorphone oral tablet	1 or 1b*	QL
hydromorphone oral tablet extended release 24 hr	2	PA; QL; CTT1
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
ketorolac injection cartridge	2	QL; CTT1
ketorolac injection solution	2	QL; CTT1
ketorolac injection syringe	2	QL; CTT1
ketorolac intramuscular cartridge	2	CTT1

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

Drug Name	Tier	Notes
ketorolac intramuscular solution	2	QL; CTT1
ketorolac intramuscular syringe	2	QL; CTT1
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet 2 mg	2	PA; QL; CTT1
lorcet (hydrocodone) oral tablet	1 or 1b*	QL
lorcet hd oral tablet	1 or 1b*	QL
lorcet plus oral tablet 7.5-325 mg	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine injection cartridge	1 or 1b*	QL
meperidine oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL
methadone intensol oral concentrate	1 or 1b*	PA; QL
methadone oral concentrate	1 or 1b*	PA; QL
methadone oral solution	1 or 1b*	PA; QL
methadone oral tablet	1 or 1b*	PA; QL
methadone oral tablet, soluble	1 or 1b*	PA; QL
methadose oral tablet, soluble	1 or 1b*	PA; QL
migergot rectal suppository	1 or 1b*	
morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)	1 or 1b*	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml	1 or 1b*	
morphine concentrate oral solution	1 or 1b*	QL
morphine injection syringe 10 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine intravenous pt controlled analgesia syringe	1 or 1b*	
morphine intravenous solution 10 mg/ml, 25 mg/ml	1 or 1b*	QL
morphine intravenous solution 100 mg/4 ml, 250 mg/10 ml, 50 mg/ml	1 or 1b*	

Drug Name	Tier	Notes
morphine oral capsule, er multiphase 24 hr	2	PA; QL; CTT1
morphine oral capsule, extend. release pellets	2	PA; QL; CTT1
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	2	PA; QL; CTT1
morphine rectal suppository	1 or 1b*	QL
nalbuphine injection solution	2	CTT1
naratriptan oral tablet	1 or 1b*	QL
oxycodone oral capsule	2	QL; CTT1
oxycodone oral concentrate	2	QL; CTT1
oxycodone oral solution	2	QL; CTT1
oxycodone oral tablet	2	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-aspirin oral tablet	1 or 1b*	QL
oxymorphone oral tablet	2	QL; CTT1
oxymorphone oral tablet extended release 12 hr	2	PA; QL; CTT1
pentazocine-naloxone oral tablet	1 or 1b*	QL
phrenilin forte (with caffeine) oral capsule	1 or 1b*	
remifentanyl intravenous recon soln	1 or 1b*	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet, disintegrating	1 or 1b*	QL
sumatriptan nasal spray, non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	2	QL; CTT1
sumatriptan succinate subcutaneous pen injector	2	QL; CTT1
sumatriptan succinate subcutaneous solution	2	QL; CTT1
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	2	QL; CTT1
sumatriptan-naproxen oral tablet	2	ST; QL; CTT1
tencon oral tablet 50-325 mg	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	2	PA; QL; CTT1
tramadol oral tablet, er multiphase 24 hr	2	PA; QL; CTT1
tramadol-acetaminophen oral tablet	1 or 1b*	QL
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	2	CTT1
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet, disintegrating	1 or 1b*	QL
<b>ANESTHETICS</b>		
bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
bupivacaine injection solution	1 or 1b*	
bupivacaine-dextrose-water(pf) injection solution	1 or 1b*	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*	
chloroprocaine (pf) injection solution	1 or 1b*	
desflurane inhalation liquid	1 or 1b*	
ethyl chloride topical aerosol, spray	1 or 1b*	
etomidate intravenous solution	1 or 1b*	
glydo mucous membrane jelly in applicator	2	CTT1
isoflurane inhalation liquid	1 or 1b*	
ketamine injection solution	1 or 1b*	
lidocaine (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution	1 or 1b*	
lidocaine hcl laryngotracheal solution	1 or 1a*	
lidocaine hcl mucous membrane jelly	2	CTT1
lidocaine hcl mucous membrane jelly in applicator	2	CTT1

Drug Name	Tier	Notes
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	CTT1
lidocaine topical adhesive patch, medicated	2	CTT1
lidocaine viscous mucous membrane solution	1 or 1a*	
lidocaine-epinephrine injection solution	1 or 1b*	
lidocaine-prilocaine topical cream	2	CTT1
lidocaine-prilocaine topical kit	2	CTT1
midazolam (pf) injection cartridge	1 or 1b*	
midazolam (pf) injection solution	1 or 1b*	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1 or 1b*	
midazolam injection solution	1 or 1b*	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
propofol intravenous emulsion	1 or 1b*	
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)	1 or 1b*	
sensorcaine injection solution 0.5 % (5 mg/ml)	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sevoflurane inhalation liquid	1 or 1b*	
terrell inhalation liquid	1 or 1b*	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
<b>ANTIALLERGY</b>		
cromolyn oral concentrate	1 or 1b*	
<b>ANTIARTHRITICS</b>		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous recon soln	1 or 1b*	
celecoxib oral capsule	2	ST; QL; CTT1

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>COLCHICINE ORAL TABLET</b>	2	
<b>COLCRYS ORAL TABLET</b>	2	QL
diclofenac sodium oral tablet extended release 24 hr	1 or 1b*	
diclofenac sodium oral tablet, delayed release (dr/ec)	1 or 1b*	
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic	2	ST; QL; CTT1
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
etodolac oral tablet extended release 24 hr	1 or 1b*	
febuxostat oral tablet	2	ST; QL; CTT1
fenoprofen oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	
ibu oral tablet	1 or 1a*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	
indomethacin oral capsule	1 or 1b*	
indomethacin oral capsule, extended release	1 or 1b*	
ketoprofen oral capsule	1 or 1b*	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1 or 1b*	
leflunomide oral tablet	2	CTT1
meclofenamate oral capsule	1 or 1b*	
meloxicam oral tablet	1 or 1b*	
<b>MONOVISC INTRA-ARTICULAR SYRINGE</b>	4	PA; QL; SP
nabumetone oral tablet	1 or 1b*	
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
naproxen oral tablet, delayed release (dr/ec)	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	
naproxen sodium oral tablet, er multiphase 24 hr	1 or 1b*	
<b>ORTHOVISC INTRA-ARTICULAR SYRINGE</b>	4	PA; QL; SP
oxaprozin oral tablet	1 or 1b*	
penicillamine oral capsule	2	PA; QL; CTT1
piroxicam oral capsule	1 or 1b*	
probenecid oral tablet	1 or 1b*	

Drug Name	Tier	Notes
probenecid-colchicine oral tablet	1 or 1b*	
<b>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML</b>	4	PA; QL; SP
<b>RIDAURA ORAL CAPSULE</b>	2	
sulindac oral tablet	1 or 1b*	
<b>SYNVISC INTRA-ARTICULAR SYRINGE</b>	4	PA; QL; SP
<b>SYNVISC-ONE INTRA-ARTICULAR SYRINGE</b>	4	PA; QL; SP
tolmetin oral capsule	2	CTT1
tolmetin oral tablet	2	CTT1
<b>XELJANZ ORAL TABLET</b>	5	PA; QL; SP
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	5	PA; QL; SP
<b>ANTIASTHMATICS</b>		
acetylcysteine solution	2	CTT1
<b>ADVAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	
<b>ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER</b>	2	
albuterol sulfate inhalation solution for nebulization	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
albuterol sulfate oral tablet extended release 12 hr	1 or 1b*	
aminophylline intravenous solution 250 mg/10 ml	1 or 1b*	
<b>ANORO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	
<b>ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	
<b>ATROVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	

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

Drug Name	Tier	Notes
<b>BREO ELLIPTA INHALATION BLISTER WITH DEVICE</b>	2	
budesonide inhalation suspension for nebulization	1 or 1b*	
<b>COMBIVENT RESPIMAT INHALATION MIST</b>	2	
cromolyn inhalation solution for nebulization	1 or 1b*	
<b>DULERA INHALATION HFA AEROSOL INHALER</b>	2	
<b>FLOVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	
<b>FLOVENT HFA INHALATION HFA AEROSOL INHALER</b>	2	
fluticasone propion-salmeterol inhalation blister with device	1 or 1b*	
ipratropium bromide inhalation solution	1 or 1b*	
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*	
levalbuterol hcl inhalation solution for nebulization	2	CTT1
metaproterenol oral syrup	1 or 1a*	
montelukast oral granules in packet	1 or 1b*	
montelukast oral tablet	1 or 1b*	
montelukast oral tablet, chewable	1 or 1b*	
<b>PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION</b>	2	
<b>PROAIR HFA INHALATION HFA AEROSOL INHALER</b>	2	
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	2	
<b>QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED</b>	2	

Drug Name	Tier	Notes
<b>SEREVENT DISKUS INHALATION BLISTER WITH DEVICE</b>	2	
<b>SPIRIVA RESPIMAT INHALATION MIST</b>	2	
<b>SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	2	
<b>STIOLTO RESPIMAT INHALATION MIST</b>	2	
<b>SYMBICORT INHALATION HFA AEROSOL INHALER</b>	2	
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	
<b>THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR</b>	2	
theochron oral tablet extended release 12 hr	1 or 1b*	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml	1 or 1b*	
theophylline oral elixir	1 or 1b*	
theophylline oral solution	1 or 1b*	
theophylline oral tablet extended release 12 hr	1 or 1b*	
theophylline oral tablet extended release 24 hr	1 or 1b*	
wixela inhub inhalation blister with device	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	2	CTT1
<b>ANTIBIOTICS</b>		
ak-poly-bac ophthalmic (eye) ointment	1 or 1a*	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	CTT1
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension for reconstitution	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	

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

Effective 10/1/19

Drug Name	Tier	Notes
amoxicillin oral tablet, chewable 125 mg, 250 mg	1 or 1a*	
amoxicillin-pot clavulanate oral suspension for reconstitution	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1 or 1b*	
amoxicillin-pot clavulanate oral tablet, chewable	1 or 1b*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection recon soln	2	CTT1
ampicillin sodium intravenous recon soln	2	CTT1
ampicillin-sulbactam injection recon soln	2	CTT1
ampicillin-sulbactam intravenous recon soln	2	CTT1
<b>AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML</b>	2	
avidoxy oral tablet	1 or 1b*	
azithromycin intravenous recon soln	2	CTT1
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension for reconstitution	1 or 1b*	QL
azithromycin oral tablet	1 or 1b*	QL
aztreonam injection recon soln	2	CTT1
baciim intramuscular recon soln	2	CTT1
bacitracin intramuscular recon soln	2	CTT1
bacitracin ophthalmic (eye) ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic (eye) ointment	1 or 1a*	
bp 10-1 topical cleanser	1 or 1b*	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1 or 1b*	

Drug Name	Tier	Notes
<b>CEFACTOR ORAL TABLET EXTENDED RELEASE 12 HR</b>	2	
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	2	CTT1
cefazolin intravenous recon soln	2	CTT1
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
cefepime injection recon soln	2	CTT1
cefixime oral capsule	2	CTT1
cefixime oral suspension for reconstitution	2	CTT1
cefotaxime injection recon soln 1 gram	2	CTT1
cefotetan injection recon soln	2	CTT1
cefotetan intravenous recon soln	2	CTT1
cefoxitin intravenous recon soln	2	CTT1
cefpodoxime oral suspension for reconstitution	2	CTT1
cefpodoxime oral tablet	2	CTT1
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
ceftazidime injection recon soln	2	CTT1
ceftriaxone in dextrose, iso-os intravenous piggyback	2	CTT1
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	CTT1
ceftriaxone intravenous recon soln	2	CTT1
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln 750 mg	2	CTT1
cefuroxime sodium intravenous recon soln	2	CTT1

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

Effective 10/1/19

Drug Name	Tier	Notes
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
chloramphenicol sod succinate intravenous recon soln	2	CTT1
<b>CIPRODEX OTIC (EAR) DROPS,SUSPENSION</b>	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1 or 1b*	
ciprofloxacin hcl ophthalmic (eye) drops	1 or 1a*	
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin hcl otic (ear) dropperette	1 or 1b*	
ciprofloxacin in 5 % dextrose intravenous piggyback	2	CTT1
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	2	
clindamycin hcl oral capsule	1 or 1b*	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	
clindamycin phosphate topical solution	1 or 1b*	

Drug Name	Tier	Notes
clindamycin phosphate topical swab	1 or 1b*	
clindamycin phosphate vaginal cream	1 or 1b*	
colistin (colistimethate na) injection recon soln	2	CTT1
coremino oral tablet extended release 24 hr	1 or 1b*	
dapsone oral tablet	2	CTT1
daptomycin intravenous recon soln 500 mg	2	CTT1
demeclocycline oral tablet	2	CTT1
dicloxacillin oral capsule	1 or 1b*	
doxy-100 intravenous recon soln	2	CTT1
doxycycline hyclate intravenous recon soln	2	CTT1
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 75 mg	1 or 1b*	ST; QL
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
e.e.s. 400 oral tablet	1 or 1b*	
ery pads topical swab	1 or 1b*	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1 or 1b*	
erythrocin (as stearate) oral tablet 250 mg	1 or 1b*	
erythromycin ethylsuccinate oral suspension for reconstitution	2	CTT1
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin ophthalmic (eye) ointment	1 or 1a*	

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

Effective 10/1/19

Drug Name	Tier	Notes
erythromycin oral capsule,delayed release(dr/ec)	1 or 1b*	
erythromycin oral tablet	1 or 1b*	
erythromycin oral tablet,delayed release (dr/ec)	1 or 1b*	
erythromycin with ethanol topical gel	1 or 1b*	
erythromycin with ethanol topical solution	1 or 1b*	
erythromycin with ethanol topical swab	1 or 1b*	
erythromycin-benzoyl peroxide topical gel	1 or 1b*	
ethambutol oral tablet	2	CTT1
gatifloxacin ophthalmic (eye) drops	1 or 1b*	
gentak ophthalmic (eye) ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	2	CTT1
gentamicin injection solution	2	CTT1
gentamicin ophthalmic (eye) drops	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	2	CTT1
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	2	CTT1
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
imipenem-cilastatin intravenous recon soln	2	CTT1
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
levofloxacin in d5w intravenous piggyback	2	CTT1
levofloxacin intravenous solution	2	CTT1
levofloxacin ophthalmic (eye) drops	1 or 1b*	
levofloxacin oral solution	2	QL; CTT1
levofloxacin oral tablet	1 or 1b*	QL
linezolid in dextrose 5% intravenous piggyback	1 or 1b*	

Drug Name	Tier	Notes
linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	
mafenide acetate topical packet	2	CTT1
meropenem intravenous recon soln	2	CTT1
methenamine hippurate oral tablet	2	CTT1
methenamine mandelate oral tablet	2	CTT1
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
minocycline oral capsule	1 or 1b*	
minocycline oral tablet	1 or 1b*	
minocycline oral tablet extended release 24 hr	1 or 1b*	ST; QL
mondoxyn nl oral capsule 100 mg, 75 mg	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
moxifloxacin ophthalmic (eye) drops	2	CTT1
moxifloxacin oral tablet	2	CTT1
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
nafcillin injection recon soln 1 gram, 2 gram	2	CTT1
nafcillin intravenous recon soln	2	CTT1
neomycin oral tablet	1 or 1a*	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1 or 1b*	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1 or 1b*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1 or 1a*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1 or 1a*	

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



Drug Name	Tier	Notes
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1 or 1b*	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) drops,suspension	1 or 1b*	
neomycin-polymyxin-hc otic (ear) solution	1 or 1b*	
neo-polycin hc ophthalmic (eye) ointment	1 or 1b*	
neo-polycin ophthalmic (eye) ointment	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
ofloxacin ophthalmic (eye) drops	1 or 1a*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
ofloxacin otic (ear) drops	1 or 1b*	
okebo oral capsule 75 mg	1 or 1b*	
<b>OTOVEL OTIC (EAR) SOLUTION</b>	2	
oxacillin injection recon soln	2	CTT1
oxacillin intravenous recon soln	2	CTT1
penicillin g potassium injection recon soln	2	CTT1
penicillin g sodium injection recon soln	2	CTT1
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	2	CTT1
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	2	CTT1
polycin ophthalmic (eye) ointment	1 or 1a*	
polymyxin b sulfate injection recon soln	2	CTT1

Drug Name	Tier	Notes
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
<b>PRIFTIN ORAL TABLET</b>	2	
pyrazinamide oral tablet	2	CTT1
rifabutin oral capsule	2	CTT1
rifampin intravenous recon soln	2	CTT1
rifampin oral capsule	2	CTT1
<b>RIFATER ORAL TABLET</b>	2	
silver sulfadiazine topical cream	1 or 1a*	
ssd topical cream	1 or 1a*	
sss 10-5 topical cream	1 or 1b*	
sss 10-5 topical foam	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) drops	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) ointment	1 or 1b*	
sulfacetamide sodium-topical cleanser 10-5 % (w/w), 9-4.5 %	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1 or 1b*	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1 or 1b*	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1 or 1b*	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	
sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	
sulfamethoxazole-trimethoprim intravenous solution	2	CTT1
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim oral suspension	1 or 1a*	
tazicef injection recon soln	2	CTT1

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

Effective 10/1/19

Drug Name	Tier	Notes
tazicef intravenous recon soln	2	CTT1
tetracycline oral capsule	1 or 1b*	
<b>THALOMID ORAL CAPSULE</b>	4	PA; QL; SP
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT</b>	2	
tobramycin in 0.225 % nacl inhalation solution for nebulization	4	SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	2	CTT1
tobramycin ophthalmic (eye) drops	1 or 1a*	
tobramycin sulfate injection recon soln	2	CTT1
tobramycin sulfate injection solution	2	CTT1
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1 or 1b*	
trimethoprim oral tablet	1 or 1a*	
ur n-c oral tablet	1 or 1b*	
uretron d-s oral tablet 81.6-10.8-40.8 mg	1 or 1b*	
uryl oral tablet	1 or 1b*	
ustell oral capsule	1 or 1b*	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	2	CTT1
vancomycin oral capsule	2	PA; QL; CTT1
vandazole vaginal gel	1 or 1b*	
<b>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	2	
<b>ANTICOAGULANTS</b>		
<b>ELIQUIS ORAL TABLET</b>	2	
<b>ELIQUIS ORAL TABLETS,DOSE PACK</b>	2	
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	

Drug Name	Tier	Notes
<b>FRAGMIN SUBCUTANEOUS SOLUTION</b>	4	
<b>FRAGMIN SUBCUTANEOUS SYRINGE</b>	4	
hep flush-10 (pf) intravenous solution	2	CTT1
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	CTT1
heparin (porcine) injection cartridge	2	CTT1
heparin (porcine) injection solution	2	CTT1
heparin (porcine) injection syringe 5,000 unit/ml	2	CTT1
heparin flush(porcine)-0.9nacl intravenous kit	2	CTT1
heparin lock flush (porcine) intravenous solution	2	CTT1
heparin lock flush intravenous solution	2	CTT1
heparin lock flush intravenous syringe	2	CTT1
heparin lockflush(porcine)(pf) intravenous syringe	2	CTT1
heparin, porcine (pf) injection solution	2	CTT1
heparin, porcine (pf) injection syringe	2	CTT1
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	2	CTT1
heparin, porcine (pf) intravenous syringe	2	CTT1
jantoven oral tablet	1 or 1a*	
<b>PRADAXA ORAL CAPSULE</b>	3	
warfarin oral tablet	1 or 1a*	
<b>XARELTO ORAL TABLET</b>	2	
<b>XARELTO ORAL TABLETS,DOSE PACK</b>	2	
<b>ANTIDOTES</b>		
naloxone injection solution	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
<b>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</b>	2	
<b>ANTIFUNGALS</b>		
amphotericin b injection recon soln	2	CTT1
caspofungin intravenous recon soln	2	CTT1
ciclopirox topical cream	1 or 1b*	
ciclopirox topical gel	1 or 1b*	
ciclopirox topical shampoo	1 or 1b*	
ciclopirox topical solution	1 or 1b*	
ciclopirox topical suspension	1 or 1b*	
clotrimazole mucous membrane troche	1 or 1b*	
clotrimazole topical solution	1 or 1b*	
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
econazole topical cream	1 or 1b*	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1 or 1b*	
fluconazole oral suspension for reconstitution	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
flucytosine oral capsule	2	PA; QL; CTT1
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
itraconazole oral capsule	2	PA; QL; CTT1
itraconazole oral solution	2	PA; QL; CTT1
ketoconazole oral tablet	1 or 1b*	
ketoconazole topical cream	1 or 1b*	
ketoconazole topical foam	1 or 1b*	
ketoconazole topical shampoo	1 or 1b*	
miconazole-3 vaginal suppository	1 or 1b*	

Drug Name	Tier	Notes
naftifine topical cream	2	ST; QL; CTT1
naftifine topical gel	2	ST; QL; CTT1
nyamyc topical powder	1 or 1b*	
nystatin oral suspension	1 or 1b*	
nystatin oral tablet	1 or 1b*	
nystatin topical cream	1 or 1b*	
nystatin topical ointment	1 or 1b*	
nystatin topical powder	1 or 1b*	
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
oxiconazole topical cream	1 or 1b*	ST; QL
terbinafine hcl oral tablet	1 or 1b*	
terconazole vaginal cream 0.8 %	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
voriconazole intravenous recon soln	2	CTT1
voriconazole oral suspension for reconstitution	2	PA; QL; CTT1
voriconazole oral tablet	2	PA; QL; CTT1
<b>ANTI-HISTAMINE AND DECONGESTANT COMBINATION</b>		
centergy oral drops	1 or 1b*	
promethazine-phenylephrine oral syrup	1 or 1b*	
<b>ANTI-HISTAMINES</b>		
azelastine ophthalmic (eye) drops	1 or 1b*	QL
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
clemastine oral tablet 2.68 mg	1 or 1b*	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	3	CTT1
desloratadine oral tablet, disintegrating	3	CTT1
dexchlorpheniramine maleate oral solution	1 or 1b*	
diphenhydramine hcl injection solution 50 mg/ml	2	CTT1

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

Effective 10/1/19

Drug Name	Tier	Notes
diphenhydramine hcl injection syringe	2	CTT1
epinastine ophthalmic (eye) drops	1 or 1b*	QL
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
olopatadine ophthalmic (eye) drops	1 or 1b*	ST; QL
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
<b>ANTIHYPERGLYCEMICS</b>		
acarbose oral tablet	1 or 1b*	
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</b>	2	ST; QL
<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>BYETTA SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	ST; QL
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide oral tablet extended release 24hr	1 or 1a*	ST; QL
glipizide-metformin oral tablet	1 or 1b*	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
<b>HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT</b>	2	
<b>HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN</b>	2	

Drug Name	Tier	Notes
<b>HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE</b>	2	
<b>HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION</b>	2	
<b>HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	
<b>HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION</b>	2	
<b>HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION</b>	2	
<b>HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION</b>	2	
<b>HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN</b>	2	QL

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

Drug Name	Tier	Notes
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
JENTADUETO ORAL TABLET	2	ST; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
metformin oral tablet	1 or 1b*	
metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR
migliitol oral tablet	1 or 1b*	
nateglinide oral tablet	2	CTT1
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	ST; QL
pioglitazone oral tablet	1 or 1b*	ST; QL
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL
repaglinide oral tablet	2	CTT1

Drug Name	Tier	Notes
repaglinide-metformin oral tablet	2	CTT1
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
tolazamide oral tablet	1 or 1b*	ST; QL
tolbutamide oral tablet	2	ST; QL; CTT1
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRADJENTA ORAL TABLET	2	ST; DO; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL
<b>ANTIINFECTIVES/MISCELLANEOUS</b>		
albendazole oral tablet	1 or 1b*	PA; QL
atovaquone oral suspension	2	CTT1
atovaquone-proguanil oral tablet	1 or 1b*	
chloroquine phosphate oral tablet	1 or 1a*	
glycine urologic irrigation solution	1 or 1b*	
glycine urologic solution irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
ivermectin oral tablet	1 or 1b*	
mefloquine oral tablet	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
pentamidine injection recon soln	2	CTT1
praziquantel oral tablet	2	CTT1
PRIMAQUINE ORAL TABLET	2	
quinine sulfate oral capsule	1 or 1b*	PA; QL
tinidazole oral tablet	1 or 1b*	
<b>ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS</b>		
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; QL; SP
ENBREL SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN PSOR- UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP

Drug Name	Tier	Notes
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; QL; SP
REMICADE INTRAVENOUS RECON SOLN	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; QL; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	4	PA; QL; SP
<b>ANTINEOPLASTICS</b>		
abiraterone oral tablet	4	PA; QL; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; QL; LD; SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	4	PA; QL; SP
AFINITOR ORAL TABLET	4	PA; QL; SP
anastrozole oral tablet	2	CTT1
bexarotene oral capsule	4	PA; QL; SP
bicalutamide oral tablet	2	CTT1
BOSULIF ORAL TABLET	4	PA; QL; SP
capecitabine oral tablet	4	PA; QL; SP
CAPRELSA ORAL TABLET	4	PA; QL
CARAC TOPICAL CREAM	2	
COMETRIQ ORAL CAPSULE	4	PA; QL; LD
cyclophosphamide oral capsule	4	SP

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

Effective 10/1/19

Drug Name	Tier	Notes
diclofenac sodium topical gel 3 %	2	PA; QL; CTT1
<b>EMCYT ORAL CAPSULE</b>	4	PA; QL
<b>ERIVEDGE ORAL CAPSULE</b>	4	PA; QL; SP
<b>ERLEADA ORAL TABLET</b>	4	PA; QL; SP
erlotinib oral tablet	4	PA; QL; SP
etoposide oral capsule	4	SP
exemestane oral tablet	2	CTT1
<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN</b>	4	PA; QL; SP
fluorouracil topical cream 5 %	1 or 1b*	
fluorouracil topical solution	1 or 1b*	
flutamide oral capsule	2	CTT1
<b>GILOTRIF ORAL TABLET</b>	4	PA; QL; LD; SP
<b>HYCAMTIN ORAL CAPSULE</b>	4	PA; QL; SP
hydroxyurea oral capsule	2	CTT1
<b>ICLUSIG ORAL TABLET</b>	4	PA; QL
imatinib oral tablet	4	PA; QL; SP
<b>INLYTA ORAL TABLET</b>	4	PA; QL; SP
<b>INTRON A INJECTION RECON SOLN</b>	5	SP
<b>INTRON A INJECTION SOLUTION</b>	5	SP
<b>IRESSA ORAL TABLET</b>	4	PA; QL; LD; SP
<b>JAKAFI ORAL TABLET</b>	4	PA; QL; LD; SP
letrozole oral tablet	2	CTT1
<b>LEUKERAN ORAL TABLET</b>	2	
leuprolide subcutaneous kit	4	PA; QL; SP
<b>LYSODREN ORAL TABLET</b>	4	
<b>MATULANE ORAL CAPSULE</b>	4	LD
megestrol oral tablet	1 or 1b*	
<b>MEKINIST ORAL TABLET</b>	4	PA; QL; SP
melphalan oral tablet	4	SP
mercaptopurine oral tablet	2	CTT1
methotrexate sodium (pf) injection recon soln	4	

Drug Name	Tier	Notes
methotrexate sodium (pf) injection solution	4	
methotrexate sodium injection solution	4	
methotrexate sodium oral tablet	2	CTT1
<b>MYLERAN ORAL TABLET</b>	4	
<b>NEXAVAR ORAL TABLET</b>	4	PA; QL; SP
nilutamide oral tablet	4	QL
<b>POMALYST ORAL CAPSULE</b>	4	PA; QL; SP
<b>REVLIMID ORAL CAPSULE</b>	4	PA; QL; SP
<b>SOLTAMOX ORAL SOLUTION</b>	2	\$0
<b>SPRYCEL ORAL TABLET</b>	4	PA; QL; SP
<b>STIVARGA ORAL TABLET</b>	4	PA; QL; SP
<b>SUTENT ORAL CAPSULE</b>	4	PA; QL; SP
<b>TABLOID ORAL TABLET</b>	2	
<b>TAFINLAR ORAL CAPSULE</b>	4	PA; QL; SP
tamoxifen oral tablet	2	CTT1; \$0
<b>TARCEVA ORAL TABLET</b>	4	PA; QL; SP
<b>TARGRETIN TOPICAL GEL</b>	4	PA; QL; SP
<b>TASIGNA ORAL CAPSULE</b>	4	PA; QL; SP
temozolomide oral capsule	4	PA; QL; SP
toremifene oral tablet	4	
<b>TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION</b>	4	PA; QL; SP
tretinoin (chemotherapy) oral capsule	2	CTT1
<b>TREXALL ORAL TABLET</b>	2	
<b>TYKERB ORAL TABLET</b>	4	PA; QL; SP
<b>VOTRIENT ORAL TABLET</b>	4	PA; QL; SP
<b>XALKORI ORAL CAPSULE</b>	4	PA; QL; SP

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>XTANDI ORAL CAPSULE</b>	4	PA; QL; SP
<b>ZELBORAF ORAL TABLET</b>	4	PA; QL; SP
<b>ZOLINZA ORAL CAPSULE</b>	4	PA; QL; SP
<b>ZYTIGA ORAL TABLET 500 MG</b>	4	PA; QL; SP
<b>ANTI-OBESITY DRUGS</b>		
benzphetamine oral tablet 50 mg	1 or 1b*	PA; QL
diethylpropion oral tablet	1 or 1b*	PA; QL
diethylpropion oral tablet extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine oral capsule	1 or 1b*	PA; QL
phentermine oral tablet	1 or 1b*	PA; QL
<b>ANTIPARASITICS</b>		
crotan topical lotion	2	CTT1
lindane topical shampoo	1 or 1b*	
malathion topical lotion	1 or 1b*	
permethrin topical cream	1 or 1b*	
spinosad topical suspension	1 or 1b*	
<b>ANTIPARKINSON DRUGS</b>		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	2	CTT1
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	2	CTT1
carbidopa-levodopa oral tablet, disintegrating	2	CTT1
carbidopa-levodopa-entacapone oral tablet	2	CTT1
entacapone oral tablet	2	CTT1

Drug Name	Tier	Notes
pramipexole oral tablet	1 or 1b*	
pramipexole oral tablet extended release 24 hr	1 or 1b*	
rasagiline oral tablet	2	CTT1
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
selegiline hcl oral capsule	2	CTT1
selegiline hcl oral tablet	2	CTT1
tolcapone oral tablet	2	PA; QL; CTT1
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
<b>ANTIPLATELET DRUGS</b>		
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
<b>BRILINTA ORAL TABLET</b>		
cilostazol oral tablet	2	CTT1
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	2	CTT1
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	2	CTT1
prasugrel oral tablet 10 mg	2	CTT1
prasugrel oral tablet 5 mg	2	DO; CTT1
<b>ANTIVIRALS</b>		
abacavir oral solution	4	
abacavir oral tablet	4	
abacavir-lamivudine oral tablet	2	CTT1
abacavir-lamivudine-zidovudine oral tablet	2	CTT1
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension 200 mg/5 ml	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous recon soln	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir topical cream	1 or 1b*	PA; QL
acyclovir topical ointment	1 or 1b*	
adefovir oral tablet	4	SP
<b>APTIVUS ORAL CAPSULE</b>		
	4	

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

Effective 10/1/19



Drug Name	Tier	Notes
<b>APTIVUS ORAL SOLUTION</b>	4	
atazanavir oral capsule	4	
<b>BARACLUDE ORAL SOLUTION</b>	5	SP
<b>BIKTARVY ORAL TABLET</b>	4	
<b>CIMDUO ORAL TABLET</b>	4	
<b>DESCOVY ORAL TABLET</b>	4	
didanosine oral capsule,delayed release(dr/ec)	4	
<b>EDURANT ORAL TABLET</b>	4	
efavirenz oral capsule	4	
efavirenz oral tablet	4	
<b>EMTRIVA ORAL CAPSULE</b>	4	
<b>EMTRIVA ORAL SOLUTION</b>	4	
entecavir oral tablet	4	SP
famciclovir oral tablet	1 or 1b*	
fosamprenavir oral tablet	4	
<b>FUZEON SUBCUTANEOUS RECON SOLN</b>	4	
<b>GENVOYA ORAL TABLET</b>	4	
<b>INTELENCE ORAL TABLET</b>	4	
<b>ISENTRESS ORAL TABLET</b>	4	
<b>ISENTRESS ORAL TABLET,CHEWABLE</b>	4	
<b>KALETRA ORAL TABLET</b>	4	
lamivudine oral tablet 150 mg, 300 mg	4	
lamivudine-zidovudine oral tablet	2	CTT1
lopinavir-ritonavir oral solution	4	
<b>MAVYRET ORAL TABLET</b>	4	PA; QL; SP
moderiba oral tablet	4	SP
nevirapine oral suspension	4	
nevirapine oral tablet	4	

Drug Name	Tier	Notes
nevirapine oral tablet extended release 24 hr	4	
<b>NORVIR ORAL CAPSULE</b>	4	
<b>NORVIR ORAL SOLUTION</b>	4	
oseltamivir oral capsule	1 or 1b*	QL
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
<b>PREZISTA ORAL SUSPENSION</b>	4	
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	4	
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>REYATAZ ORAL POWDER IN PACKET</b>	4	
ribasphere oral capsule	4	SP
ribasphere oral tablet 600 mg	4	SP
ribasphere ribapak oral tablets,dose pack 600 mg (7)-400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	4	SP
ribavirin inhalation recon soln	2	CTT1
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rimantadine oral tablet	1 or 1b*	
ritonavir oral tablet	4	
<b>SELZENTRY ORAL TABLET</b>	4	
<b>SOFOSBUVIR-VELPATASVIR ORAL TABLET</b>	4	PA; QL; SP
stavudine oral capsule	4	
<b>STRIBILD ORAL TABLET</b>	4	
<b>SYMFI LO ORAL TABLET</b>	4	
<b>SYMFI ORAL TABLET</b>	4	
tenofovir disoproxil fumarate oral tablet	4	
<b>TIVICAY ORAL TABLET</b>	4	
trifluridine ophthalmic (eye) drops	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>TRIUMEQ ORAL TABLET</b>	4	
<b>TRUVADA ORAL TABLET</b>	4	
valacyclovir oral tablet	1 or 1b*	
valganciclovir oral recon soln	4	SP
valganciclovir oral tablet	4	SP
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	4	
<b>VOSEVI ORAL TABLET</b>	4	PA; QL; SP
<b>XOFLUZA ORAL TABLET</b>	3	
zidovudine oral capsule	4	
zidovudine oral syrup	4	
zidovudine oral tablet	4	
<b>AUTONOMIC DRUGS</b>		
<b>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	1 or 1b*	PA; QL
amphetamine sulfate oral tablet	1 or 1b*	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	2	CTT1
cevimeline oral capsule	2	CTT1
cisatracurium intravenous solution	1 or 1b*	
dextroamphetamine oral capsule, extended release	1 or 1b*	PA; QL
dextroamphetamine oral solution	1 or 1b*	PA; QL
dextroamphetamine oral tablet	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1 or 1b*	PA; QL
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA; QL
donepezil oral tablet	1 or 1b*	
donepezil oral tablet,disintegrating	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
<b>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML</b>	1 or 1b*	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1 or 1b*	
epinephrine injection solution 1 mg/ml	1 or 1b*	
epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
galantamine oral capsule,ext rel. pellets 24 hr	2	CTT1
galantamine oral solution	2	CTT1
galantamine oral tablet	2	CTT1
methamphetamine oral tablet	1 or 1b*	PA; QL
midodrine oral tablet	2	CTT1
neostigmine methylsulfate intravenous solution	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
pancuronium intravenous solution	1 or 1b*	
phenoxybenzamine oral capsule	2	PA; QL; CTT1
phentolamine injection recon soln	1 or 1b*	
pilocarpine hcl oral tablet	2	CTT1
pyridostigmine bromide oral syrup	2	CTT1
pyridostigmine bromide oral tablet 60 mg	2	CTT1
pyridostigmine bromide oral tablet extended release	2	CTT1
rivastigmine tartrate oral capsule	2	CTT1
rivastigmine transdermal patch 24 hour	2	CTT1
rocuronium intravenous solution	1 or 1b*	
succinylcholine chloride injection solution	1 or 1b*	
<b>SYMJEPI INJECTION SYRINGE</b>	2	QL
vecuronium bromide intravenous recon soln	1 or 1b*	
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL

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

Effective 10/1/19



Drug Name	Tier	Notes
<b>BIOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	2	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QD 2019- 20(3YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QD 2019-20(6- 35MO)(PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2019- 20(6MO UP) INTRAMUSCULAR SUSPENSION	2	\$0
ANASCORP INTRAVENOUS RECON SOLN	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	2	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	2	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
BEXSERO INTRAMUSCULAR SYRINGE	2	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	2	\$0
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	2	\$0
CROFAB INJECTION RECON SOLN	2	

Drug Name	Tier	Notes
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	\$0
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUARIX QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUBLOK QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	2	\$0
FLULAVAL QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLULAVAL QUAD 2019- 2020 INTRAMUSCULAR SUSPENSION	2	\$0
FLUMIST QUAD 2019- 2020 NASAL NASAL SPRAY SYRINGE	2	
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2019- 2020 (PF) INTRAMUSCULAR SUSPENSION	2	\$0

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

Effective 10/1/19

Drug Name	Tier	Notes
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE	2	\$0
GAMUNEX-C INJECTION SOLUTION	4	PA; QL; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	\$0
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	\$0
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	2	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	2	\$0
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	\$0
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	\$0
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	\$0
IPOL INJECTION SUSPENSION	2	\$0
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	

Drug Name	Tier	Notes
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	\$0
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	\$0
MENVEO A-C-Y-W-135- DIP (PF) INTRAMUSCULAR KIT	2	\$0
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	2	\$0
OCTAGAM INTRAVENOUS SOLUTION	4	PA; QL; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	\$0
PENTACEL (PF) INTRAMUSCULAR KIT	2	\$0
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	2	\$0
PNEUMOVAX 23 INJECTION SOLUTION	2	\$0
PNEUMOVAX 23 INJECTION SYRINGE	2	\$0
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	\$0
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	\$0
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	\$0

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

Effective 10/1/19

Drug Name	Tier	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	2	\$0
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	2	\$0
ROTATEQ VACCINE ORAL SOLUTION	2	\$0
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	\$0
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; QL; SP
TDVAX INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	\$0
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	2	\$0
TRUMENBA INTRAMUSCULAR SYRINGE	2	\$0
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	\$0
VAQTA (PF) INTRAMUSCULAR SYRINGE	2	\$0

Drug Name	Tier	Notes
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
<b>BLOOD</b>		
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
albuminar 25 % intravenous parenteral solution	1 or 1b*	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral tablet	2	CTT1
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
<b>DROXIA ORAL CAPSULE</b>	2	
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
pentoxifylline oral tablet extended release	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
protamine intravenous solution	1 or 1b*	
tranexamic acid intravenous solution	2	CTT1
tranexamic acid oral tablet	1 or 1b*	
<b>CARDIAC DRUGS</b>		
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	2	DO; CTT1
afeditab cr oral tablet extended release 60 mg	2	CTT1
amiodarone intravenous solution	1 or 1b*	
amiodarone intravenous syringe	1 or 1b*	
amiodarone oral tablet	1 or 1b*	
amlodipine oral tablet 10 mg	1 or 1b*	
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
<b>DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO

Drug Name	Tier	Notes
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 12 hr	1 or 1b*	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1 or 1b*	
diltiazem hcl oral tablet	1 or 1b*	
diltiazem hcl oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
disopyramide phosphate oral capsule	2	CTT1
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1 or 1b*	
dobutamine intravenous solution	1 or 1b*	
dofetilide oral capsule	4	
felodipine oral tablet extended release 24 hr 10 mg	1 or 1b*	
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1 or 1b*	DO
flecainide oral tablet	2	CTT1
ibutilide fumarate intravenous solution	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>ISORDIL ORAL TABLET</b>	2	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide dinitrate oral tablet extended release	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*	
isradipine oral capsule	1 or 1b*	
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	2	
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
lidocaine (pf) intravenous syringe	1 or 1b*	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
matzim la oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
mexiletine oral capsule	2	CTT1
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	
nifedipine oral capsule	2	CTT1
nifedipine oral tablet extended release 24hr 30 mg	2	DO; CTT1
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	2	CTT1
nifedipine oral tablet extended release 30 mg	2	DO; CTT1
nifedipine oral tablet extended release 60 mg, 90 mg	2	CTT1
nimodipine oral capsule	2	CTT1
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	
nitroglycerin in 5 % dextrose intravenous solution	1 or 1b*	
nitroglycerin oral capsule, extended release	1 or 1b*	
nitroglycerin sublingual tablet	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual spray,non-aerosol	2	CTT1
nitro-time oral capsule, extended release	1 or 1b*	
<b>NORPACE CR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
procainamide injection solution	2	CTT1
propafenone oral capsule,extended release 12 hr	2	CTT1
propafenone oral tablet	2	CTT1
quinidine gluconate oral tablet extended release	2	CTT1
quinidine sulfate oral tablet	1 or 1a*	
ranolazine oral tablet extended release 12 hr	2	CTT1
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO
taztia xt oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg	1 or 1b*	
verapamil intravenous solution	1 or 1b*	
verapamil intravenous syringe	1 or 1b*	
verapamil oral capsule, 24 hr er pellet ct 100 mg	1 or 1b*	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1 or 1b*	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1 or 1b*	
verapamil oral tablet	1 or 1b*	
verapamil oral tablet extended release	1 or 1b*	
<b>CARDIOVASCULAR</b>		
acebutolol oral capsule	1 or 1b*	
aliskiren oral tablet 150 mg	2	DO; CTT1
aliskiren oral tablet 300 mg	2	CTT1
alprostadil injection solution	1 or 1b*	
alyq oral tablet	4	PA; QL; SP
ambrirentan oral tablet	4	PA; QL; SP
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
amlodipine-benazepril oral capsule	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hcthiazyd oral tablet 5-160-12.5 mg	1 or 1b*	DO
atenolol oral tablet	1 or 1a*	
atenolol-chlorthalidone oral tablet	1 or 1b*	
atorvastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin oral tablet 40 mg	1 or 1b*	DO

Drug Name	Tier	Notes
atorvastatin oral tablet 80 mg	1 or 1b*	
benazepril oral tablet	1 or 1a*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
betaxolol oral tablet	1 or 1b*	
<b>BIDIL ORAL TABLET</b>	2	
bisoprolol fumarate oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
bosentan oral tablet	4	PA; QL; SP
<b>BYSTOLIC ORAL TABLET</b>	3	
candesartan oral tablet	1 or 1b*	
candesartan-hydrochlorothiazid oral tablet	1 or 1b*	
captopril oral tablet	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate oral capsule, er multiphase 24 hr	2	CTT1
cholestyramine (with sugar) oral powder	2	CTT1
cholestyramine (with sugar) oral powder in packet	2	CTT1
cholestyramine light oral powder	2	CTT1
cholestyramine light oral powder in packet	2	CTT1
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	2	CTT1
colesevelam oral powder in packet	2	CTT1
colesevelam oral tablet	2	CTT1
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
doxazosin oral tablet	1 or 1b*	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
<b>ENTRESTO ORAL TABLET</b>	3	PA; QL
eprosartan oral tablet	1 or 1b*	
ergoloid oral tablet	2	CTT1
esmolol intravenous solution	1 or 1b*	
ezetimibe oral tablet	2	ST; QL; CTT1
ezetimibe-simvastatin oral tablet	2	ST; QL; CTT1
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1 or 1b*	
fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	
fenofibric acid (choline) oral capsule, delayed release(dr/ec)	1 or 1b*	
fenofibric acid oral tablet	1 or 1b*	
fluvastatin oral capsule	1 or 1b*	DO; \$0
fluvastatin oral tablet extended release 24 hr	1 or 1b*	\$0
fosinopril oral tablet	1 or 1b*	
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	
hydralazine injection solution	2	CTT1
hydralazine oral tablet	1 or 1b*	
indomethacin sodium intravenous recon soln	2	CTT1
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1 or 1b*	
labetalol oral tablet	1 or 1b*	
<b>LETAIRIS ORAL TABLET</b>	4	PA; QL; LD; SP

Drug Name	Tier	Notes
lisinopril oral tablet	1 or 1a*	
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
losartan oral tablet	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1 or 1b*	DO
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
methyldopa oral tablet	1 or 1b*	
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyldopate intravenous solution	2	CTT1
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*	
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous syringe	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
minoxidil oral tablet	1 or 1b*	
moexipril oral tablet	1 or 1b*	
nadolol oral tablet	2	CTT1
nadolol-bendroflumethiazide oral tablet 80-5 mg	1 or 1b*	
niacin oral tablet extended release 24 hr	1 or 1b*	
olmesartan oral tablet 20 mg	1 or 1b*	DO
olmesartan oral tablet 40 mg, 5 mg	1 or 1b*	
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipin-hcthiiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	DO

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

Drug Name	Tier	Notes
olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
papaverine injection solution	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
pindolol oral tablet	2	CTT1
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
pravastatin oral tablet 40 mg, 80 mg	1 or 1b*	\$0
prazosin oral capsule	1 or 1b*	
prevalite oral powder	2	CTT1
prevalite oral powder in packet	2	CTT1
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule, extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazid oral tablet	1 or 1b*	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR</b>	4	PA; QL
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	4	PA; QL
<b>REPATHA SYRINGE SUBCUTANEOUS SYRINGE</b>	4	PA; QL
rosuvastatin oral tablet 10 mg, 5 mg	2	DO; CTT1; \$0
rosuvastatin oral tablet 20 mg	2	DO; CTT1
rosuvastatin oral tablet 40 mg	2	CTT1
sildenafil (antihypertensive) oral suspension for reconstitution	4	PA; QL; SP
sildenafil (antihypertensive) oral tablet	4	PA; QL; SP

Drug Name	Tier	Notes
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
sorine oral tablet	2	CTT1
sotalol af oral tablet	2	CTT1
sotalol oral tablet	2	CTT1
tadalafil (antihypertensive) oral tablet	4	PA; QL; SP
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
<b>TRACLEER ORAL TABLET</b>	4	PA; QL; SP
<b>TRACLEER ORAL TABLET FOR SUSPENSION</b>	4	PA; QL; SP
trandolapril oral tablet	1 or 1b*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1 or 1b*	DO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
treprostinil sodium injection solution	4	PA; QL; SP
valsartan oral tablet	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; QL; LD; SP
WELCHOL ORAL POWDER IN PACKET	2	
<b>CNS DRUGS</b>		
AUBAGIO ORAL TABLET	4	PA; QL; SP
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; QL; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	4	PA; QL; SP
caffeine citrate intravenous solution	2	CTT1
caffeine citrate oral solution	2	CTT1
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension 100 mg/5 ml	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet extended release 12 hr	1 or 1b*	
carbamazepine oral tablet, chewable	1 or 1b*	
clobazam oral suspension	2	CTT1
clobazam oral tablet	2	CTT1
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet, disintegrating	1 or 1b*	
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; QL; SP
dalfampridine oral tablet extended release 12 hr	4	PA; QL; SP
diazepam rectal kit	1 or 1b*	
DILANTIN ORAL CAPSULE	2	
divalproex oral capsule, delayed rel sprinkle	1 or 1b*	
divalproex oral tablet extended release 24 hr	1 or 1b*	

Drug Name	Tier	Notes
divalproex oral tablet, delayed release (dr/ec)	1 or 1b*	
doxapram intravenous solution	1 or 1b*	
epitol oral tablet	1 or 1b*	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL; SP
EXTAVIA SUBCUTANEOUS RECON SOLN	4	PA; QL; SP
felbamate oral suspension	2	CTT1
felbamate oral tablet	2	CTT1
fosphenytoin injection solution	2	CTT1
gabapentin oral capsule	2	CTT1
gabapentin oral solution	2	CTT1
gabapentin oral tablet 600 mg, 800 mg	2	CTT1
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL; SP
glatiramer subcutaneous syringe	4	PA; QL; SP
glatopa subcutaneous syringe	4	PA; QL; SP
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet disintegrating, dose pk	1 or 1b*	
lamotrigine oral tablet extended release 24hr	1 or 1b*	
lamotrigine oral tablet, chewable dispersible	1 or 1b*	
lamotrigine oral tablet, disintegrating	1 or 1b*	
lamotrigine oral tablets, dose pack	1 or 1b*	
levetiracetam intravenous solution	2	CTT1
levetiracetam oral solution	2	CTT1
levetiracetam oral tablet	2	CTT1
levetiracetam oral tablet extended release 24 hr	2	CTT1
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; QL; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; QL; SP

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>MAVENCLAD (5 TABLET PACK) ORAL TABLET</b>	4	PA; QL; SP
<b>MAVENCLAD (6 TABLET PACK) ORAL TABLET</b>	4	PA; QL; SP
<b>MAVENCLAD (7 TABLET PACK) ORAL TABLET</b>	4	PA; QL; SP
<b>MAVENCLAD (8 TABLET PACK) ORAL TABLET</b>	4	PA; QL; SP
<b>MAVENCLAD (9 TABLET PACK) ORAL TABLET</b>	4	PA; QL; SP
<b>MAYZENT ORAL TABLET</b>	4	PA; QL
memantine oral capsule,sprinkle,er 24hr	2	CTT1
memantine oral solution	2	CTT1
memantine oral tablet	2	CTT1
<b>NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK</b>	2	
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet,chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium intravenous solution	1 or 1b*	
phenytoin sodium intravenous syringe	1 or 1b*	
<b>PLEGRIDY SUBCUTANEOUS PEN INJECTOR</b>	4	PA; QL; SP
<b>PLEGRIDY SUBCUTANEOUS SYRINGE</b>	4	PA; QL; SP
pregabalin oral capsule	2	PA; QL; CTT1
pregabalin oral solution	2	PA; QL; CTT1
primidone oral tablet	1 or 1b*	
<b>REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE</b>	4	PA; QL; SP

Drug Name	Tier	Notes
<b>REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR</b>	4	PA; QL; SP
<b>REBIF TITRATION PACK SUBCUTANEOUS SYRINGE</b>	4	PA; QL; SP
riluzole oral tablet	4	SP
roweepra oral tablet	2	CTT1
roweepra xr oral tablet extended release 24 hr	2	CTT1
subvenite oral tablet	1 or 1b*	
subvenite starter (blue) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (green) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (orange) kit oral tablets,dose pack	1 or 1b*	
<b>TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	4	PA; QL; SP
tetrabenazine oral tablet	4	PA; QL; LD; SP
tiagabine oral tablet	2	CTT1
topiramate oral capsule, sprinkle	1 or 1b*	
topiramate oral tablet	1 or 1b*	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
vigabatrin oral powder in packet	4	LD; SP
vigabatrin oral tablet	4	SP
vigadrone oral powder in packet	4	SP
zonisamide oral capsule	2	CTT1
<b>COLONY STIMULATING FACTORS</b>		
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION</b>	4	PA; QL; SP
<b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE</b>	4	PA; QL; SP
<b>FULPHILA SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>NEULASTA SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP
<b>NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR</b>	5	PA; QL; SP
<b>PROCRIT INJECTION SOLUTION</b>	4	PA; QL; SP
<b>PROMACTA ORAL TABLET</b>	5	PA; QL; SP
<b>RETACRIT INJECTION SOLUTION</b>	4	PA; QL; SP
<b>ZARXIO INJECTION SYRINGE</b>	4	PA; QL; SP
<b>CONTRACEPTIVES</b>		
afirmelle oral tablet	1 or 1a*	\$0
altavera (28) oral tablet	1 or 1a*	\$0
alyacen 1/35 (28) oral tablet	1 or 1a*	\$0
alyacen 7/7/7 (28) oral tablet	1 or 1a*	\$0
amethia lo oral tablets,dose pack,3 month	1 or 1b*	\$0
amethia oral tablets,dose pack,3 month	1 or 1b*	\$0
amethyst (28) oral tablet	1 or 1b*	\$0
<b>ANNOVERA VAGINAL RING</b>	2	\$0
apri oral tablet	1 or 1a*	\$0
aranelle (28) oral tablet	1 or 1a*	\$0
ashlyna oral tablets,dose pack,3 month	1 or 1b*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aubra oral tablet	1 or 1a*	\$0
aurovela 1.5/30 (21) oral tablet	1 or 1a*	\$0
aurovela 1/20 (21) oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
aurovela fe 1-20 (28) oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
azurette (28) oral tablet	1 or 1b*	\$0
<b>BALCOLTRA ORAL TABLET</b>	2	\$0
balziva (28) oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
bekyree (28) oral tablet	1 or 1b*	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
blisovi fe 1/20 (28) oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
camila oral tablet	1 or 1b*	\$0
camrese lo oral tablets,dose pack,3 month	1 or 1b*	\$0
camrese oral tablets,dose pack,3 month	1 or 1b*	\$0
<b>CAYA CONTOURED VAGINAL DIAPHRAGM</b>	2	\$0
caziant (28) oral tablet	1 or 1a*	\$0
chateal (28) oral tablet	1 or 1a*	\$0
chateal eq (28) oral tablet	1 or 1a*	\$0
cryselle (28) oral tablet	1 or 1a*	\$0
cyclafem 1/35 (28) oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 (28) oral tablet	1 or 1a*	\$0
dasetta 7/7/7 (28) oral tablet	1 or 1a*	\$0
daysee oral tablets,dose pack,3 month	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
delyla (28) oral tablet	1 or 1a*	\$0
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE</b>	2	\$0
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	\$0
drosiprone-e.estradiol-lm.fa oral tablet	1 or 1b*	\$0
drosiprone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
<b>ELLA ORAL TABLET</b>	2	\$0
emoquette oral tablet	1 or 1a*	\$0
enpresse oral tablet	1 or 1a*	\$0
enskyce oral tablet	1 or 1a*	\$0
errin oral tablet	1 or 1b*	\$0

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

Effective 10/1/19

Drug Name	Tier	Notes
estarylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina (28) oral tablet	1 or 1a*	\$0
fayosim oral tablets,dose pack,3 month	1 or 1b*	\$0
<b>FEMCAP VAGINAL DEVICE</b>	2	\$0
femynor oral tablet	1 or 1a*	\$0
gianvi (28) oral tablet	1 or 1b*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey oral tablet	1 or 1a*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
introvale oral tablets,dose pack,3 month	1 or 1b*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel (28) oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
jolessa oral tablets,dose pack,3 month	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 (21) oral tablet	1 or 1a*	\$0
junel 1/20 (21) oral tablet	1 or 1a*	\$0
junel fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
junel fe 1/20 (28) oral tablet	1 or 1a*	\$0
junel fe 24 oral tablet	1 or 1a*	\$0
kaitlib fe oral tablet,chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kariva (28) oral tablet	1 or 1b*	\$0
kelnor 1/35 (28) oral tablet	1 or 1a*	\$0
kelnor 1-50 oral tablet	1 or 1a*	\$0
kurvelo (28) oral tablet	1 or 1a*	\$0
l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month	1 or 1b*	\$0
larin 1.5/30 (21) oral tablet	1 or 1a*	\$0
larin 1/20 (21) oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
larin fe 1/20 (28) oral tablet	1 or 1a*	\$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet,chewable	1 or 1b*	\$0

Drug Name	Tier	Notes
leena 28 oral tablet	1 or 1a*	\$0
lessina oral tablet	1 or 1a*	\$0
levonest (28) oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	\$0
levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)	1 or 1b*	\$0
levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month	1 or 1b*	\$0
levonorg-eth estradiol triphasic oral tablet	1 or 1a*	\$0
levora-28 oral tablet	1 or 1a*	\$0
lillow (28) oral tablet	1 or 1a*	\$0
<b>LO LOESTRIN FE ORAL TABLET</b>	2	\$0
loryna (28) oral tablet	1 or 1b*	\$0
low-ogestrel (28) oral tablet	1 or 1a*	\$0
lo-zumandimine (28) oral tablet	1 or 1b*	\$0
lutra (28) oral tablet	1 or 1a*	\$0
lyza oral tablet	1 or 1b*	\$0
marlissa (28) oral tablet	1 or 1a*	\$0
medroxyprogesterone intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone intramuscular syringe	1 or 1b*	\$0
melodetta 24 fe oral tablet,chewable	1 or 1a*	\$0
mibelas 24 fe oral tablet,chewable	1 or 1a*	\$0
microgestin 1.5/30 (21) oral tablet	1 or 1a*	\$0
microgestin 1/20 (21) oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
microgestin fe 1/20 (28) oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
mono-linyah oral tablet	1 or 1a*	\$0
<b>NATAZIA ORAL TABLET</b>	2	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
nikki (28) oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0

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

Effective 10/1/19

Drug Name	Tier	Notes
noreth-ethinyl estradiol-iron oral tablet,chewable	1 or 1b*	\$0
norethindrone (contraceptive) oral tablet	1 or 1b*	\$0
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1 or 1a*	\$0
norethindrone-e.estradiol-iron oral tablet	1 or 1a*	\$0
norethindrone-e.estradiol-iron oral tablet,chewable	1 or 1a*	\$0
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	1 or 1b*	\$0
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nortrel 7/7/7 (28) oral tablet	1 or 1a*	\$0
<b>NUVARING VAGINAL RING</b>	2	\$0
ocella oral tablet	1 or 1b*	\$0
ogestrel (28) oral tablet	1 or 1a*	\$0
orsythia oral tablet	1 or 1a*	\$0
philith oral tablet	1 or 1a*	\$0
pimtreea (28) oral tablet	1 or 1b*	\$0
pirmella oral tablet	1 or 1a*	\$0
portia 28 oral tablet	1 or 1a*	\$0
previfem oral tablet	1 or 1a*	\$0
rajani oral tablet	1 or 1b*	\$0
reclipsen (28) oral tablet	1 or 1a*	\$0
rivelsa oral tablets,dose pack,3 month	1 or 1b*	\$0
setlakin oral tablets,dose pack,3 month	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
simliya (28) oral tablet	1 or 1b*	\$0
simpesse oral tablets,dose pack,3 month	1 or 1b*	\$0
sprintec (28) oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 (28) oral tablet	1 or 1a*	\$0
tarina fe 1-20 eq (28) oral tablet	1 or 1a*	\$0
<b>TAYTULLA ORAL CAPSULE</b>	2	\$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 (28) oral tablet	1 or 1b*	\$0
tri-sprintec (28) oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
tulana oral tablet	1 or 1b*	\$0
tydemy oral tablet	1 or 1b*	\$0
velivet triphasic regimen (28) oral tablet	1 or 1a*	\$0
vienva oral tablet	1 or 1a*	\$0
viorele (28) oral tablet	1 or 1b*	\$0
vyfemla (28) oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera (28) oral tablet	1 or 1a*	\$0
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	2	\$0

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	\$0
wymzya fe oral tablet,chewable	1 or 1b*	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
zarah oral tablet	1 or 1b*	\$0
zenchent (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine (28) oral tablet	1 or 1b*	\$0
<b>COUGH/COLD PREPARATIONS</b>		
benzonatate oral capsule	1 or 1b*	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
centergy dm oral drops	1 or 1b*	
g tussin ac oral liquid	1 or 1a*	
guaiaatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
guaifenesin dac oral syrup	1 or 1b*	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
<b>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</b>	2	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
robafen ac oral liquid	1 or 1a*	PA
<b>TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR</b>	2	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	

Drug Name	Tier	Notes
<b>ZODRYL AC 40 ORAL SUSPENSION</b>	2	
<b>ZODRYL DEC 30 ORAL SUSPENSION</b>	2	
<b>DIAGNOSTIC</b>		
<b>ACCU-CHEK AVIVA PLUS TEST STRP STRIP</b>	2	QL
<b>ACCU-CHEK COMPACT PLUS TEST STRIP</b>	2	QL
<b>ACCU-CHEK GUIDE STRIP</b>	2	QL
<b>ACCU-CHEK SMARTVIEW TEST STRIP STRIP</b>	2	QL
<b>ACCUTREND GLUCOSE STRIP</b>	2	QL
<b>ONETOUCH ULTRA BLUE TEST STRIP STRIP</b>	2	
<b>ONETOUCH VERIO STRIP</b>	2	QL
<b>DIURETICS</b>		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
amiloride oral tablet	2	CTT1
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
eplerenone oral tablet	2	CTT1
ethacrynic acid oral tablet	2	CTT1
furosemide injection solution	1 or 1a*	
furosemide injection syringe	1 or 1a*	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 or 1a*	
furosemide oral tablet	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	

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



Drug Name	Tier	Notes
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
mannitol 10 % intravenous parenteral solution	1 or 1b*	
mannitol 20 % intravenous parenteral solution	1 or 1b*	
mannitol 25 % intravenous solution	1 or 1b*	
mannitol 5 % intravenous parenteral solution	1 or 1b*	
methazolamide oral tablet	2	CTT1
methylclothiazide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
osmitrol 15 % intravenous parenteral solution	1 or 1b*	
osmitrol 20 % intravenous parenteral solution	1 or 1b*	
spironolactone oral tablet	1 or 1a*	
spironolacton-hydrochlorothiaz oral tablet	1 or 1b*	
toremide oral tablet	1 or 1b*	
triamterene oral capsule	2	CTT1
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hydrochlorothiazid oral tablet	1 or 1a*	
<b>EENT PREPS</b>		
acetic acid otic (ear) solution	1 or 1b*	
<b>ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %</b>	2	
apraclonidine ophthalmic (eye) drops	1 or 1b*	
azelastine nasal aerosol,spray	1 or 1b*	
azelastine nasal spray,non-aerosol	1 or 1b*	
<b>AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION</b>	2	
balanced salt intraocular solution	1 or 1b*	
betaxolol ophthalmic (eye) drops	1 or 1b*	
<b>BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION</b>	2	

Drug Name	Tier	Notes
bimatoprost ophthalmic (eye) drops	2	CTT1
brimonidine ophthalmic (eye) drops	1 or 1b*	
bromfenac ophthalmic (eye) drops	2	CTT1
carteolol ophthalmic (eye) drops	1 or 1a*	
<b>COMBIGAN OPTHALMIC (EYE) DROPS</b>	2	
cromolyn ophthalmic (eye) drops	1 or 1a*	
cyclopentolate ophthalmic (eye) drops	1 or 1b*	
<b>CYSTARAN OPTHALMIC (EYE) DROPS</b>	4	PA; QL; LD
dexamethasone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
diclofenac sodium ophthalmic (eye) drops	1 or 1b*	
dorzolamide ophthalmic (eye) drops	1 or 1b*	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1 or 1b*	
dorzolamide-timolol ophthalmic (eye) drops	1 or 1b*	
<b>DUREZOL OPTHALMIC (EYE) DROPS</b>	2	
<b>DYMISTA NASAL SPRAY,NON-AEROSOL</b>	2	
flac otic oil otic (ear) drops	1 or 1b*	
fluocinolone acetone oil otic (ear) drops	1 or 1b*	
fluorometholone ophthalmic (eye) drops,suspension	1 or 1b*	
flurbiprofen sodium ophthalmic (eye) drops	1 or 1b*	
hydrocortisone-acetic acid otic (ear) drops	1 or 1b*	
<b>ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION</b>	2	
ipratropium bromide nasal spray,non-aerosol	1 or 1b*	
ketorolac ophthalmic (eye) drops	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
latanoprost ophthalmic (eye) drops	1 or 1b*	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*	
<b>LOTEMAX OPTHALMIC (EYE) DROPS,GEL</b>	2	
<b>LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
<b>LOTEMAX OPTHALMIC (EYE) OINTMENT</b>	3	
loteprednol etabonate ophthalmic (eye) drops,suspension	1 or 1b*	
<b>LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %</b>	2	
metipranolol ophthalmic (eye) drops	1 or 1b*	
mometasone nasal spray,non-aerosol	3	ST; QL; CTT1
ocucoat intraocular syringe	1 or 1b*	
olopatadine nasal spray,non-aerosol	1 or 1b*	
phenylephrine hcl ophthalmic (eye) drops	1 or 1b*	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1 or 1b*	
prednisolone acetate ophthalmic (eye) drops,suspension	1 or 1b*	
proparacaine ophthalmic (eye) drops	1 or 1b*	
<b>RESTASIS OPTHALMIC (EYE) DROPPERETTE</b>	3	PA; QL
<b>SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION</b>	2	
tetaine ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	

Drug Name	Tier	Notes
<b>TRAVATAN Z OPTHALMIC (EYE) DROPS</b>	2	
tropicamide ophthalmic (eye) drops	1 or 1b*	
<b>XIIDRA OPTHALMIC (EYE) DROPPERETTE</b>	3	PA; QL
<b>ELECT/CALORIC/H2O</b>		
<b>AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION</b>	2	
bd posiflush normal saline 0.9 injection syringe	2	CTT1
bd pre-filled normal saline injection syringe	2	CTT1
bd pre-filled saline blunt can injection syringe	2	CTT1
calcium acetate oral capsule	2	CTT1
calcium acetate oral tablet 667 mg	2	CTT1
calcium chloride intravenous solution	1 or 1b*	
calcium chloride intravenous syringe	1 or 1b*	
calcium gluconate intravenous solution	1 or 1b*	
chromium chloride intravenous solution	1 or 1b*	
copper chloride intravenous solution	1 or 1b*	
cysteine (l-cysteine) intravenous solution	1 or 1b*	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
delflex with 2.5 % dextrose intraperitoneal solution	1 or 1b*	
delflex-1c/1.5% dextrose intraperitoneal solution	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
delflex-1c/2.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-1c/4.25% dextrose intraperitoneal solution	1 or 1b*	
dentagel dental gel	1 or 1a*	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous syringe	1 or 1b*	
dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	
effer-k oral tablet, effervescent 25 meq	1 or 1b*	
<b>GLUCAGEN HYPOKIT INJECTION RECON SOLN</b>	2	
<b>GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN</b>	2	
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con 8 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet,er particles/crystals	1 or 1a*	
klor-con m15 oral tablet,er particles/crystals	1 or 1a*	
klor-con m20 oral tablet,er particles/crystals	1 or 1a*	

Drug Name	Tier	Notes
klor-con oral packet	1 or 1b*	
klor-con sprinkle oral capsule, extended release 8 meq	1 or 1b*	
klor-con/ef oral tablet, effervescent	1 or 1b*	
lactated ringers intravenous parenteral solution	1 or 1b*	
lanthanum oral tablet,chewable	2	CTT1
lugols oral solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*	
magnesium sulfate injection solution	2	CTT1
magnesium sulfate injection syringe	2	CTT1
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
monoject 0.9% sodium chloride injection syringe	2	CTT1
monoject prefill advanced ns injection syringe	2	CTT1
normal saline flush injection syringe	2	CTT1
nutrilyte intravenous solution	1 or 1b*	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chlorid-d5-0.45% nacl intravenous parenteral solution	1 or 1b*	
potassium chloride in 0.9% nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1 or 1b*	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1 or 1b*	
potassium chloride in water intravenous piggyback	1 or 1b*	
potassium chloride oral capsule, extended release	1 or 1b*	
potassium chloride oral liquid	1 or 1b*	
potassium chloride oral packet	1 or 1b*	

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

Drug Name	Tier	Notes
potassium chloride oral tablet extended release	1 or 1b*	
potassium chloride oral tablet,er particles/crystals	1 or 1a*	
potassium chloride-0.45 % nacl intravenous parenteral solution	1 or 1b*	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1 or 1b*	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1 or 1b*	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1 or 1b*	
potassium citrate oral tablet extended release	1 or 1b*	
ringer's intravenous parenteral solution	1 or 1b*	
selenium intravenous solution	1 or 1b*	
sevelamer carbonate oral powder in packet	2	CTT1
sevelamer carbonate oral tablet	2	CTT1
sevelamer hcl oral tablet	2	CTT1
sf dental gel	1 or 1a*	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*	
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml	2	CTT1
sodium bicarbonate intravenous solution	2	CTT1
sodium bicarbonate intravenous syringe	2	CTT1
sodium chloride 0.45 % intravenous parenteral solution	2	CTT1
sodium chloride 0.45 % intravenous piggyback	2	CTT1
sodium chloride 0.9 % (flush) injection syringe	2	CTT1
sodium chloride 0.9 % injection solution	2	CTT1
sodium chloride 0.9 % intravenous piggyback	2	CTT1

Drug Name	Tier	Notes
sodium chloride 3 % intravenous parenteral solution	2	CTT1
sodium chloride 5 % intravenous parenteral solution	2	CTT1
sodium chloride injection syringe	2	CTT1
sodium chloride intravenous parenteral solution	2	CTT1
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
sodium phosphate intravenous solution	1 or 1b*	
sodium polystyrene sulfonate oral powder	2	CTT1
sodium polystyrene sulfonate oral suspension	2	CTT1
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	2	CTT1
sps (with sorbitol) oral suspension	2	CTT1
sps (with sorbitol) rectal enema	2	CTT1
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
<b>GASTROINTESTINAL</b>		
alosetron oral tablet	2	PA; QL; CTT1
<b>AMITIZA ORAL CAPSULE</b>	2	
aprepitant oral capsule	2	CTT1
aprepitant oral capsule,dose pack	2	CTT1
<b>APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	2	
atropine injection solution	2	CTT1
atropine injection syringe 0.05 mg/ml	2	CTT1
balsalazide oral capsule	1 or 1b*	
<b>CARAFATE ORAL SUSPENSION</b>	2	
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
<b>CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	2	
dicyclomine intramuscular solution	2	CTT1
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)	1 or 1b*	PA; QL
dronabinol oral capsule	2	CTT1
enulose oral solution	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1 or 1b*	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
fosaprepitant intravenous recon soln	2	PA; QL; CTT1
gavilyte-c oral recon soln	1 or 1a*	\$0
gavilyte-g oral recon soln	1 or 1a*	\$0
gavilyte-n oral recon soln	1 or 1a*	\$0
generlac oral solution	1 or 1b*	
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
granisetron (pf) intravenous solution	2	CTT1
granisetron hcl intravenous solution	2	CTT1
granisetron hcl oral tablet	2	QL; CTT1
hydrocortisone-pramoxine rectal cream 1-1 %	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	

Drug Name	Tier	Notes
lactulose oral packet	2	CTT1
lactulose oral solution	1 or 1b*	
<b>LINZESS ORAL CAPSULE</b>	2	
loperamide oral capsule	1 or 1b*	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
mesalamine oral capsule (with del rel tablets)	2	CTT1
mesalamine oral tablet,delayed release (dr/ec)	2	CTT1
mesalamine rectal enema	2	CTT1
mesalamine rectal suppository	2	CTT1
mesalamine with cleansing wipe rectal enema kit	2	CTT1
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet,disintegrating 5 mg	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
ondansetron hcl (pf) injection solution	2	CTT1
ondansetron hcl (pf) injection syringe	2	CTT1
ondansetron hcl intravenous solution	2	CTT1
ondansetron hcl oral solution	2	QL; CTT1
ondansetron hcl oral tablet	2	QL; CTT1
ondansetron oral tablet,disintegrating	2	QL; CTT1
palonosetron intravenous solution 0.25 mg/5 ml	2	PA; QL; CTT1
palonosetron intravenous syringe	2	PA; QL; CTT1

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

Effective 10/1/19

Drug Name	Tier	Notes
peg 3350-electrolytes oral recon soln	1 or 1a*	\$0
peg-electrolyte soln oral recon soln	1 or 1a*	\$0
peg-prep oral kit	1 or 1b*	\$0
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE</b>	2	
phenadoz rectal suppository	2	CTT1
phenergan rectal suppository	2	CTT1
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
promethazine rectal suppository	2	CTT1
promethegan rectal suppository	2	CTT1
propantheline oral tablet	1 or 1b*	
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet 150 mg, 300 mg	1 or 1b*	
scopolamine base transdermal patch 3 day	1 or 1b*	
sodium phenylbutyrate oral powder	4	PA; QL
sodium phenylbutyrate oral tablet	4	PA; QL
sucrafate oral tablet	1 or 1b*	
sulfasalazine oral tablet	1 or 1b*	
sulfasalazine oral tablet, delayed release (dr/ec)	1 or 1b*	
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN</b>	2	
symax fastabs oral tablet, disintegrating	1 or 1b*	
trilyte with flavor packets oral recon soln	1 or 1a*	\$0
trimethobenzamide oral capsule	1 or 1b*	
ursodiol oral capsule	2	CTT1
ursodiol oral tablet	2	CTT1

Drug Name	Tier	Notes
<b>VIOKACE ORAL TABLET</b>	3	
<b>ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT</b>	2	
<b>HORMONES</b>		
a-hydrocort injection recon soln	1 or 1b*	
amabelz oral tablet	1 or 1b*	
betamethasone acet,sod phos injection suspension	1 or 1b*	
budesonide oral capsule, delayed, extend. release	2	CTT1
budesonide oral tablet, delayed and ext. release	2	CTT1
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray, non-aerosol	2	CTT1
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</b>	2	
clomiphene citrate oral tablet	1 or 1b*	PA; QL
<b>COMBIPATCH TRANSDERMAL PATCH SEMI-WEEKLY</b>	2	
cortisone oral tablet	1 or 1b*	
cosyntropin injection recon soln	2	CTT1
danazol oral capsule	2	CTT1
decadron oral tablet	1 or 1a*	
desmopressin injection solution	1 or 1b*	
desmopressin nasal spray with pump	1 or 1b*	
desmopressin nasal spray, non-aerosol	1 or 1b*	
desmopressin oral tablet	1 or 1b*	
<b>DEXAMETHASONE INTENSOL ORAL DROPS</b>	2	

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

Effective 10/1/19

Drug Name	Tier	Notes
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablets,dose pack	1 or 1b*	
dexamethasone sodium phos (pf) injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution	1 or 1b*	
<b>DIVIGEL TRANSDERMAL GEL IN PACKET</b>	2	
dotti transdermal patch semiweekly	1 or 1b*	
<b>ENDOMETRIN VAGINAL INSERT</b>	2	PA; QL
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch semiweekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
<b>EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL</b>	2	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
<b>GONAL-F RFF REDJECT SUBCUTANEOUS PEN INJECTOR</b>	4	SP
<b>GONAL-F RFF SUBCUTANEOUS RECON SOLN</b>	4	SP
<b>GONAL-F SUBCUTANEOUS RECON SOLN</b>	4	SP
<b>HUMATROPE INJECTION CARTRIDGE</b>	4	PA; QL; SP
<b>HUMATROPE INJECTION RECON SOLN</b>	4	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	

Drug Name	Tier	Notes
hydrocortisone rectal enema	1 or 1b*	
hydroxyprogesterone (pf)(preg presv) intramuscular oil	4	PA; QL; SP
hydroxyprogesterone cap(ppres) intramuscular oil	4	PA; QL; SP
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	
jinteli oral tablet	1 or 1b*	
lopreeza oral tablet	1 or 1b*	
medroxyprogesterone oral tablet	1 or 1a*	
<b>MENEST ORAL TABLET</b>	2	
methergine oral tablet	1 or 1b*	
methylergonovine oral tablet	1 or 1b*	
methylprednisolone acetate injection suspension	1 or 1b*	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablets,dose pack	1 or 1a*	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1 or 1b*	
methylprednisolone sodium succ intravenous recon soln	1 or 1b*	
methyltestosterone oral capsule	2	CTT1
mimvey lo oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1 or 1b*	
<b>NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT</b>	5	PA; QL; SP
<b>NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT</b>	5	SP
<b>NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR</b>	4	PA; QL; SP
oxandrolone oral tablet 10 mg	2	CTT1
oxandrolone oral tablet 2.5 mg	2	PA; QL; CTT1
oxytocin injection solution	1 or 1b*	

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

Effective 10/1/19

Drug Name	Tier	Notes
prednisolone oral solution 15 mg/5 ml	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1 or 1a*	
prednisolone sodium phosphate oral tablet, disintegrating	1 or 1a*	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets, dose pack	1 or 1a*	
<b>PREMARIN INJECTION RECON SOLN</b>	2	
<b>PREMARIN ORAL TABLET</b>	2	
<b>PREMARIN VAGINAL CREAM</b>	2	
<b>PREMPHASE ORAL TABLET</b>	2	
<b>PREMPRO ORAL TABLET</b>	2	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
serophene oral tablet	1 or 1b*	PA; QL
<b>SOMATULINE DEPOT SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP
<b>SYNAREL NASAL SPRAY, NON-AEROSOL</b>	5	PA; QL; SP
testosterone cypionate intramuscular oil	1 or 1b*	PA; QL
testosterone enanthate intramuscular oil	1 or 1b*	PA; QL
testosterone transdermal gel	2	PA; QL; CTT1
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)	2	PA; QL; CTT1
testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	2	PA; QL; CTT1

Drug Name	Tier	Notes
testosterone transdermal solution in metered pump w/app	2	PA; QL; CTT1
triamcinolone acetonide injection suspension	1 or 1b*	
yuvafem vaginal tablet	1 or 1b*	
<b>IMMUNOSUPPRESSANT S</b>		
<b>AZASAN ORAL TABLET</b>	2	
azathioprine oral tablet	1 or 1b*	
cyclosporine modified oral capsule	4	SP
cyclosporine modified oral solution	4	SP
cyclosporine oral capsule	4	SP
gengraf oral capsule 100 mg, 25 mg	4	SP
gengraf oral solution	4	SP
mycophenolate mofetil oral capsule	4	SP
mycophenolate mofetil oral suspension for reconstitution	4	SP
mycophenolate mofetil oral tablet	4	SP
mycophenolate sodium oral tablet, delayed release (dr/ec)	4	SP
pimecrolimus topical cream	1 or 1b*	ST; QL
sirolimus oral solution	4	SP
sirolimus oral tablet	4	SP
<b>STELARA INTRAVENOUS SOLUTION</b>	4	PA; QL; SP
<b>STELARA SUBCUTANEOUS SOLUTION</b>	4	PA; QL; SP
<b>STELARA SUBCUTANEOUS SYRINGE</b>	4	PA; QL; SP
tacrolimus oral capsule	4	SP
tacrolimus topical ointment	1 or 1b*	ST; QL
<b>ZORTRESS ORAL TABLET</b>	4	SP
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b>		
<b>1ST TIER UNIFINE PENTIPS NEEDLE</b>	3	ST; QL

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

Effective 10/1/19



Drug Name	Tier	Notes
1ST TIER UNIFINE PENTIPS PLUS NEEDLE	3	ST; QL
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK FASTCLIX LANCING DEV KIT	2	
ACCU-CHEK MULTICLIX LANCET	2	
ACCU-CHEK MULTICLIX LANCET KIT	2	
ACCU-CHEK SAFE-T-PRO	2	
ACCU-CHEK SAFE-T-PRO PLUS	2	
ACCU-CHEK SOFT DEV LANCETS KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ADVOCATE PEN NEEDLE NEEDLE	3	ST; QL
ADVOCATE SYRINGES SYRINGE	3	ST; QL
ASSURE ID INSULIN SAFETY SYRINGE	3	ST; QL
ASSURE ID PEN NEEDLE NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE	2	
BD INSULIN SYRINGE SLIP TIP SYRINGE	2	
BD INSULIN SYRINGE SYRINGE	2	
BD INSULIN SYRINGE U-500 SYRINGE	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE	2	ST; QL
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE	2	
BD VEO INSULIN SYR HALF UNIT SYRINGE	2	
BD VEO INSULIN SYRINGE UF SYRINGE	2	
CAREFINE PEN NEEDLE NEEDLE	3	ST; QL
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16	3	
CARETOUCH PEN NEEDLE NEEDLE	3	ST; QL
CLICKFINE PEN NEEDLE NEEDLE	3	ST; QL

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

Effective 10/1/19



Drug Name	Tier	Notes
COMFORT EZ INSULIN SYRINGE SYRINGE	3	ST; QL
COMFORT EZ PEN NEEDLES NEEDLE	3	ST; QL
DROPLET INSULIN SYR HALF UNIT SYRINGE	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; QL
DROPLET PEN NEEDLE NEEDLE	3	ST; QL
DROPSAFE PEN NEEDLE NEEDLE	3	
EASY COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	
EASY GLIDE PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH FLIPLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH INSULIN SAFETY SYR SYRINGE	3	ST; QL
EASY TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
EASY TOUCH LUER LOCK INSULIN SYRINGE	3	

Drug Name	Tier	Notes
EASY TOUCH NEEDLE	3	ST; QL
EASY TOUCH PEN NEEDLE NEEDLE	3	ST; QL
EASY TOUCH SHEATHLOCK INSULIN SYRINGE	3	ST; QL
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; QL
FREESTYLE PRECISION SYRINGE	3	ST; QL
HEALTHWISE INSULIN SYRINGE SYRINGE	3	
HEALTHWISE PEN NEEDLE NEEDLE	3	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	3	ST; QL
INCONTROL PEN NEEDLE NEEDLE	3	ST; QL
INSULIN SYR/NDL U100 HALF MARK SYRINGE	3	ST; QL
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRINGE NEEDLELESS SYRINGE	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL

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

Effective 10/1/19

Drug Name	Tier	Notes
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	3	ST; QL
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	1 or 1b*	
INSUPEN NEEDLE	3	ST; QL
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	3	ST; QL
LITE TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
MAGELLAN INSULIN SAFETY SYRNG SYRINGE	3	ST; QL
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST; QL
MAXICOMFORT II PEN NEEDLE NEEDLE	3	ST; QL
MAXICOMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL

Drug Name	Tier	Notes
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE	3	ST; QL
MINI ULTRA-THIN II NEEDLE	3	ST; QL
MONOJECT INSULIN SAFETY SYRING SYRINGE	3	ST; QL
MONOJECT INSULIN SYRINGE SYRINGE	3	ST; QL
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	3	ST; QL
MONOJECT ULTRA COMFORT INSULIN SYRINGE	3	ST; QL
NOVOFINE 32 NEEDLE	3	ST; QL
NOVOFINE AUTOCOVER NEEDLE	3	ST; QL
NOVOFINE PLUS NEEDLE	3	ST; QL
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	ST; QL
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH DELICA PLUS LANC DEV KIT	2	
ONETOUCH DELICA PLUS LANCET	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; QL
PEN NEEDLE, DIABETIC NEEDLE	3	ST; QL
PENTIPS NEEDLE	3	ST; QL
PRO COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
PRO COMFORT PEN NEEDLE NEEDLE	3	ST; QL

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

Effective 10/1/19

Drug Name	Tier	Notes
PRODIGY INSULIN SYRINGE SYRINGE	3	ST; QL
RELION NEEDLES NEEDLE	3	ST; QL
RELION PEN NEEDLES NEEDLE	3	ST; QL
SAFESNAP INSULIN SYRINGE SYRINGE	3	ST; QL
SAFETY PEN NEEDLE NEEDLE	3	ST; QL
SURE COMFORT INS. SYR. U-100 SYRINGE	3	ST; QL
SURE COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
SURE COMFORT PEN NEEDLE NEEDLE	3	ST; QL
SURE-FINE PEN NEEDLES NEEDLE	3	ST; QL
SURE-JECT INSULIN SYRINGE SYRINGE	3	ST; QL
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	3	ST; QL
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	
TECHLITE INSULIN SYRINGE SYRINGE	3	ST; QL
TECHLITE PEN NEEDLE NEEDLE	3	ST; QL
TERUMO INSULIN SYRINGE SYRINGE	3	ST; QL
thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1 or 1b*	

Drug Name	Tier	Notes
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST; QL
TOPCARE CLICKFINE NEEDLE	3	ST; QL
TOPCARE ULTRA COMFORT SYRINGE	3	ST; QL
TRUE COMFORT INSULIN SYRINGE SYRINGE	3	
TRUE COMFORT PEN NEEDLE NEEDLE	3	ST; QL
TRUEPLUS INSULIN SYRINGE	3	ST; QL
TRUEPLUS PEN NEEDLE NEEDLE	3	
ULTICARE INSULIN SYR HALF UNIT SYRINGE	3	ST; QL
ULTICARE INSULIN SYRINGE SYRINGE	3	ST; QL
ULTICARE PEN NEEDLE NEEDLE	3	ST; QL
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; QL
ULTILET INSULIN SYRINGE SYRINGE	3	ST; QL
ULTILET PEN NEEDLE NEEDLE	3	ST; QL
ULTRA CMFT INS SYR HALF UNIT SYRINGE	3	ST; QL

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

Drug Name	Tier	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; QL
ULTRA THIN PEN NEEDLE NEEDLE	3	ST; QL
ULTRACARE INSULIN SYRINGE SYRINGE	3	
ULTRACARE PEN NEEDLE NEEDLE	3	ST; QL
ULTRA-THIN II (SHORT) INS SYR SYRINGE	3	ST; QL
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	3	ST; QL
ULTRA-THIN II INS PEN NEEDLES NEEDLE	3	ST; QL
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; QL
UNIFINE PENTIPS PLUS NEEDLE	3	ST; QL
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
<b>MUSCLE RELAXANTS</b>		
baclofen intrathecal solution	4	

Drug Name	Tier	Notes
baclofen oral tablet 10 mg, 20 mg	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	
carisoprodol-aspirin oral tablet	1 or 1b*	
chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine oral tablet	1 or 1b*	
dantrolene oral capsule	2	CTT1
metaxall oral tablet	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
orphenadrine citrate oral tablet extended release	1 or 1b*	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1 or 1b*	
orphengesic forte oral tablet	1 or 1b*	ST; QL
revonto intravenous recon soln	1 or 1b*	
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
<b>PRE-NATAL VITAMINS</b>		
COMPLETENATE ORAL TABLET,CHEWABLE	2	
elite-ob oral tablet	1 or 1b*	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	
FOLIVANE-OB ORAL CAPSULE	2	
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE	2	
PNV 29-1 ORAL TABLET	2	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
PNV-VP-U ORAL CAPSULE	2	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP,DR	2	

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

Effective 10/1/19

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PR NATAL 400 ORAL COMBO PACK	2	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR	2	
PR NATAL 430 ORAL COMBO PACK	2	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE	2	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
prenatal low iron oral tablet	1 or 1a*	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET	2	
PRENATAL PLUS ORAL TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL-U ORAL CAPSULE	2	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
SE-NATAL 19 (WITH DOCUSATE) ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET, CHEWABLE	2	
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
TRIVEEN-DUO DHA ORAL COMBO PACK	2	
trust natal dha oral combo pack	1 or 1b*	
VINATE CARE ORAL TABLET, CHEWABLE	2	
VINATE II ORAL TABLET	2	
VINATE M ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
zingiber oral tablet	1 or 1a*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet, disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
aripiprazole oral solution	2	CTT1
aripiprazole oral tablet	2	CTT1
aripiprazole oral tablet, disintegrating	2	CTT1
armodafinil oral tablet	2	PA; QL; CTT1
atomoxetine oral capsule	1 or 1b*	PA; QL
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	
bupropion hcl oral tablet sustained-release 12 hr 100 mg	1 or 1b*	DO
bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	DO
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	PA; QL
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	1 or 1b*	
bupropion hcl oral tablet	2	CTT1

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

Drug Name	Tier	Notes
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	CTT1
desipramine oral tablet	2	CTT1
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1 or 1b*	
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1 or 1b*	DO
dexmethylphenidate oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
dexmethylphenidate oral tablet	1 or 1b*	PA; QL
diazepam injection solution	1 or 1a*	
diazepam injection syringe	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	
diazepam oral concentrate	1 or 1a*	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1 or 1a*	
diazepam oral tablet	1 or 1a*	
doxepin oral capsule	1 or 1b*	
doxepin oral concentrate	1 or 1b*	
droperidol injection solution	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 40 mg, 60 mg	2	CTT1
duloxetine oral capsule,delayed release(dr/ec) 30 mg	2	DO; CTT1
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 oral capsule 10 mg, 20 mg	1 or 1b*	DO
fluoxetine oral capsule 40 mg	1 or 1b*	
fluoxetine oral capsule,delayed release(dr/ec)	1 or 1b*	
fluoxetine oral solution	1 or 1b*	
fluoxetine oral tablet 10 mg	1 or 1b*	DO
fluoxetine oral tablet 20 mg	1 or 1b*	
fluoxetine oral tablet 60 mg	1 or 1b*	QL

Drug Name	Tier	Notes
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
fluvoxamine oral capsule,extended release 24hr	1 or 1b*	
fluvoxamine oral tablet 100 mg	1 or 1b*	
fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO
<b>GEODON INTRAMUSCULAR RECON SOLN</b>	2	
guanfacine oral tablet extended release 24 hr	1 or 1b*	PA; QL
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate intramuscular syringe	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
<b>LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML</b>	2	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
meprobamate oral tablet	1 or 1b*	

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



Drug Name	Tier	Notes
metadate er oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral capsule, er biphasic 30-70	1 or 1b*	PA; QL
methylphenidate hcl oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet,chewable	1 or 1b*	PA; QL
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet,disintegrating	1 or 1b*	
modafinil oral tablet 100 mg	2	PA; DO; QL; CTT1
modafinil oral tablet 200 mg	2	PA; QL; CTT1
molindone oral tablet	2	CTT1
nefazodone oral tablet	1 or 1b*	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
olanzapine intramuscular recon soln	2	CTT1
olanzapine oral tablet	2	CTT1
olanzapine oral tablet,disintegrating	2	CTT1
olanzapine-fluoxetine oral capsule	1 or 1b*	
oxazepam oral capsule	2	CTT1
paliperidone oral tablet extended release 24hr	2	CTT1
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1 or 1b*	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1 or 1b*	
perphenazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
perphenazine-amitriptyline oral tablet	1 or 1b*	
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
protriptyline oral tablet	2	CTT1
quetiapine oral tablet	2	CTT1
quetiapine oral tablet extended release 24 hr	2	CTT1
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE</b>	2	
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet,disintegrating	2	CTT1
sertraline oral concentrate	1 or 1b*	
sertraline oral tablet 100 mg	1 or 1b*	
sertraline oral tablet 25 mg, 50 mg	1 or 1b*	DO
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
tranlycypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 150 mg	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg	1 or 1b*	
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
<b>VYVANSE ORAL CAPSULE</b>	2	PA; QL
<b>VYVANSE ORAL TABLET,CHEWABLE</b>	2	PA; QL
ziprasidone hcl oral capsule	2	CTT1
<b>SEDATIVE/HYPNOTICS</b>		
dexmedetomidine in 0.9 % nacl intravenous solution 80 mcg/20 ml (4 mcg/ml)	1 or 1b*	

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

Effective 10/1/19



Drug Name	Tier	Notes
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	
flurazepam oral capsule	1 or 1b*	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
midazolam oral syrup 2 mg/ml	1 or 1b*	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution 130 mg/ml	1 or 1b*	
ramelteon oral tablet	2	ST; QL; CTT1
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	
zolpidem sublingual tablet	2	ST; QL; CTT1
<b>SKIN PREPS</b>		
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	2	CTT1
adapalene topical cream	1 or 1b*	PA; QL
adapalene topical gel	1 or 1b*	PA; QL
adapalene topical gel with pump	1 or 1b*	PA; QL
adapalene topical swab	1 or 1b*	PA; QL
adapalene-benzoyl peroxide topical gel with pump	1 or 1b*	
ala-cort topical cream 1 %	1 or 1a*	
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
<b>ALTABAX TOPICAL OINTMENT</b>	2	
amcinonide topical cream	1 or 1b*	ST; QL
amcinonide topical lotion	1 or 1b*	ST; QL
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amnesteem oral capsule	2	PA; QL; CTT1
aqua care sterile water irrigation solution	1 or 1b*	
avita topical cream	1 or 1b*	PA; QL

Drug Name	Tier	Notes
azelaic acid topical gel	1 or 1b*	
beseer topical lotion	1 or 1b*	ST; QL
betamethasone dipropionate topical cream	1 or 1b*	ST; QL
betamethasone dipropionate topical lotion	1 or 1b*	ST; QL
betamethasone dipropionate topical ointment	1 or 1b*	ST; QL
betamethasone valerate topical cream	1 or 1b*	ST; QL
betamethasone valerate topical foam	1 or 1b*	ST; QL
betamethasone valerate topical lotion	1 or 1b*	ST; QL
betamethasone valerate topical ointment	1 or 1b*	ST; QL
betamethasone, augmented topical cream	1 or 1b*	
betamethasone, augmented topical gel	1 or 1b*	ST; QL
betamethasone, augmented topical lotion	1 or 1b*	ST; QL
betamethasone, augmented topical ointment	1 or 1b*	
blanche topical cream	1 or 1b*	
calcipotriene scalp solution	1 or 1b*	
calcipotriene topical cream	1 or 1b*	
calcipotriene topical ointment	1 or 1b*	
calcipotriene-betamethasone topical ointment	1 or 1b*	
calcitrene topical ointment	1 or 1b*	
calcitriol topical ointment	1 or 1b*	
claravis oral capsule	2	PA; QL; CTT1
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	

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

Drug Name	Tier	Notes
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
clodan topical shampoo	1 or 1b*	
cormax scalp solution	1 or 1b*	
<b>COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP
<b>COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR</b>	5	PA; QL; SP
<b>COSENTYX PEN SUBCUTANEOUS PEN INJECTOR</b>	5	PA; QL; SP
<b>COSENTYX SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP
dapsone topical gel	1 or 1b*	ST; QL
desonide topical cream	1 or 1b*	ST; QL
desonide topical lotion	1 or 1b*	ST; QL
desonide topical ointment	1 or 1b*	ST; QL
desoximetasone topical cream	1 or 1b*	ST; QL
desoximetasone topical gel	1 or 1b*	ST; QL
desoximetasone topical ointment	1 or 1b*	ST; QL
desoximetasone topical spray,non-aerosol	1 or 1b*	ST; QL
diclofenac sodium topical gel 1 %	2	CTT1
diflorasone topical cream	1 or 1b*	ST; QL
diflorasone topical ointment	1 or 1b*	ST; QL
doxepin topical cream	2	CTT1
fluocinolone and shower cap scalp oil	1 or 1b*	ST; QL
fluocinolone topical cream	1 or 1b*	ST; QL
fluocinolone topical oil	1 or 1b*	ST; QL
fluocinolone topical ointment	1 or 1b*	ST; QL
fluocinolone topical solution	1 or 1b*	ST; QL
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	ST; QL
fluocinonide topical ointment	1 or 1b*	

Drug Name	Tier	Notes
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*	
flurandrenolide topical cream	1 or 1b*	ST; QL
flurandrenolide topical lotion	1 or 1b*	ST; QL
flurandrenolide topical ointment	1 or 1b*	ST; QL
fluticasone propionate topical cream	1 or 1b*	ST; QL
fluticasone propionate topical lotion	1 or 1b*	ST; QL
fluticasone propionate topical ointment	1 or 1b*	ST; QL
halcinonide topical cream	2	ST; QL; CTT1
halobetasol propionate topical cream	1 or 1b*	
halobetasol propionate topical ointment	1 or 1b*	
hydrocortisone butyrate topical cream	1 or 1b*	ST; QL
hydrocortisone butyrate topical lotion	1 or 1b*	ST; QL
hydrocortisone butyrate topical ointment	1 or 1b*	ST; QL
hydrocortisone butyrate topical solution	1 or 1b*	ST; QL
hydrocortisone butyr-emollient topical cream	1 or 1b*	ST; QL
hydrocortisone topical cream 2.5 %	1 or 1a*	
hydrocortisone topical cream with perineal applicator	1 or 1b*	
hydrocortisone topical lotion 2.5 %	1 or 1a*	
hydrocortisone topical ointment 2.5 %	1 or 1a*	
hydrocortisone valerate topical cream	1 or 1b*	ST; QL
hydrocortisone valerate topical ointment	1 or 1b*	ST; QL
imiquimod topical cream in packet	1 or 1b*	
isotretinoin oral capsule	2	PA; QL; CTT1
lactated ringers irrigation solution	1 or 1b*	
methoxsalen oral capsule,liqd-filled,rapid rel	4	SP

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

Effective 10/1/19

Drug Name	Tier	Notes
metronidazole topical cream	1 or 1b*	
metronidazole topical gel	1 or 1b*	
metronidazole topical gel with pump	1 or 1b*	
metronidazole topical lotion	1 or 1b*	
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA; QL; CTT1
neomycin-polymyxin b gu irrigation solution	2	CTT1
neuac topical gel	1 or 1b*	
nolix topical cream	1 or 1b*	ST; QL
nolix topical lotion	1 or 1b*	ST; QL
podofilox topical solution	1 or 1b*	
<b>PRAMOSONE TOPICAL CREAM 1-1 %</b>	2	
<b>PRAMOSONE TOPICAL LOTION</b>	2	
prednicarbate topical cream	1 or 1b*	ST; QL
prednicarbate topical ointment	1 or 1b*	ST; QL
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
proctozone-hc topical cream with perineal applicator	1 or 1b*	
refissa topical cream	1 or 1b*	PA; QL
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	
rosadan topical gel	1 or 1b*	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical liquid 26 %	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	

Drug Name	Tier	Notes
scalacort topical lotion	1 or 1a*	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	
sodium chloride irrigation solution	2	CTT1
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
sulfacetamide sodium topical cleanser	1 or 1b*	
sulfacetamide sodium topical cleanser, gel	1 or 1b*	
sulfacetamide sodium topical shampoo	1 or 1b*	
tazarotene topical cream	1 or 1b*	
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	2	
<b>TAZORAC TOPICAL GEL</b>	2	
tis-u-sol pentalyte irrigation irrigation solution	1 or 1b*	
tretinoin (emollient) topical cream	1 or 1b*	PA; QL
tretinoin microspheres topical gel	1 or 1b*	PA; QL
tretinoin microspheres topical gel with pump	1 or 1b*	PA; QL
tretinoin topical cream	1 or 1b*	PA; QL
tretinoin topical gel	1 or 1b*	PA; QL
triamcinolone acetonide topical aerosol	1 or 1a*	ST; QL
triamcinolone acetonide topical cream	1 or 1a*	
triamcinolone acetonide topical lotion	1 or 1a*	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
triderm topical cream	1 or 1a*	ST; QL
urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1 or 1b*	
urea topical foam	1 or 1b*	
urea topical gel 45 %	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
zenatane oral capsule	2	PA; QL; CTT1

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

Drug Name	Tier	Notes
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL; \$0
<b>CHANTIX CONTINUING MONTH BOX ORAL TABLET</b>	2	PA; QL; \$0
<b>CHANTIX ORAL TABLET</b>	2	PA; QL; \$0
<b>CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK</b>	2	PA; QL; \$0
<b>NICOTROL INHALATION CARTRIDGE</b>	2	PA; QL; \$0
<b>NICOTROL NS NASAL SPRAY,NON-AEROSOL</b>	2	PA; QL; \$0
<b>THYROID PREPS</b>		
levothyroxine intravenous recon soln 100 mcg, 500 mcg	1 or 1a*	
levothyroxine oral tablet	1 or 1a*	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1 or 1a*	
liothyronine intravenous solution	1 or 1b*	
liothyronine oral tablet	1 or 1b*	
methimazole oral tablet 10 mg, 5 mg	1 or 1a*	
np thyroid oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
thyroid (pork) oral tablet	1 or 1a*	
unithroid oral tablet	1 or 1a*	
<b>UNCLASSIFIED DRUG PRODUCTS</b>		
acamprosate oral tablet,delayed release (dr/ec)	2	CTT1
acetylcysteine intravenous solution	2	CTT1
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	
alfuzosin oral tablet extended release 24 hr	1 or 1b*	
<b>BERINERT INTRAVENOUS KIT</b>	5	PA; QL; LD

Drug Name	Tier	Notes
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual film	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	
cinacalcet oral tablet	4	PA; QL
<b>CYSTADANE ORAL POWDER</b>	4	LD
darifenacin oral tablet extended release 24 hr	2	CTT1
deferasirox oral tablet, dispersible	4	PA; QL; SP
disulfiram oral tablet	1 or 1b*	
doxercalciferol intravenous solution	2	PA; QL; CTT1
doxercalciferol oral capsule	2	PA; QL; CTT1
doxycycline hyclate oral tablet 20 mg	1 or 1b*	
dutasteride oral capsule	1 or 1b*	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	
etidronate disodium oral tablet	2	CTT1
finasteride oral tablet	1 or 1b*	
<b>FIRAZYR SUBCUTANEOUS SYRINGE</b>	5	PA; QL; SP
flavoxate oral tablet	1 or 1b*	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
<b>FORTEO SUBCUTANEOUS PEN INJECTOR</b>	4	PA; QL; SP
<b>FOSAMAX PLUS D ORAL TABLET</b>	2	
<b>HAEGARDA SUBCUTANEOUS RECON SOLN</b>	5	PA; QL; LD; SP
ibandronate oral tablet	1 or 1b*	ST; QL
icatibant subcutaneous syringe	4	PA; QL; SP

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

Effective 10/1/19

Drug Name	Tier	Notes
<b>KALBITOR SUBCUTANEOUS SOLUTION</b>	5	PA; QL; LD; SP
<b>KUVAN ORAL TABLET,SOLUBLE</b>	5	PA; QL; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium injection solution 10 mg/ml	4	SP
leucovorin calcium oral tablet	2	CTT1
levocarnitine (with sugar) oral solution	2	CTT1
levocarnitine oral tablet	2	CTT1
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	
mesna intravenous solution	1 or 1b*	PA; QL
methylene blue (antidote) intravenous solution	1 or 1b*	
mifepristone oral tablet	1 or 1b*	
miglustat oral capsule	4	PA; QL; SP
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	
<b>NEBUSAL INHALATION SOLUTION FOR NEBULIZATION</b>	2	
<b>OFEV ORAL CAPSULE</b>	5	PA; QL; LD; SP
oralone dental paste	1 or 1b*	
<b>ORFADIN ORAL CAPSULE</b>	5	PA; QL; LD
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	
paricalcitol oral capsule	2	PA; QL; CTT1
paroex oral rinse mucous membrane mouthwash	1 or 1a*	
paroxetine mesylate(menop.sym) oral capsule	1 or 1b*	
periogard mucous membrane mouthwash	1 or 1a*	

Drug Name	Tier	Notes
<b>PROLIA SUBCUTANEOUS SYRINGE</b>	4	PA; QL; SP
pulmosal inhalation solution for nebulization	1 or 1b*	
<b>PULMOZYME INHALATION SOLUTION</b>	5	SP
raloxifene oral tablet	1 or 1b*	\$0
risedronate oral tablet	1 or 1b*	
risedronate oral tablet,delayed release (dr/ec)	1 or 1b*	
<b>RUCONEST INTRAVENOUS RECON SOLN</b>	5	PA; QL; LD; SP
sildenafil oral tablet	1 or 1b*	PA; QL
silodosin oral capsule	2	CTT1
sodium chlor 0.9% bacteriostat injection solution	2	CTT1
sodium chloride inhalation solution for nebulization	2	CTT1
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*	
solifenacin oral tablet	2	CTT1
<b>SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG</b>	5	PA; QL; SP
<b>SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG</b>	5	PA; QL; LD; SP
sterile water for injection injection solution	1 or 1b*	
tadalafil oral tablet	1 or 1b*	PA; QL
tamsulosin oral capsule	1 or 1b*	
tolterodine oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral tablet	1 or 1b*	
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	
triamcinolone acetonide dental paste	1 or 1b*	
trientine oral capsule	4	PA; QL; SP
trospium oral capsule,extended release 24hr	2	CTT1

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

Effective 10/1/19

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
trosipium oral tablet	2	CTT1
vardenafil oral tablet	1 or 1b*	PA; QL
vardenafil oral tablet, disintegrating	1 or 1b*	PA; QL
<b>VESICARE ORAL TABLET</b>	3	ST; QL
water for inject, bacteriostat injection solution	1 or 1b*	
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
<b>VITAMINS</b>		
ascorbic acid (vitamin c) injection solution	1 or 1b*	
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	2	PA; QL; CTT1
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
ergocalciferol (vitamin d2) oral capsule 50,000 unit	1 or 1a*	
folic acid injection solution	1 or 1a*	
folic acid oral tablet 1 mg	1 or 1a*	
hydroxocobalamin intramuscular solution	1 or 1b*	
niacin oral tablet 500 mg	1 or 1b*	
phytonadione (vitamin k1) injection solution	1 or 1b*	
phytonadione (vitamin k1) oral tablet 5 mg	2	CTT1
pyridoxine (vitamin b6) injection solution	1 or 1b*	
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
vitamin d2 oral capsule	1 or 1a*	
vitamin k injection solution	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	

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

Most plans include our convenient home delivery program at no extra cost to you. Find out more at [anthem.com](http://anthem.com) or call 833-236-6196.

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

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



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



