

Essential Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

Essential Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

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

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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

Online Pharmacy Resources

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

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

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

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

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

Four-Tier

Table of Contents

ANALGESICS	3
ANESTHETICS	5
ANTIALLERGY	6
ANTIARTHRITICS	6
ANTIASTHMATICS	7
ANTIBIOTICS	8
ANTICOAGULANTS	13
ANTIDOTES	13
ANTIFUNGALS	13
ANTIHISTAMINE AND DECONGESTANT COMBINATION	14
ANTIHISTAMINES	14
ANTIHYPERGLYCEMICS	15
ANTIINFECTIVES/MISCELLANEOUS	16
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS	17
ANTINEOPLASTICS	17
ANTI-OBESITY DRUGS	19
ANTIPARASITICS	19
ANTIPARKINSON DRUGS	19
ANTIPLATELET DRUGS	19
ANTIVIRALS	19
AUTONOMIC DRUGS	21
BIOLOGICALS	22
BLOOD	24
CARDIAC DRUGS	25
CARDIOVASCULAR	27
CNS DRUGS	30
COLONY STIMULATING FACTORS	31
CONTRACEPTIVES	32
COUGH/COLD PREPARATIONS	35
DIAGNOSTIC	35
DIURETICS	35
EENT PREPS	36
ELECT/CALORIC/H2O	37
GASTROINTESTINAL	40
HORMONES	42
IMMUNOSUPPRESSANTS	44
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG	44
MUSCLE RELAXANTS	48
PRE-NATAL VITAMINS	49
PSYCHOTHERAPEUTIC DRUGS	50
SEDATIVE/HYPNOTICS	52
SKIN PREPS	52
SMOKING DETERRENTS	55
THYROID PREPS	56
UNCLASSIFIED DRUG PRODUCTS	56
VITAMINS	58

Essential Drug List

Four-Tier

CURRENT AS OF 4/1/2019

Drug Name	Tier	Notes
ANALGESICS		
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*	
butalbital-aspirin-caffeine oral tablet	1 or 1b*	
butorphanol tartrate injection solution	2	CTT1
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	
carisoprodol-asa-codeine oral tablet	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	

Drug Name	Tier	Notes
codeine sulfate oral tablet	2	QL; CTT1
demerol (pf) injection solution 100 mg/ml	1 or 1b*	QL
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 (pf) injection solution	1 or 1b*	
fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml	1 or 1b*	
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml	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 solution 10-325 mg/15 ml(15 ml)	1 or 1b*	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 in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)	1 or 1b*	

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

Drug Name	Tier	Notes
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
hydromorphone rectal suppository	1 or 1b*	QL
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
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 injection solution	1 or 1b*	PA; 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 concentrate	1 or 1b*	PA; QL
methadose oral tablet, soluble	1 or 1b*	PA; QL

Drug Name	Tier	Notes
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) in 0.9 % nacl intravenous solution 1 mg/ml	1 or 1b*	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 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 150 mg/30 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 solution 8 mg/ml	1 or 1b*	QL
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 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*	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1 or 1b*	QL
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

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

Drug Name	Tier	Notes
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*	
remifentanil 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*	
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
verdrocet 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
xylon 10 oral tablet	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	2	CTT1
zolmitriptan oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ANESTHETICS		
bupivacaine (pf) injection solution	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*	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	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*	
forane inhalation liquid	1 or 1b*	
glydo mucous membrane jelly in applicator	2	CTT1
isoflurane inhalation liquid	1 or 1b*	
ketamine in 0.9 % sod chloride intravenous syringe 50 mg/5 ml (10 mg/ml)	1 or 1b*	
ketamine injection solution	1 or 1b*	
lidocaine (pf) in d7.5w intrathecal solution	1 or 1b*	
lidocaine (pf) injection solution	1 or 1b*	
lidocaine (pf) injection syringe 50 mg/5 ml (1 %)	1 or 1b*	
lidocaine hcl injection solution	1 or 1b*	
lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %)	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

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

Drug Name	Tier	Notes
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	CTT1
lidocaine topical adhesive patch,medicated	2	CTT1
lidocaine topical ointment	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
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
midazolam (pf) in 0.9 % nacl intravenous solution	1 or 1b*	
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	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*	
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	

Drug Name	Tier	Notes
allopurinol sodium intravenous recon soln	1 or 1b*	
aloprim intravenous recon soln	1 or 1b*	
celecoxib oral capsule	2	ST; QL; CTT1
COLCHICINE ORAL TABLET	2	
COLCRYS ORAL TABLET	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
ec-naproxen oral tablet,delayed release (dr/ec)	1 or 1b*	
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
etodolac oral tablet extended release 24 hr	1 or 1b*	
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 suspension	1 or 1b*	
meloxicam oral tablet	1 or 1b*	
MONOVISC INTRA-ARTICULAR SYRINGE	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*	

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

Effective 4/1/19

Drug Name	Tier	Notes
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
oxaprozin oral tablet	1 or 1b*	
piroxicam oral capsule	1 or 1b*	
probenecid oral tablet	1 or 1b*	
probenecid-colchicine oral tablet	1 or 1b*	
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	4	PA; QL; SP
RIDAURA ORAL CAPSULE	2	
sulindac oral tablet	1 or 1b*	
SYNVISC INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	4	PA; QL; SP
tolmetin oral capsule	2	CTT1
tolmetin oral tablet	2	CTT1
XELJANZ ORAL TABLET	4	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; QL; SP
ANTIASTHMATICS		
acetylcysteine solution	2	CTT1
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER	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*	

Drug Name	Tier	Notes
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1 or 1b*	
budesonide inhalation suspension for nebulization 1 mg/2 ml	1 or 1b*	ST; QL
COMBIVENT RESPIMAT INHALATION MIST	2	
cromolyn inhalation solution for nebulization	1 or 1b*	
DULERA INHALATION HFA AEROSOL INHALER	2	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER	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*	
metaproterenol oral tablet	1 or 1a*	
montelukast oral granules in packet	1 or 1b*	
montelukast oral tablet	1 or 1b*	
montelukast oral tablet, chewable	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
SPIRIVA RESPIMAT INHALATION MIST	2	
SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	
STIOLTO RESPIMAT INHALATION MIST	2	
SYMBICORT INHALATION HFA AEROSOL INHALER	2	
terbutaline oral tablet	1 or 1b*	
terbutaline subcutaneous solution	1 or 1b*	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	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, 400 mg/500 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*	

Drug Name	Tier	Notes
wixela inhub inhalation blister with device	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	2	CTT1
ANTIBIOTICS		
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*	
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
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	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

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

Drug Name	Tier	Notes
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*	
cefaclor oral tablet extended release 12 hr	1 or 1b*	
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 in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	2	CTT1
cefazolin injection recon soln	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 in dextrose,iso-osm intravenous piggyback	2	CTT1
cefepime injection recon soln	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 in dextrose, iso-osm intravenous piggyback	2	CTT1
cefoxitin intravenous recon soln	2	CTT1
cefpodoxime oral suspension for reconstitution	2	CTT1
cefpodoxime oral tablet	2	CTT1

Drug Name	Tier	Notes
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
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
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	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*	
cleocin intravenous solution 300 mg/2 ml	1 or 1b*	
CLEOCIN VAGINAL SUPPOSITORY	2	

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

Drug Name	Tier	Notes
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*	ST; QL
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	ST; QL
clindamycin phosphate topical solution	1 or 1b*	ST; QL
clindamycin phosphate topical swab	1 or 1b*	ST; QL
clindamycin phosphate vaginal cream	1 or 1b*	ST; QL
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	ST; QL; CTT1
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
doxycycline hyclate oral tablet, delayed release (dr/ec)	1 or 1b*	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*	

Drug Name	Tier	Notes
doxycycline monohydrate oral tablet	1 or 1b*	
e.e.s. 400 oral tablet	1 or 1b*	
ery pads topical swab	1 or 1b*	
erygel topical gel	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*	
erythromycin oral capsule, delayed release (dr/ec)	1 or 1b*	
erythromycin oral tablet	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, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 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*	

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

Drug Name	Tier	Notes
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	CTT1
levofloxacin oral tablet	1 or 1b*	
linezolid in dextrose 5% intravenous piggyback	1 or 1b*	
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
metro i.v. intravenous piggyback	1 or 1b*	
metronidazole in nacl (iso-os) intravenous piggyback	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
minocycline oral capsule	1 or 1b*	ST; QL
minocycline oral tablet	1 or 1b*	ST; QL
minocycline oral tablet extended release 24 hr	1 or 1b*	ST; QL
mondoxyne nl oral capsule	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
moxifloxacin ophthalmic (eye) drops	2	CTT1
moxifloxacin oral tablet	2	CTT1

Drug Name	Tier	Notes
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
nafcillin in dextrose iso-osm intravenous piggyback	2	CTT1
nafcillin injection recon soln	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*	
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*	
OTOVEL OTIC (EAR) SOLUTION	2	

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

Effective 4/1/19

Drug Name	Tier	Notes
oxacillin in dextrose(iso-osm) intravenous piggyback	2	CTT1
oxacillin injection recon soln	2	CTT1
oxacillin intravenous recon soln	2	CTT1
penicillin g potassium injection recon soln	2	CTT1
penicillin g procaine intramuscular syringe	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
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	2	CTT1
rifabutin oral capsule	2	CTT1
rifampin intravenous recon soln	2	CTT1
rifampin oral capsule	2	CTT1
RIFATER ORAL TABLET	2	
silver sulfadiazine topical cream	1 or 1a*	
soloxide oral tablet, delayed release (dr/ec)	1 or 1b*	ST; QL
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*	

Drug Name	Tier	Notes
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9-4.5 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-2 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 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*	PA; QL
sulfacetamide sodium-sulfur topical suspension 10-5 %	1 or 1b*	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	PA; QL
sulfacetamide sod-sulfur-urea topical cleanser	1 or 1b*	
sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	PA; QL
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream	1 or 1b*	
sulfadiazine oral tablet	2	CTT1
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*	
tetracycline oral capsule	1 or 1b*	
THALOMID ORAL CAPSULE	4	PA; QL; SP
TOBRADEX OPHTHALMIC (EYE) OINTMENT	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*	

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

Drug Name	Tier	Notes
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*	
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*	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
ANTICOAGULANTS		
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLETS,DOSE PACK	2	
enoxaparin subcutaneous solution	4	
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	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/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	CTT1
heparin (porcine) in nacl (pf) intravenous parenteral solution	2	CTT1
heparin (porcine) injection cartridge	2	CTT1

Drug Name	Tier	Notes
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) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	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*	
PRADAXA ORAL CAPSULE	3	
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	
XARELTO ORAL TABLETS,DOSE PACK	2	
ANTIDOTES		
naloxone injection solution	1 or 1b*	
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
ANTIFUNGALS		
amphotericin b injection recon soln	2	CTT1
casprofungin intravenous recon soln	2	CTT1
ciclopirox topical cream	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
naftifine topical cream	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*	

Drug Name	Tier	Notes
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	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
voriconazole intravenous solution	2	CTT1
voriconazole oral suspension for reconstitution	2	PA; QL; CTT1
voriconazole oral tablet	2	PA; QL; CTT1
ANTI-HISTAMINE AND DECONGESTANT COMBINATION		
centergy oral drops	1 or 1b*	
promethazine-phenylephrine oral syrup	1 or 1b*	
ANTI-HISTAMINES		
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 syrup	1 or 1b*	
diphenhydramine hcl injection solution 50 mg/ml	2	CTT1
diphenhydramine hcl injection syringe	2	CTT1
diphenhydramine hcl oral capsule 50 mg	1 or 1a*	
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*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
ANTIHYPERGLYCEMICS		
acarbose oral tablet	1 or 1b*	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	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
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	

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

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

Effective 4/1/19

Drug Name	Tier	Notes
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 INSULIN 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
miglitol 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
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

Drug Name	Tier	Notes
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
ANTIINFECTIVES/MISCELLANEOUS		
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*	
NEBUPENT INHALATION RECON SOLN	2	
paromomycin oral capsule	1 or 1b*	
praziquantel oral tablet	2	CTT1
PRIMAQUINE ORAL TABLET	2	
quinine sulfate oral capsule	1 or 1b*	PA; QL
tinidazole oral tablet	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
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
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

Drug Name	Tier	Notes
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
ANTINEOPLASTICS		
abiraterone oral tablet	4	PA; QL; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	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
diclofenac sodium topical gel 3 %	2	PA; QL; CTT1
EMCYT ORAL CAPSULE	4	PA; QL
ERIVEDGE ORAL CAPSULE	4	PA; QL; SP
ERLEADA ORAL TABLET	4	PA; QL; SP
etoposide oral capsule	4	SP
exemestane oral tablet	2	CTT1
FARESTON ORAL TABLET	4	

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

Effective 4/1/19

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

Drug Name	Tier	Notes
nilutamide oral tablet	4	QL
POMALYST ORAL CAPSULE	4	PA; QL; SP
REVLIMID ORAL CAPSULE	4	PA; QL; SP
SOLTAMOX ORAL SOLUTION	2	\$0
SPRYCEL ORAL TABLET	4	PA; QL; SP
STIVARGA ORAL TABLET	4	PA; QL; SP
SUTENT ORAL CAPSULE	4	PA; QL; SP
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	4	PA; QL; SP
tamoxifen oral tablet	2	CTT1; \$0
TARCEVA ORAL TABLET	4	PA; QL; SP
TARGRETIN TOPICAL GEL	4	PA; QL; SP
TASIGNA ORAL CAPSULE	4	PA; QL; SP
temozolomide oral capsule	4	PA; QL; SP
toremifene oral tablet	4	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; QL; SP
tretinoin (chemotherapy) oral capsule	2	CTT1
TREXALL ORAL TABLET	2	
TYKERB ORAL TABLET	4	PA; QL; SP
VOTRIENT ORAL TABLET	4	PA; QL; SP
XALKORI ORAL CAPSULE	4	PA; QL; SP
XTANDI ORAL CAPSULE	4	PA; QL; SP
ZELBORAF ORAL TABLET	4	PA; QL; SP
ZOLINZA ORAL CAPSULE	4	PA; QL; SP
ZYTIGA ORAL TABLET	4	PA; QL; SP

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

Effective 4/1/19

Drug Name	Tier	Notes
ANTI-OBESITY DRUGS		
benzphetamine oral tablet 25 mg	1 or 1b*	
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
ANTIPARASITICS		
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*	
ANTIPARKINSON DRUGS		
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
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*	

Drug Name	Tier	Notes
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*	
ANTIPLATELET DRUGS		
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
BRILINTA ORAL TABLET		
	2	
cilostazol oral tablet	2	CTT1
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	2	CTT1
eptifibatid 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
ANTIVIRALS		
abacavir oral solution	4	
abacavir oral tablet	4	
abacavir-lamivudine oral tablet	4	
abacavir-lamivudine-zidovudine oral tablet	4	
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
APTIVUS ORAL CAPSULE		
	4	
APTIVUS ORAL SOLUTION		
	4	
atazanavir oral capsule	4	
BARACLUDE ORAL SOLUTION		
	4	SP

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

Effective 4/1/19

Drug Name	Tier	Notes
BIKTARVY ORAL TABLET	4	
CIMDUO ORAL TABLET	4	
DESCOVY ORAL TABLET	4	
didanosine oral capsule,delayed release(dr/ec)	4	
EDURANT ORAL TABLET	4	
efavirenz oral capsule	4	
efavirenz oral tablet	4	
EMTRIVA ORAL CAPSULE	4	
EMTRIVA ORAL SOLUTION	4	
entecavir oral tablet	4	SP
EPIVIR HBV ORAL SOLUTION	4	SP
famciclovir oral tablet	1 or 1b*	
fosamprenavir oral tablet	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	
GENVOYA ORAL TABLET	4	
INTELENCE ORAL TABLET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
KALETRA ORAL TABLET	4	
lamivudine oral tablet 150 mg, 300 mg	4	
lamivudine-zidovudine oral tablet	4	
lopinavir-ritonavir oral solution	4	
MAVYRET ORAL TABLET	4	PA; QL; SP
moderiba dose pack oral tablets,dose pack 600 mg (7)-600 mg (7), 600-600 mg (28)-mg (28)	4	SP
moderiba oral tablet	4	SP
nevirapine oral suspension	4	

Drug Name	Tier	Notes
nevirapine oral tablet	4	
nevirapine oral tablet extended release 24 hr	4	
NORVIR ORAL CAPSULE	4	
NORVIR ORAL SOLUTION	4	
oseltamivir oral capsule	1 or 1b*	QL
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
REYATAZ ORAL POWDER IN PACKET	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	
SELZENTRY ORAL TABLET	4	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; QL; SP
stavudine oral capsule	4	
STRIBILD ORAL TABLET	4	
SYMFI LO ORAL TABLET	4	
SYMFI ORAL TABLET	4	
tenofovir disoproxil fumarate oral tablet	4	
TIVICAY ORAL TABLET	4	

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

Effective 4/1/19

Drug Name	Tier	Notes
trifluridine ophthalmic (eye) drops	1 or 1b*	
TRIUMEQ ORAL TABLET	4	
TRUVADA ORAL TABLET	4	
valacyclovir oral tablet	1 or 1b*	
valganciclovir oral recon soln	4	SP
valganciclovir oral tablet	4	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VOSEVI ORAL TABLET	4	PA; QL; SP
XOFLUZA ORAL TABLET	3	
zidovudine oral capsule	4	
zidovudine oral syrup	4	
zidovudine oral tablet	4	
AUTONOMIC DRUGS		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA; QL
adrenalin injection solution	1 or 1b*	
amphetamine sulfate oral tablet	1 or 1b*	
anectine injection solution	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*	

Drug Name	Tier	Notes
dopamine in 5 % dextrose intravenous solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*	
epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	1 or 1b*	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML	1 or 1b*	
epinephrine injection auto-injector 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
guanidine oral tablet	1 or 1b*	
MESTINON ORAL SYRUP	2	
methamphetamine oral tablet	1 or 1b*	PA; QL
midodrine oral tablet	2	CTT1
neostigmine methylsulfate intravenous solution	1 or 1b*	
neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)	1 or 1b*	
norepinephrine bitartrate intravenous solution	1 or 1b*	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	1 or 1b*	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml)	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

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

Effective 4/1/19

Drug Name	Tier	Notes
procentra oral solution	1 or 1b*	PA; QL
pyridostigmine bromide oral tablet	2	CTT1
pyridostigmine bromide oral tablet extended release	2	CTT1
regonol injection solution	1 or 1b*	
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*	
SYMJEPI INJECTION SYRINGE	2	ST; QL
vecuronium bromide intravenous recon soln	1 or 1b*	
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL
BIOLOGICALS		
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 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
ANASCORP INTRAVENOUS RECON SOLN	2	

Drug Name	Tier	Notes
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
candin intradermal allergen	1 or 1b*	
CROFAB INJECTION RECON SOLN	2	
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
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT	2	\$0
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0

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

Effective 4/1/19

Drug Name	Tier	Notes
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE	2	\$0
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE QUAD PEDI 2018-19 (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	2	\$0

Drug Name	Tier	Notes
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
IPOLE INJECTION SUSPENSION	2	\$0
IXIARO (PF) INTRAMUSCULAR SYRINGE	2	
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	2	\$0
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	
TDVAX INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	\$0

Drug Name	Tier	Notes
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
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
BLOOD		
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*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
DROXIA ORAL CAPSULE	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*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
plasmanate 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*	
CARDIAC DRUGS		
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

Drug Name	Tier	Notes
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*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
diltiazem hcl intravenous recon soln	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
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*	

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

Drug Name	Tier	Notes
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*	
ISORDIL ORAL TABLET	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*	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
lidocaine (pf) intravenous solution	1 or 1b*	
lidocaine (pf) intravenous syringe	1 or 1b*	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
lidocaine in nacl,iso- osmo(pf) injection syringe	1 or 1b*	

Drug Name	Tier	Notes
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
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
nitro-bid transdermal ointment	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in 5 % dextrose intravenous solution	1 or 1b*	
nitroglycerin 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

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

Effective 4/1/19

Drug Name	Tier	Notes
nitro-time oral capsule, extended release	1 or 1b*	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	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*	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	2	
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*	
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*	
CARDIOVASCULAR		
acebutolol oral capsule	1 or 1b*	
alprostadil injection solution	1 or 1b*	
alyq oral tablet	4	PA; QL; SP

Drug Name	Tier	Notes
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-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hcthiiazid 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
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*	
BIDIL ORAL TABLET	2	
bisoprolol fumarate oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
BYSTOLIC ORAL TABLET	3	
candesartan oral tablet	1 or 1b*	
candesartan-hydrochlorothiazid oral tablet	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL
eprosartan oral tablet	1 or 1b*	
ergoloid oral tablet	2	CTT1
esmolol intravenous solution	1 or 1b*	
esmolol intravenous syringe	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*	

Drug Name	Tier	Notes
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), 25 mg/5 ml (5 mg/ml)	1 or 1b*	
labetalol oral tablet	1 or 1b*	
LETAIRIS ORAL TABLET	4	PA; QL; LD; SP
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
methyl dopa oral tablet	1 or 1b*	
methyl dopa-hydrochlorothiazide oral tablet	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
methyl dopate 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	1 or 1b*	
niacin oral tablet extended release 24 hr	1 or 1b*	PA; QL
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
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*	
phenylephrine hcl in 0.9% nacl intravenous solution 80 mg/250 ml (320 mcg/ml)	1 or 1b*	
phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml)	1 or 1b*	
phenylephrine hcl injection solution	1 or 1b*	
pindolol oral tablet	2	CTT1
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0

Drug Name	Tier	Notes
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*	
REMODULIN INJECTION SOLUTION	4	PA; QL; LD; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	4	PA; QL; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	4	PA; QL; SP
rosuvastatin oral tablet 10 mg, 5 mg	2	ST; DO; QL; CTT1; \$0
rosuvastatin oral tablet 20 mg	2	ST; DO; QL; CTT1
rosuvastatin oral tablet 40 mg	2	ST; QL; CTT1
sildenafil (antihypertensive) oral tablet	4	PA; QL; SP
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
TRACLEER ORAL TABLET	4	PA; QL; SP
TRACLEER ORAL TABLET FOR SUSPENSION	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*	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; QL; LD; SP
WELCHOL ORAL POWDER IN PACKET	2	
CNS DRUGS		
AUBAGIO ORAL TABLET	4	PA; QL; SP

Drug Name	Tier	Notes
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*	
dalfampridine oral tablet extended release 12 hr	4	PA; QL; SP
DIASTAT RECTAL KIT	2	
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*	
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*	
felbamate oral suspension	2	CTT1
felbamate oral tablet	2	CTT1

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

Effective 4/1/19

Drug Name	Tier	Notes
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
memantine oral capsule, sprinkle, er 24hr	2	CTT1
memantine oral solution	2	CTT1
memantine oral tablet	2	CTT1
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	2	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	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*	

Drug Name	Tier	Notes
phenytoin sodium intravenous syringe	1 or 1b*	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; QL; SP
primidone oral tablet	1 or 1b*	
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*	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC)	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
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	4	PA; QL; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; QL; SP

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

Drug Name	Tier	Notes
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; QL; SP
PROCRIT INJECTION SOLUTION	4	PA; QL; SP
PROMACTA ORAL TABLET	4	PA; QL; SP
RETACRIT INJECTION SOLUTION	4	PA; QL; SP
ZARXIO INJECTION SYRINGE	4	PA; QL; SP
CONTRACEPTIVES		
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
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
aviane oral tablet	1 or 1a*	\$0
azurette (28) oral tablet	1 or 1b*	\$0
BALCOLTRA ORAL TABLET	2	\$0
balziva (28) oral tablet	1 or 1a*	\$0
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

Drug Name	Tier	Notes
camrese lo oral tablets,dose pack,3 month	1 or 1b*	\$0
camrese oral tablets,dose pack,3 month	1 or 1b*	\$0
CAYA CONTOURED VAGINAL DIAPHRAGM	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
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	2	\$0
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	\$0
drosiprenone-e.estradiol- lm.fa oral tablet	1 or 1b*	\$0
drosiprenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
ELLA ORAL TABLET	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
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
FEMCAP VAGINAL DEVICE	2	\$0

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

Effective 4/1/19

Drug Name	Tier	Notes
femynor oral tablet	1 or 1a*	\$0
gianvi (28) oral tablet	1 or 1b*	\$0
hailey 24 fe 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
jolivette oral tablet	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
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
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

Drug Name	Tier	Notes
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
LO LOESTRIN FE ORAL TABLET	2	\$0
loryna (28) oral tablet	1 or 1b*	\$0
low-ogestrel (28) oral tablet	1 or 1a*	\$0
lutura (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
mononessa (28) oral tablet	1 or 1a*	\$0
myzilra oral tablet	1 or 1a*	\$0
NATAZIA ORAL TABLET	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
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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
NUVARING VAGINAL RING	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
sprintec (28) oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina fe 1/20 (28) oral tablet	1 or 1a*	\$0
tarina fe 1-20 eq (28) oral tablet	1 or 1a*	\$0
TAYTULLA ORAL CAPSULE	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

Drug Name	Tier	Notes
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-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
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
wymzya fe oral tablet,chewable	1 or 1b*	\$0
xulane transdermal patch weekly	1 or 1b*	\$0

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

Effective 4/1/19

Drug Name	Tier	Notes
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
COUGH/COLD PREPARATIONS		
benzonatate oral capsule	1 or 1b*	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
centergy dm oral drops	1 or 1b*	
cheratussin ac oral liquid	1 or 1a*	
g tussin ac oral liquid	1 or 1a*	
guaiaatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	
hydrocodone-cpm-pseudoephed oral solution	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*	
lortuss ex oral syrup	1 or 1b*	
m-clear wc oral liquid	1 or 1a*	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	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
rydex oral liquid	1 or 1b*	
tusnel c oral syrup	1 or 1b*	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR	2	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL DEC 30 ORAL SUSPENSION	2	
Z-TUSS AC ORAL LIQUID	2	

Drug Name	Tier	Notes
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	2	QL
ACCUTREND GLUCOSE STRIP	2	QL
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	
ONETOUCH VERIO STRIP	2	QL
DIURETICS		
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*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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
methyclothiazide 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-hydrochlorothiazid oral capsule	1 or 1a*	
triamterene-hydrochlorothiazid oral tablet	1 or 1a*	
EENT PREPS		
acetic acid otic (ear) solution	1 or 1b*	
acucyn topical spray,non-aerosol	1 or 1b*	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	2	
apraclonidine ophthalmic (eye) drops	1 or 1b*	
atropine ophthalmic (eye) drops	1 or 1b*	
azelastine nasal aerosol,spray	1 or 1b*	
azelastine nasal spray,non-aerosol	1 or 1b*	
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	2	
balanced salt intraocular solution	1 or 1b*	
betaxolol ophthalmic (eye) drops	1 or 1b*	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	2	

Drug Name	Tier	Notes
bimatoprost ophthalmic (eye) drops	2	CTT1
brimonidine ophthalmic (eye) drops	1 or 1b*	
bromfenac ophthalmic (eye) drops	2	CTT1
bss intraocular solution	1 or 1b*	
carteolol ophthalmic (eye) drops	1 or 1a*	
COMBIGAN OPTHALMIC (EYE) DROPS	2	
cromolyn ophthalmic (eye) drops	1 or 1a*	
cyclopentolate ophthalmic (eye) drops	1 or 1b*	
CYSTARAN OPTHALMIC (EYE) DROPS	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*	
DUREZOL OPTHALMIC (EYE) DROPS	2	
DYMISTA NASAL SPRAY,NON-AEROSOL	2	
flac otic oil otic (ear) drops	1 or 1b*	
fluocinolone acetonide 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*	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	2	
ipratropium bromide nasal spray,non-aerosol	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
ketorolac ophthalmic (eye) drops	1 or 1b*	
latanoprost ophthalmic (eye) drops	1 or 1b*	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	2	
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPTHALMIC (EYE) OINTMENT	3	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
metipranolol ophthalmic (eye) drops	1 or 1b*	
miostat intraocular solution	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*	
prednisolone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
proparacaine ophthalmic (eye) drops	1 or 1b*	
RESTASIS OPTHALMIC (EYE) DROPPERETTE	3	PA; QL
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	2	
tetacaine ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	

Drug Name	Tier	Notes
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	
TRAVATAN Z OPTHALMIC (EYE) DROPS	2	
tropicamide ophthalmic (eye) drops	1 or 1b*	
XIIDRA OPTHALMIC (EYE) DROPPERETTE	3	PA; QL
ELECT/CALORIC/H2O		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	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*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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-lc/1.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/2.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/4.25% dextrose intraperitoneal solution	1 or 1b*	
dentagel dental gel	1 or 1a*	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1 or 1b*	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
dextrose 20 % in water (d20w) 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 40 % in water (d40w) 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 5%-0.3 % 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*	

Drug Name	Tier	Notes
dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	
effer-k oral tablet, effervescent 25 meq	1 or 1b*	
electrolyte-48 in d5w intravenous parenteral solution	1 or 1b*	
freamine iii 10 % intravenous parenteral solution	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	
kionex (with sorbitol) oral suspension	2	CTT1
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*	
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*	
k-tab oral tablet extended release 8 meq	1 or 1b*	
lactated ringers intravenous parenteral solution	1 or 1b*	
lanthanum oral tablet,chewable	2	ST; QL; CTT1
lugols oral solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*	
magnesium sulfate in water intravenous parenteral solution	2	CTT1
magnesium sulfate in water intravenous piggyback	2	CTT1

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

Drug Name	Tier	Notes
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
multitrace-4 pediatric intravenous solution	1 or 1b*	
normal saline flush injection syringe	2	CTT1
nutrilyte intravenous solution	1 or 1b*	
plenamine intravenous parenteral 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 lr-d5 intravenous parenteral solution	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*	
potassium chloride oral tablet extended release	1 or 1b*	
potassium chloride oral tablet,er particles/crystals	1 or 1a*	

Drug Name	Tier	Notes
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	1 or 1b*	
potassium citrate oral tablet extended release	1 or 1b*	
premasol 10 % intravenous parenteral solution	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	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 % injection solution	2	CTT1
sodium chloride 0.9 % injection syringe	2	CTT1
sodium chloride 0.9 % intravenous piggyback	2	CTT1
sodium chloride 3 % intravenous parenteral solution	2	CTT1

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

Effective 4/1/19

Drug Name	Tier	Notes
sodium chloride 5 % intravenous parenteral solution	2	CTT1
sodium chloride intravenous parenteral solution	2	CTT1
sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
sodium lactate intravenous solution	1 or 1b*	
sodium phosphate intravenous solution	1 or 1b*	
sodium polystyrene (sorb free) oral suspension	2	CTT1
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
tl g-fol os oral tablet	1 or 1b*	
travasol 10 % intravenous parenteral solution	1 or 1b*	
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
GASTROINTESTINAL		
alosectron oral tablet	2	PA; QL; CTT1
AMITIZA ORAL CAPSULE	2	
anaspaz oral tablet,disintegrating	2	CTT1
aprepitant oral capsule	2	CTT1
aprepitant oral capsule,dose pack	2	CTT1
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	2	CTT1
atropine injection solution	2	CTT1
atropine injection syringe 0.05 mg/ml	2	CTT1
balsalazide oral capsule	1 or 1b*	

Drug Name	Tier	Notes
CANASA RECTAL SUPPOSITORY	2	
CARAFATE ORAL SUSPENSION	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*	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
dicyclomine intramuscular solution	2	CTT1
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
dimenhydrinate injection solution	1 or 1b*	
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
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*	
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 or 1b*	
granisetron (pf) intravenous solution	2	CTT1
granisetron hcl intravenous solution	2	CTT1

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
intralipid intravenous emulsion 20 %	1 or 1b*	
lactulose oral packet	2	CTT1
lactulose oral solution	1 or 1b*	
LINZESS ORAL CAPSULE	2	
loperamide oral capsule	1 or 1b*	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
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	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
NUTRIPORT BALLOON KIT	2	
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

Drug Name	Tier	Notes
ondansetron oral tablet, disintegrating	2	QL; CTT1
palonosetron intravenous solution 0.25 mg/5 ml	2	PA; QL; CTT1
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
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
phenadoz rectal suppository	2	CTT1
phenergan rectal suppository	2	CTT1
phenobarb-hyoscy-atropine-scop oral elixir	1 or 1b*	
pramcort rectal cream	1 or 1b*	
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*	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	2	
symax fastabs oral tablet, disintegrating	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
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
VIOKACE ORAL TABLET	3	
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	2	
HORMONES		
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
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
clomiphene citrate oral tablet	1 or 1b*	PA; QL
colocort rectal enema	2	CTT1
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
cortisone oral tablet	1 or 1b*	
cosyntropin injection recon soln	2	CTT1
danazol oral capsule	2	CTT1
decadron oral tablet	1 or 1a*	
deltasone oral tablet 20 mg	1 or 1a*	

Drug Name	Tier	Notes
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*	
dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 ml	1 or 1b*	
dexamethasone intensol oral drops	1 or 1a*	
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*	
DIVIGEL TRANSDERMAL GEL IN PACKET	2	
ENDOMETRIN VAGINAL INSERT	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*	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL	2	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
GONAL-F RFF REDJECT SUBCUTANEOUS PEN INJECTOR	4	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	SP

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

Effective 4/1/19

Drug Name	Tier	Notes
GONAL-F SUBCUTANEOUS RECON SOLN	4	SP
hidex oral tablets,dose pack	1 or 1b*	
HUMATROPE INJECTION CARTRIDGE	4	PA; QL; SP
HUMATROPE INJECTION RECON SOLN	4	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	
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*	
MENEST ORAL TABLET	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
millipred dp oral tablets,dose pack	1 or 1a*	
millipred oral tablet	1 or 1a*	
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*	

Drug Name	Tier	Notes
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; QL; SP
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	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*	
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 intensol oral concentrate	1 or 1a*	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets,dose pack	1 or 1a*	
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
serophene oral tablet	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; QL; SP
SYNAREL NASAL SPRAY, NON-AEROSOL	4	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/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	2	PA; QL; CTT1
testosterone transdermal solution in metered pump w/app	2	PA; QL; CTT1
triamcinolone acetonide injection suspension	1 or 1b*	
vasopressin in 0.9 % sod chlor intravenous solution 60 unit/100 ml (0.6 unit/ml)	1 or 1b*	
veripred 20 oral solution	1 or 1a*	
yuvafem vaginal tablet	1 or 1b*	
IMMUNOSUPPRESSANTS		
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
azathioprine sodium injection recon soln	1 or 1b*	
cyclosporine modified oral capsule	4	SP
cyclosporine modified oral solution	4	SP
cyclosporine oral capsule	4	SP
ELIDEL TOPICAL CREAM	2	ST; QL
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

Drug Name	Tier	Notes
mycophenolate mofetil oral tablet	4	SP
mycophenolate sodium oral tablet, delayed release (dr/ec)	4	SP
pimecrolimus topical cream	1 or 1b*	ST; QL
RAPAMUNE ORAL SOLUTION	4	SP
sirolimus oral solution	4	SP
sirolimus oral tablet	4	SP
STELARA INTRAVENOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL; SP
STELARA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
tacrolimus oral capsule	4	SP
tacrolimus topical ointment	1 or 1b*	ST; QL
ZORTRESS ORAL TABLET	4	SP
MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG		
1ST TIER UNIFINE PENTIPS NEEDLE	3	ST; QL
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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 ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	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	
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 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	

Drug Name	Tier	Notes
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	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 PEN NEEDLE NEEDLE	3	ST; QL
CLICKFINE NEEDLE	3	ST; QL
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 30 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

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

Effective 4/1/19

Drug Name	Tier	Notes
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 32 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	
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
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	

Drug Name	Tier	Notes
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
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 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 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
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE	3	ST; QL
MINI ULTRA-THIN II NEEDLE	3	ST; QL

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

Effective 4/1/19

Drug Name	Tier	Notes
MONOJECT INSULIN SAFETY SYRINGE 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 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
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

Drug Name	Tier	Notes
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*	
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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
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
ULTRACARE INSULIN SYRINGE SYRINGE	3	

Drug Name	Tier	Notes
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	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
MUSCLE RELAXANTS		
baclofen intrathecal solution	4	
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	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*	
revonto intravenous recon soln	1 or 1b*	
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	

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

Effective 4/1/19

Drug Name	Tier	Notes
PRE-NATAL VITAMINS		
bal-care dha oral combo pack,tablet and cap,dr	1 or 1b*	
calcium pnv oral capsule	1 or 1b*	
c-nate dha oral capsule	1 or 1b*	
complete natal dha oral combo pack	1 or 1b*	
completenate oral tablet,chewable	1 or 1a*	
dothelle dha oral capsule	1 or 1b*	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral tablet	1 or 1b*	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	
folivane-ob oral capsule	1 or 1a*	
hemenatal ob + dha oral combo pack	1 or 1b*	
hemenatal ob oral tablet	1 or 1b*	
mynatal advance oral tablet	1 or 1b*	
mynatal oral capsule	1 or 1b*	
mynatal oral tablet	1 or 1b*	
mynatal plus oral tablet	1 or 1a*	
mynatal-z oral tablet	1 or 1a*	
mynate 90 plus oral tablet extended release	1 or 1a*	
newgen oral tablet	1 or 1b*	
obstetrix dha oral combo pack,tablet and cap,dr	1 or 1b*	
pnv 29-1 oral tablet	1 or 1a*	
pnv ob+dha oral combo pack 27-1-50-250 mg	1 or 1b*	
pnv-dha + docusate oral capsule	1 or 1b*	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
pnv-omega oral capsule	1 or 1b*	
pnv-vp-u oral capsule	1 or 1a*	
pr natal 400 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 400 oral combo pack	1 or 1a*	
pr natal 430 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 430 oral combo pack	1 or 1a*	
prenal chew oral tablet,chew,ir - dr,biphase	1 or 1b*	

Drug Name	Tier	Notes
prenal pearl oral capsule,ir - delay rel,biphase	1 or 1b*	
prenal true oral combo pack	1 or 1b*	
prenaissance oral capsule	1 or 1b*	
prenaissance plus oral capsule	1 or 1b*	
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	1 or 1a*	
prenatal plus oral tablet	1 or 1a*	
prenatal vitamin plus low iron oral tablet	1 or 1a*	
prenatal-u oral capsule	1 or 1a*	
preplus oral tablet	1 or 1a*	
pretab oral tablet	1 or 1a*	
se-natal 19 (with docusate) oral tablet	1 or 1a*	
se-natal 19 oral tablet,chewable	1 or 1a*	
taron-c dha oral capsule	1 or 1b*	
taron-prex prenatal-dha oral capsule	1 or 1b*	
trinatal rx 1 oral tablet	1 or 1a*	
trinate oral tablet	1 or 1a*	
triveen-duo dha oral combo pack	1 or 1b*	
trust natal dha oral combo pack	1 or 1b*	
vinate care oral tablet,chewable	1 or 1a*	
vinate ii oral tablet	1 or 1a*	
vinate m oral tablet	1 or 1a*	
vinate one oral tablet	1 or 1a*	
virt-advance oral tablet	1 or 1b*	
virt-c dha oral capsule	1 or 1b*	
virt-nate dha oral capsule	1 or 1b*	
virt-pn dha oral capsule	1 or 1b*	
virt-pn oral tablet	1 or 1b*	
virt-pn plus oral capsule	1 or 1b*	
virt-select oral capsule	1 or 1b*	
virt-vite gt oral tablet	1 or 1b*	
VITAFOL-OB ORAL TABLET	2	

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

Effective 4/1/19

Drug Name	Tier	Notes
vp-ch plus oral capsule	1 or 1b*	
vp-ch-pnv oral capsule	1 or 1b*	
zatean-pn dha oral capsule	1 or 1b*	
zatean-pn plus oral capsule	1 or 1b*	
zingiber oral tablet	1 or 1a*	
PSYCHOTHERAPEUTIC DRUGS		
alprazolam intensol oral concentrate	1 or 1b*	
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 oral tablet	1 or 1b*	
chlordiazepoxide hcl oral capsule	1 or 1b*	
chlorpromazine injection solution	1 or 1b*	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	

Drug Name	Tier	Notes
citalopram oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram oral tablet 40 mg	1 or 1b*	
clomipramine oral capsule	1 or 1b*	
clonidine hcl oral tablet extended release 12 hr	1 or 1b*	PA; QL
clorazepate dipotassium oral tablet	1 or 1b*	
clozapine oral tablet	2	CTT1
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*	

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

Drug Name	Tier	Notes
FAZACLO ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	2	
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
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
GEODON INTRAMUSCULAR RECON SOLN	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*	

Drug Name	Tier	Notes
lithium carbonate oral tablet extended release	1 or 1a*	
lithium citrate oral solution 8 meq/5 ml	1 or 1b*	
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*	
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

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

Effective 4/1/19

Drug Name	Tier	Notes
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*	
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	ST; QL; CTT1
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE	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*	

Drug Name	Tier	Notes
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
VYVANSE ORAL CAPSULE	2	PA; QL
VYVANSE ORAL TABLET, CHEWABLE	2	PA; QL
ziprasidone hcl oral capsule	2	CTT1
SEDATIVE/HYPNOTICS		
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	1 or 1b*	
seconal sodium oral capsule	1 or 1b*	
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
SKIN PREPS		
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 solution	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*	
ALTABAX TOPICAL OINTMENT	2	
amcinonide topical cream	1 or 1b*	ST; QL

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

Drug Name	Tier	Notes
amcinonide topical lotion	1 or 1b*	ST; QL
amcinonide topical ointment	1 or 1b*	ST; QL
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amneestem oral capsule	2	PA; QL; CTT1
apexicon e topical cream	1 or 1b*	ST; QL
aqua care sterile water irrigation solution	1 or 1b*	
avita topical cream	1 or 1b*	PA; QL
avo cream topical emulsion	1 or 1b*	
azelaic acid topical gel	1 or 1b*	
benzoyl peroxide topical foam 5.3 %	1 or 1b*	PA; 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*	
bpo topical gel	1 or 1b*	PA; QL
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*	

Drug Name	Tier	Notes
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*	
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*	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; QL; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
COSENTYX SUBCUTANEOUS SYRINGE	4	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

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

Drug Name	Tier	Notes
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
eletone topical cream	1 or 1b*	
emulsion sb topical emulsion	1 or 1b*	
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*	
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
halobetasol propionate topical cream	1 or 1b*	
halobetasol propionate topical ointment	1 or 1b*	
hpr plus hydrogel topical kit,cream and gel	1 or 1b*	
hpr plus topical cream	1 or 1b*	
hpr plus topical foam	1 or 1b*	
hpr topical foam	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

Drug Name	Tier	Notes
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
hydrocortisone-min oil-wht pet topical ointment	1 or 1a*	
imiquimod topical cream in packet	1 or 1b*	
isotretinoin oral capsule	2	CTT1
lactated ringers irrigation solution	1 or 1b*	
luxamend topical cream	1 or 1b*	
methoxsalen oral capsule,liqd-filled,rapid rel	4	SP
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*	
nivatopic plus topical cream	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*	
pr cream topical cream	1 or 1b*	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL LOTION	2	

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

Drug Name	Tier	Notes
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*	
pruclair topical cream	1 or 1b*	
prudoxin topical cream	2	CTT1
prumyx topical cream	1 or 1b*	
protect topical emulsion	1 or 1b*	
recedo topical gel	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 lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
salvax topical foam	1 or 1b*	
scalacort topical lotion	1 or 1a*	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	
silver nitrate topical ointment	1 or 1b*	
sodium chloride irrigation solution	2	CTT1
sonafine topical emulsion	1 or 1b*	
sp antipruritic topical gel	1 or 1b*	
sp scar management topical gel with pump	1 or 1b*	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	

Drug Name	Tier	Notes
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*	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL GEL	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*	
trianex topical ointment	1 or 1a*	ST; QL
triderm topical cream 0.1 %	1 or 1a*	ST; QL
triderm topical cream 0.5 %	1 or 1a*	
urea nail stick topical solution	1 or 1b*	
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
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL; \$0

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

Drug Name	Tier	Notes
CHANTIX CONTINUING MONTH BOX ORAL TABLET	2	PA; QL; \$0
CHANTIX ORAL TABLET	2	PA; QL; \$0
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	2	PA; QL; \$0
NICOTROL INHALATION CARTRIDGE	2	PA; QL; \$0
NICOTROL NS NASAL SPRAY, NON-AEROSOL	2	PA; QL; \$0
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	2	PA; QL; \$0
THYROID PREPS		
levothyroxine intravenous recon soln	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*	
nature-throid oral tablet	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*	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1 or 1a*	
UNCLASSIFIED DRUG PRODUCTS		
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*	

Drug Name	Tier	Notes
bacteriostatic water(parabens) injection solution	1 or 1b*	
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
CYSTADANE ORAL POWDER	4	LD
darifenacin oral tablet extended release 24 hr	2	CTT1
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*	
flavoxate oral tablet	1 or 1b*	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; QL; SP
FOSAMAX PLUS D ORAL TABLET	2	
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; QL; LD; SP
ibandronate oral tablet	1 or 1b*	ST; QL
KUVAN ORAL TABLET, SOLUBLE	4	PA; QL; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium injection solution 10 mg/ml	4	SP

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

Drug Name	Tier	Notes
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*	
miglustat oral capsule	4	PA; QL; SP
MURI-LUBE OIL	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
nebusal inhalation solution for nebulization 3 %	1 or 1b*	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	
OFEV ORAL CAPSULE	4	PA; QL; LD; SP
oralone dental paste	1 or 1b*	
ORFADIN ORAL CAPSULE	4	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*	
PROLIA SUBCUTANEOUS SYRINGE	4	PA; QL; SP
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	4	SP
raloxifene oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
risedronate oral tablet	1 or 1b*	
risedronate oral tablet,delayed release (dr/ec)	1 or 1b*	
SENSIPAR ORAL TABLET	4	PA; QL
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*	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	4	PA; QL; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL; LD; SP
sterile water for injection injection solution	1 or 1b*	
SUBOXONE SUBLINGUAL FILM	2	QL
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*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetonide dental paste	1 or 1b*	
trientine oral capsule	4	PA; QL; SP
tropium oral capsule,extended release 24hr	2	CTT1
tropium oral tablet	2	CTT1
vardenafil oral tablet	1 or 1b*	PA; QL
vardenafil oral tablet,disintegrating	1 or 1b*	PA; QL
VESICARE ORAL TABLET	3	
water for inject, bacteriostat injection solution	1 or 1b*	

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

Drug Name	Tier	Notes
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
VITAMINS		
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*	
m.v.i. adult intravenous 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 or call:

CO - 866-297-1011
CT - 866-281-2966
GA - 866-281-4654
IN - 866-216-4207
ME - 866-217-2328
KY - 866-216-4540

MO - 866-216-4766
NH - 866-217-2657
NV - 866-297-1012
OH - 866-216-5449
VA - 866-281-4279
WI - 866-216-5548

For information about your pharmacy benefit, log in at anthem.com.

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

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



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 Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, 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.

Express Scripts, Inc. is a separate company that manages the pharmacy benefit services for members of our health plans.
Rev. 10/18