



An Anthem Company

# National Drug List

## Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

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

## National Drug List

### What is a drug list?

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

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

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

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

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

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

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

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

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

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

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

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

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

Here are a few things to think about:

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

## Does my plan cover preventive drugs?

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

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

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

**KEY**

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

National Drug List

Three-Tier

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**National Drug List**

**Three-Tier**

**CURRENT AS OF 10/1/2019**

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	1 or 1b*	QL
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE</b>	3	PA; QL
<b>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR</b>	3	PA; QL
<b>AJOVY SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>ALFENTANIL INJECTION SOLUTION</b>	3	
<b>ALLZITAL ORAL TABLET</b>	3	
almotriptan malate oral tablet	1 or 1b*	QL
<b>AMERGE ORAL TABLET</b>	3	ST; QL
<b>APADAZ ORAL TABLET</b>	3	QL
ascomp with codeine oral capsule	1 or 1b*	QL
<b>BELBUCA BUCCAL FILM</b>	3	PA; QL
<b>BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET</b>	3	QL
<b>BUPAP ORAL TABLET 50-300 MG</b>	3	
<b>BUPRENEX INJECTION SOLUTION</b>	3	QL
buprenorphine hcl injection solution	1 or 1b*	QL
buprenorphine hcl injection syringe	1 or 1b*	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	1 or 1b*	PA; QL
<b>BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR</b>	3	PA; QL
butalbital compound w/codeine oral capsule	1 or 1b*	QL
butalbital-acetaminop-caff 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*	
<b>BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET</b>	3	
butorphanol tartrate injection solution	1 or 1b*	QL
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	QL
<b>BUTTRANS TRANSDERMAL PATCH WEEKLY</b>	3	PA; QL
<b>CAFERGOT ORAL TABLET</b>	3	
<b>CAMBIA ORAL POWDER IN PACKET</b>	3	ST; QL
carisoprodol-asa-codeine oral tablet	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	
<b>CODEINE SULFATE ORAL TABLET</b>	3	QL
codeine-butalbital-asa-caff oral capsule	1 or 1b*	QL
<b>CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83</b>	3	PA; QL
<b>CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75</b>	3	PA; QL

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

Effective 10/1/19

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
D.H.E.45 INJECTION SOLUTION	3	PA; QL
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 100 MG/ML, 50 MG/ML	3	QL
DEMEROL (PF) INJECTION SOLUTION 25 MG/0.5 ML, 75 MG/1.5 ML	3	
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION 100 MG/ML	3	QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3	
DEMEROL ORAL TABLET 100 MG	3	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	1 or 1b*	
DILAUDID (PF) INJECTION SYRINGE	3	QL
DILAUDID ORAL LIQUID	3	QL
DILAUDID ORAL TABLET	3	QL
diskets oral tablet,soluble	1 or 1b*	PA; QL
DOLOPHINE ORAL TABLET	3	PA; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	3	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL
duramorph (pf) injection solution	1 or 1b*	QL
dvorah oral tablet	1 or 1b*	QL
eletriptan oral tablet	1 or 1b*	QL
ELMIRON ORAL CAPSULE	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
ERGOMAR SUBLINGUAL TABLET	3	
ergotamine-caffeine oral tablet	1 or 1b*	
ESGIC ORAL CAPSULE	3	
ESGIC ORAL TABLET	3	
FENTANYL (PF)-BUPIVACAINE-NACL EPIDURAL PREFILLED PUMP RESERVOIR 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	
FENTANYL (PF)-BUPIVACAINE-NACL EPIDURAL SOLUTION 2 MCG/ML- 0.08 %	3	
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %, 2 MCG/ML- 0.125 %	3	
FENTANYL CITRATE (PF) INJECTION SOLUTION	3	
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	
FENTANYL CITRATE (PF) INTRAVENOUS SOLUTION	3	
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	

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

Effective 10/1/19

Drug Name	Tier	Notes	Drug Name	Tier	Notes
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3		frovatriptan oral tablet	1 or 1b*	ST; QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML, 5 MCG/ML	3		HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-325 MG/15 ML(15 ML), 7.5-325 MG/15 ML	3	QL
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 10 MCG/ML	3		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
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 50 MCG/5 ML (10 MCG/ML)	3	QL	hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL	HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE	3	
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	3	PA; QL	HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING	3	QL
fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL	HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	QL
FENTANYL-ROPIVACAINE-NACL (PF) EPIDURAL PREFILLED PUMP RESERVOIR 2-0.2 MCG/ML-%	3		hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	1 or 1b*	QL
FENTANYL-ROPIVACAINE-NACL (PF) EPIDURAL SOLUTION 2-0.1 MCG/ML-%	3		HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3		HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
FENTORA Buccal TABLET, EFFERVESCENT	3	PA; QL	HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
FIORICET ORAL CAPSULE	3		HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	
FIORINAL ORAL CAPSULE	3				
FIORINAL-CODEINE #3 ORAL CAPSULE	3	QL			
FROVA ORAL TABLET	3	ST; QL			

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

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Drug Name	Tier	Notes
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML), 1 MG/ML, 2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR	3	
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRINGE 55 MG/55 ML (1 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 15 MG/30 ML (0.5 MG/ML), 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML	3	
HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	
hydromorphone injection solution	1 or 1b*	QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	QL
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL

Drug Name	Tier	Notes
hydromorphone oral liquid	1 or 1b*	QL
hydromorphone oral tablet	1 or 1b*	QL
hydromorphone oral tablet extended release 24 hr	1 or 1b*	PA; QL
<b>HYDROMORPHONE RECTAL SUPPOSITORY</b>	3	QL
<b>IBUDONE ORAL TABLET</b>	3	QL
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
<b>IMITREX NASAL SPRAY, NON-AEROSOL</b>	3	ST; QL
<b>IMITREX ORAL TABLET</b>	3	ST; QL
<b>IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR</b>	3	ST; QL
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE</b>	3	ST; QL
<b>IMITREX SUBCUTANEOUS SOLUTION</b>	3	ST; QL
<b>INFUMORPH P/F INJECTION SOLUTION</b>	3	
ketorolac injection cartridge	1 or 1b*	QL
ketorolac injection solution	1 or 1b*	QL
ketorolac injection syringe	1 or 1b*	QL
ketorolac intramuscular cartridge	1 or 1b*	
ketorolac intramuscular solution	1 or 1b*	QL
ketorolac intramuscular syringe	1 or 1b*	QL
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet 2 mg	1 or 1b*	PA; QL
<b>LEVORPHANOL TARTRATE ORAL TABLET 3 MG</b>	3	PA; QL
loracet (hydrocodone) oral tablet	1 or 1b*	QL
loracet hd oral tablet	1 or 1b*	QL
loracet plus oral tablet 7.5-325 mg	1 or 1b*	QL
<b>LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML</b>	3	QL

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

Effective 10/1/19

Drug Name	Tier	Notes	Drug Name	Tier	Notes
MAXALT ORAL TABLET 10 MG	3	ST; QL	MORPHINE (PF) IN 0.9 % NAACL INTRAVENOUS SYRINGE 0.5 MG/ML, 2 MG/2 ML (1 MG/ML), 2 MG/ML, 4 MG/ML, 5 MG/5 ML (1 MG/ML)	3	
MAXALT-MLT ORAL TABLET,DISINTEGRATING	3	ST; QL	morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
mefenamic acid oral capsule	1 or 1b*		<b>MORPHINE (PF) INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 150 MG/30 ML</b>	3	QL
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL	morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	1 or 1b*	
meperidine injection cartridge	1 or 1b*	QL	<b>MORPHINE (PF) INTRAVENOUS SYRINGE</b>	3	QL
meperidine oral solution	1 or 1b*	QL	morphine concentrate oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL	<b>MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRINGE 55 MG/55 ML (1 MG/ML)</b>	3	
<b>METHADONE INJECTION SOLUTION</b>	3	PA; QL	<b>MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)</b>	3	
methadone intensol oral concentrate	1 or 1b*	PA; QL	<b>MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML, 5 MG/ML</b>	3	
methadone oral concentrate	1 or 1b*	PA; QL	<b>MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML</b>	3	QL
methadone oral solution	1 or 1b*	PA; QL	morphine injection syringe 10 mg/ml, 8 mg/ml	1 or 1b*	QL
methadone oral tablet	1 or 1b*	PA; QL	<b>MORPHINE INJECTION SYRINGE 2 MG/ML, 4 MG/ML, 5 MG/ML</b>	3	QL
methadone oral tablet,soluble	1 or 1b*	PA; QL	<b>MORPHINE INTRAMUSCULAR PEN INJECTOR</b>	3	QL
<b>METHADOSE ORAL CONCENTRATE</b>	3	PA; QL	morphine intravenous pt controlled analgesia syring	1 or 1b*	
methadose oral tablet,soluble	1 or 1b*	PA; QL			
migergot rectal suppository	1 or 1b*				
<b>MIGRANAL NASAL SPRAY,NON-AEROSOL</b>	3	QL			
<b>MITIGO (PF) INJECTION SOLUTION</b>	3	QL			
<b>MORPHINE (PF) IN 0.9 % NAACL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)</b>	3				
morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1 or 1b*				
<b>MORPHINE (PF) IN 0.9 % NAACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 50 MG/50 ML (1 MG/ML)</b>	3	QL			
<b>MORPHINE (PF) IN 0.9 % NAACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRINGE 55 MG/55 ML (1 MG/ML)</b>	3				
<b>MORPHINE (PF) IN 0.9 % NAACL INTRAVENOUS SOLUTION 1 MG/ML</b>	3				

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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*	
<b>MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML</b>	3	QL
<b>MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML</b>	3	QL
morphine oral capsule, er multiphase 24 hr	1 or 1b*	PA; QL
morphine oral capsule,extend.release pellets	1 or 1b*	PA; QL
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	1 or 1b*	PA; QL
morphine rectal suppository	1 or 1b*	QL
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL
nalbuphine injection solution	1 or 1b*	
<b>NALOCET ORAL TABLET</b>	3	QL
naratriptan oral tablet	1 or 1b*	QL
<b>NORCO ORAL TABLET</b>	3	QL
<b>NUCYNTA ORAL TABLET</b>	3	QL
<b>OFIRMEV INTRAVENOUS SOLUTION</b>	3	
<b>ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED</b>	3	ST; QL
<b>OPANA ORAL TABLET</b>	3	QL
<b>OXAYDO ORAL TABLET, ORAL ONLY</b>	3	QL
oxycodone oral capsule	1 or 1b*	QL
oxycodone oral concentrate	1 or 1b*	QL
oxycodone oral solution	1 or 1b*	QL
<b>OXYCODONE ORAL SYRINGE</b>	3	QL
oxycodone oral tablet	1 or 1b*	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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
<b>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR</b>	3	PA; QL
oxymorphone oral tablet	1 or 1b*	QL
oxymorphone oral tablet extended release 12 hr	1 or 1b*	PA; QL
pentazocine-naloxone oral tablet	1 or 1b*	QL
<b>PERCO CET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	3	QL
phrenilin forte(with caffeine) oral capsule	1 or 1b*	
<b>PRIALT INTRATHECAL SOLUTION</b>	3	PA; QL; LD
<b>PRIMLEV ORAL TABLET</b>	3	QL
<b>RELPAX ORAL TABLET</b>	3	ST; QL
remifentanil intravenous recon soln	1 or 1b*	
<b>RIMSO-50 INTRAVESICAL SOLUTION</b>	3	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet,disintegrating	1 or 1b*	QL
<b>ROXICODONE ORAL TABLET</b>	3	QL
<b>ROXYBOND ORAL TABLET, ORAL ONLY</b>	3	QL
<b>SUFENTANIL CITRATE INTRAVENOUS SOLUTION</b>	3	
sumatriptan nasal spray,non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous pen injector	1 or 1b*	QL
sumatriptan succinate subcutaneous solution	1 or 1b*	QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1 or 1b*	QL
sumatriptan-naproxen oral tablet	1 or 1b*	ST; QL
<b>TALWIN INJECTION SOLUTION</b>	3	QL
tencon oral tablet 50-325 mg	1 or 1b*	
<b>TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83</b>	3	PA; QL
<b>TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75</b>	3	PA; QL
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	1 or 1b*	PA; QL
tramadol oral tablet, er multiphase 24 hr	1 or 1b*	PA; QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL
<b>TREXIMET ORAL TABLET 85-500 MG</b>	3	ST; QL
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	3	QL
<b>TYLENOL-CODEINE #3 ORAL TABLET</b>	3	QL
<b>TYLENOL-CODEINE #4 ORAL TABLET</b>	3	QL
<b>ULTIVA INTRAVENOUS RECON SOLN</b>	3	
<b>ULTRACET ORAL TABLET</b>	3	QL
<b>ULTRAM ORAL TABLET</b>	3	QL
<b>VANATOL LQ ORAL SOLUTION</b>	3	
<b>VANATOL S ORAL SOLUTION</b>	3	
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	1 or 1b*	
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR</b>	3	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
<b>ZOMIG NASAL SPRAY,NON-AEROSOL</b>	3	ST; QL
<b>ZOMIG ORAL TABLET</b>	3	ST; QL
<b>ZOMIG ZMT ORAL TABLET,DISINTEGRATING</b>	3	ST; QL
<b>ANESTHETICS</b>		
<b>AMIDATE INTRAVENOUS SOLUTION</b>	3	
<b>AMIDATE INTRAVENOUS SYRINGE</b>	3	
<b>ANESTHESIA S/I-40 (PROPOFOL) INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40A (PROPOFOL) INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40H (PROPOFOL) INTRAVENOUS KIT</b>	3	
<b>ANESTHESIA S/I-40S (PROPOFOL) INTRAVENOUS KIT</b>	3	
<b>ARTICADENT DENTAL INJECTION CARTRIDGE</b>	3	
<b>ASTERO TOPICAL GEL WITH PUMP</b>	3	
<b>BREVITAL INJECTION RECON SOLN 2.5 GRAM, 500 MG</b>	3	
<b>BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (10 ML), 0.9 % (3 ML), 0.9 % (5 ML)</b>	3	
<b>BUPIVACAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML)</b>	3	
bupivacaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
<b>BUPIVACAINE IN NAACL(PF) EPIDURAL PREFILLED PUMP RESERVOIR 0.125 %</b>	3	

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

Drug Name	Tier	Notes	Drug Name	Tier	Notes
BUPIVACAINE IN NACL(PF) EPIDURAL SOLUTION 0.0625 % (625 MCG/ML), 0.1 % (1,000 MCG/ML), 0.125 % (1,250 MCG/ML), 0.25 %	3		CLOROTEKAL INTRATHECAL SOLUTION	3	
BUPIVACAINE IN NACL(PF) EPIDURAL SYRINGE 25 MG/10 ML (2.5MG/ML)0.25%	3		desflurane inhalation liquid	1 or 1b*	
BUPIVACAINE IN NACL(PF) INJECTION PREFILLED PUMP RESERVOIR	3		DIPRIVAN INTRAVENOUS EMULSION	3	
BUPIVACAINE IN NACL(PF) INJECTION SYRINGE 150 MG/30 ML (5 MG/ML) 0.5 %, 75 MG/30 ML (2.5MG/ML)0.25%	3		ethyl chloride topical aerosol,spray	1 or 1b*	
bupivacaine injection solution	1 or 1b*		etomidate intravenous solution	1 or 1b*	
BUPIVACAINE-DEXAMETH IN WATER INJECTION SYRINGE	3		EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
bupivacaine-dextrose-water(pf) injection solution	1 or 1b*		FORANE INHALATION LIQUID	3	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*		glydo mucous membrane jelly in applicator	1 or 1b*	
BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE	3		isoflurane inhalation liquid	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*		KAMDOY TOPICAL SPRAY,NON-AEROSOL	3	
BUPIVACAINE-KETOROLAC-KETAMINE INJECTION SYRINGE	3		KETALAR INJECTION SOLUTION	3	
CARBOCAINE (PF) INJECTION SOLUTION	3		KETAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE	3	
CARBOCAINE INJECTION SOLUTION	3		KETAMINE IN NACL, ISO-OSMOTIC INJECTION SYRINGE	3	
chloroprocaine (pf) injection solution	1 or 1b*		KETAMINE IN STERILE WATER INJECTION SYRINGE	3	
CITANEST FORTE DENTAL INJECTION CARTRIDGE	3		ketamine injection solution	1 or 1b*	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3		KETAMINE INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 50 MG/ML (1 ML)	3	
			L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL	3	
			L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION	3	
			LDO PLUS TOPICAL GEL WITH PUMP	3	
			LIDOCAINE (PF) IN D7.5W INTRATHECAL SOLUTION	3	
			lidocaine (pf) injection solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 400 MG/20 ML (2 %), 50 MG/5 ML (1 %)	3		LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	
lidocaine hcl injection solution	1 or 1b*		LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
LIDOCAINE HCL INJECTION SYRINGE 10 MG/ML (1 %), 100 MG/10 ML (1 %), 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	3		MARCAINE (PF) INJECTION SOLUTION	3	
LIDOCAINE HCL INTRADERMAL PEN INJECTOR	3		MARCAINE INJECTION SOLUTION	3	
lidocaine hcl laryngotracheal solution	1 or 1a*		MARCAINE SPINAL (PF) INJECTION SOLUTION	3	
lidocaine hcl mucous membrane jelly	1 or 1b*		MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION	3	
lidocaine hcl mucous membrane jelly in applicator	1 or 1b*		MARCAINE-EPINEPHRINE INJECTION SOLUTION	3	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1 or 1b*		METHOHEXITAL IN WATER (PF) INTRAVENOUS SYRINGE	3	
LIDOCAINE HCL(PF) IN 0.9% NACL INJECTION SYRINGE	3		MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION	3	
lidocaine topical adhesive patch,medicated	1 or 1b*		MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
lidocaine viscous mucous membrane solution	1 or 1a*		midazolam (pf) injection cartridge	1 or 1b*	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE	3		midazolam (pf) injection solution	1 or 1b*	
lidocaine-epinephrine injection solution	1 or 1b*		midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1 or 1b*	
lidocaine-prilocaine topical cream	1 or 1b*		MIDAZOLAM (PF) INJECTION SYRINGE 5 MG/ML	3	
lidocaine-prilocaine topical kit	1 or 1b*		MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	3	
LIDOCAINE-RACEPINEP-TETRACAIN TOPICAL SOLUTION	3		MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
LIDOCAINE-TETRACAIN TOPICAL CREAM	3		midazolam injection solution	1 or 1b*	
			NAROPIN (PF) INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
NESACAINE INJECTION SOLUTION	3		ROPIVACAINE (PF) IN 0.9 % NACL INJECTION SYRINGE 120 MG/60 ML (2 MG/ML) 0.2 %, 150 MG/30 ML (5 MG/ML) 0.5 %, 40 MG/20 ML (2 MG/ML) 0.2 %	3	
NESACAINE-MPF INJECTION SOLUTION	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMER PUMP,HI VAR RATE,PCA	3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE 0.2 % 545 ML, 0.2 % 745 ML	3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,LO VAR RATE 0.2 % 545 ML, 0.2 % 745 ML	3	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*		ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)	1 or 1b*	
PLIAGLIS TOPICAL CREAM	3		ROPIVACAINE (PF) INJECTION SOLUTION 5 MG/ML (0.5 %)	3	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*		ROPIVACAINE (PF) INJECTION SYRINGE	3	
POLOCAINE INJECTION SOLUTION 2 %	3		ROPIVACAINE (PF)-NACL,ISO-OSM INJECTION SOLUTION	3	
polocaine-mdp injection solution	1 or 1b*		ROPIVACAINE-EPI-CLONID-KETOROL PERIARTICULAR SYRINGE	3	
PONTOCAIN TOPICAL SOLUTION	3		SENSORCAINE INJECTION SOLUTION 0.25 % (2.5 MG/ML)	3	
propofol intravenous emulsion	1 or 1b*		sensorcaine injection solution 0.5 % (5 mg/ml)	1 or 1b*	
REGENECARE TOPICAL GEL	3		sensorcaine/epinephrine injection solution	1 or 1b*	
REGENECARE WITH ALOE TOPICAL GEL	3		SENSORCAINE-MPF INJECTION SOLUTION	3	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL PREFILLED PUMP RESERVOIR 0.1 % (1 MG/ML), 0.2 % (2 MG/ML)	3		SENSORCAINE-MPF SPINAL INJECTION SOLUTION	3	
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SOLUTION 0.15 %, 0.2 %	3				
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SYRINGE 50 MG/10 ML (5 MG/ML) 0.5 %	3				
ROPIVACAINE (PF) IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.2 % (2 MG/ML)	3				

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

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Drug Name	Tier	Notes
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
sevoflurane inhalation liquid	1 or 1b*	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	3	
SUPRANE INHALATION LIQUID	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
terrell inhalation liquid	1 or 1b*	
ULTANE INHALATION LIQUID	3	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZILACAINE PATCH TOPICAL COMBO PACK	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA; QL
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
ANTIARTHRITICS		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous recon soln	1 or 1b*	
ALOPRIM INTRAVENOUS RECON SOLN	3	

Drug Name	Tier	Notes
ANAPROX DS ORAL TABLET	3	
ARAVA ORAL TABLET	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
COLCHICINE ORAL CAPSULE	3	ST; QL
COLCHICINE ORAL TABLET	2	
COLCRYS ORAL TABLET	2	QL
CUPRIMINE ORAL CAPSULE	3	PA; QL
DAYPRO ORAL TABLET	3	
DEPEN TITRATABS ORAL TABLET	3	PA; 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	1 or 1b*	ST; QL
DISALCID ORAL TABLET	3	
D-PENAMINE ORAL TABLET	3	PA; QL
DUROLANE INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
ELITEK INTRAVENOUS RECON SOLN	3	QL; SP
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
etodolac oral tablet extended release 24 hr	1 or 1b*		<b>NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG</b>	3	ST; QL
<b>EUFLEXXA INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	<b>NAPROSYN ORAL SUSPENSION</b>	3	
febuxostat oral tablet	1 or 1b*	ST; QL	<b>NAPROSYN ORAL TABLET 500 MG</b>	3	
<b>FELDENE ORAL CAPSULE</b>	3		naproxen oral suspension	1 or 1b*	
fenoprofen oral tablet	1 or 1b*		naproxen oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*		naproxen oral tablet,delayed release (dr/ec)	1 or 1b*	
<b>GEL-ONE INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	
<b>GELSYN-3 INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	naproxen sodium oral tablet, er multiphase 24 hr	1 or 1b*	
<b>GENVISC 850 INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	<b>OLUMIANT ORAL TABLET</b>	3	PA; QL; SP
<b>HYALGAN INTRA-ARTICULAR SOLUTION</b>	3	PA; QL; SP	<b>ORTHOVISC INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP
<b>HYALGAN INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	<b>OTEZLA ORAL TABLET</b>	3	PA; QL; SP
<b>HYMOVIS INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP	<b>OTEZLA STARTER ORAL TABLETS,DOSE PACK</b>	3	PA; QL; SP
ibu oral tablet	1 or 1a*		<b>OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML</b>	3	PA; QL; SP
ibuprofen oral suspension	1 or 1a*		oxaprozin oral tablet	1 or 1b*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*		penicillamine oral capsule	1 or 1b*	PA; QL
indomethacin oral capsule	1 or 1b*		piroxicam oral capsule	1 or 1b*	
indomethacin oral capsule, extended release	1 or 1b*		probenecid oral tablet	1 or 1b*	
ketoprofen oral capsule	1 or 1b*		probenecid-colchicine oral tablet	1 or 1b*	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1 or 1b*		<b>RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML</b>	3	PA; QL; SP
<b>KINERET SUBCUTANEOUS SYRINGE</b>	3	PA; QL; LD	<b>RIDAURA ORAL CAPSULE</b>	2	
<b>KRYSTEXXA INTRAVENOUS SOLUTION</b>	3	PA; QL; SP			
leflunomide oral tablet	1 or 1b*				
<b>LODINE ORAL TABLET</b>	3				
meclofenamate oral capsule	1 or 1b*				
meloxicam oral tablet	1 or 1b*				
<b>MITIGARE ORAL CAPSULE</b>	3	ST; QL			
<b>MOBIC ORAL TABLET</b>	3				
<b>MONOVISC INTRA-ARTICULAR SYRINGE</b>	3	PA; QL; SP			
nabumetone oral tablet	1 or 1b*				

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
SODIUM HYALURONATE (VISCOSUP) INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
sulindac oral tablet	1 or 1b*	
SUPARTZ FX INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
SYNVISC INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
tolmetin oral capsule	1 or 1b*	
tolmetin oral tablet	1 or 1b*	
TRIVISC INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
ULORIC ORAL TABLET	3	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELJANZ ORAL TABLET	3	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL; SP
ZYLOPRIM ORAL TABLET	3	
<b>ANTIASTHMATICS</b>		
ACCOLATE ORAL TABLET	3	
acetylcysteine solution	1 or 1b*	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER	2	
albuterol sulfate inhalation solution for nebulization	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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*	
AMINOPHYLLINE INTRAVENOUS SOLUTION 500 MG/20 ML	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	ST; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	
budesonide inhalation suspension for nebulization	1 or 1b*	
CINQAIR INTRAVENOUS SOLUTION	3	PA; QL; LD
COMBIVENT RESPIMAT INHALATION MIST	2	
cromolyn inhalation solution for nebulization	1 or 1b*	
DALIRESP ORAL TABLET	3	PA; QL
DULERA INHALATION HFA AEROSOL INHALER	2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
FASENRA SUBCUTANEOUS SYRINGE	3	PA; QL; SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	2		PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER	2		PROAIR HFA INHALATION HFA AEROSOL INHALER	2	
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3		PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
fluticasone propion- salmeterol inhalation blister with device	1 or 1b*		PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3		PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	
ipratropium bromide inhalation solution	1 or 1b*		QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*		SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	
levalbuterol hcl inhalation solution for nebulization	1 or 1b*		SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3		SINGULAIR ORAL GRANULES IN PACKET	3	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3		SINGULAIR ORAL TABLET	3	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3		SINGULAIR ORAL TABLET,CHEWABLE	3	
metaproterenol oral syrup	1 or 1a*		SPIRIVA RESPIMAT INHALATION MIST	2	
montelukast oral granules in packet	1 or 1b*		SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	
montelukast oral tablet	1 or 1b*		STIOLTO RESPIMAT INHALATION MIST	2	
montelukast oral tablet,chewable	1 or 1b*		STRIVERDI RESPIMAT INHALATION MIST	3	
NUCALA SUBCUTANEOUS AUTO- INJECTOR	3	PA; QL; SP	SYMBICORT INHALATION HFA AEROSOL INHALER	2	
NUCALA SUBCUTANEOUS RECON SOLN	3	PA; QL; SP	terbutaline oral tablet	1 or 1b*	
NUCALA SUBCUTANEOUS SYRINGE	3	PA; QL; SP	terbutaline subcutaneous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
<b>THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	2	
theochron oral tablet extended release 12 hr	1 or 1b*	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml	1 or 1b*	
<b>THEOPHYLLINE IN DEXTROSE 5 % INTRAVENOUS PARENTERAL SOLUTION 400 MG/500 ML</b>	3	
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*	
<b>TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE</b>	3	PA; QL
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED</b>	3	
<b>UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	3	ST; QL
<b>VENTOLIN HFA INHALATION HFA AEROSOL INHALER</b>	2	
wixela inhale inhalation blister with device	1 or 1b*	
<b>XOLAIR SUBCUTANEOUS RECON SOLN</b>	3	PA; QL; SP
<b>XOLAIR SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
<b>XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION</b>	3	
<b>XOPENEX HFA INHALATION HFA AEROSOL INHALER</b>	3	

Drug Name	Tier	Notes
<b>XOPENEX INHALATION SOLUTION FOR NEBULIZATION</b>	3	
<b>YUPELRI INHALATION SOLUTION FOR NEBULIZATION</b>	3	
zafirlukast oral tablet	1 or 1b*	
zileuton oral tablet, er multiphase 12 hr	1 or 1b*	
<b>ZYFLO ORAL TABLET</b>	3	PA; QL
<b>ANTIBIOTICS</b>		
<b>AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	3	PA; QL
ak-poly-bac ophthalmic (eye) ointment	1 or 1a*	
<b>AKTIPAK TOPICAL GEL</b>	3	ST; QL
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1 or 1b*	
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	1 or 1b*	
ampicillin sodium intravenous recon soln	1 or 1b*	
ampicillin-sulbactam injection recon soln	1 or 1b*	
ampicillin-sulbactam intravenous recon soln	1 or 1b*	
<b>ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION</b>	3	PA; QL

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Drug Name	Tier	Notes
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
avidoxy oral tablet	1 or 1b*	
AVYCAZ INTRAVENOUS RECON SOLN	3	
AZACTAM INJECTION RECON SOLN	3	
AZASITE OPHTHALMIC (EYE) DROPS	3	
azithromycin intravenous recon soln	1 or 1b*	
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	1 or 1b*	
baciim intramuscular recon soln	1 or 1b*	
bacitracin intramuscular recon soln	1 or 1b*	
bacitracin ophthalmic (eye) ointment	1 or 1b*	
bacitracin-polymyxin b ophthalmic (eye) ointment	1 or 1a*	
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	

Drug Name	Tier	Notes
BAXDELA INTRAVENOUS RECON SOLN	3	
BAXDELA ORAL TABLET	3	
BENZAMYCIN TOPICAL GEL	3	ST; QL
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	3	SP
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
BLEPH-10 OPHTHALMIC (EYE) DROPS	3	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
bp 10-1 topical cleanser	1 or 1b*	
CAPASTAT INJECTION RECON SOLN	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	LD; SP
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	3	
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*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML	3		cefpodoxime oral suspension for reconstitution	1 or 1b*	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML	3		cefpodoxime oral tablet	1 or 1b*	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	1 or 1b*		cefprozil oral suspension for reconstitution	1 or 1b*	
CEFAZOLIN INJECTION RECON SOLN 100 GRAM, 300 G	3		cefprozil oral tablet	1 or 1b*	
cefazolin intravenous recon soln	1 or 1b*		<b>CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK</b>	3	
cefdinir oral capsule	1 or 1b*		ceftazidime injection recon soln	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*		ceftriaxone in dextrose,iso-os intravenous piggyback	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*		ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1 or 1b*	
<b>CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK</b>	3		<b>CEFTRIAXONE INJECTION RECON SOLN 100 GRAM</b>	3	
<b>CEFEPIME IN DEXTROSE,ISO-OSM INTRAVENOUS PIGGYBACK</b>	3		ceftriaxone intravenous recon soln	1 or 1b*	
cefepime injection recon soln	1 or 1b*		<b>CEFUROXIME (PF) IN 0.9% NACL INTRAVITREAL SOLUTION</b>	3	
cefixime oral capsule	1 or 1b*		cefuroxime axetil oral tablet	1 or 1b*	
cefixime oral suspension for reconstitution	1 or 1b*		cefuroxime sodium injection recon soln 750 mg	1 or 1b*	
<b>CEFOTAN INJECTION RECON SOLN</b>	3		cefuroxime sodium intravenous recon soln	1 or 1b*	
cefotaxime injection recon soln 1 gram	1 or 1b*		<b>CENTANY AT TOPICAL OINTMENT KIT</b>	3	
<b>CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK</b>	3		<b>CENTANY TOPICAL OINTMENT</b>	3	
cefotetan injection recon soln	1 or 1b*		cephalexin oral capsule	1 or 1a*	
cefotetan intravenous recon soln	1 or 1b*		cephalexin oral suspension for reconstitution	1 or 1a*	
<b>CEFOXITIN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK</b>	3		cephalexin oral tablet	1 or 1a*	
cefoxitin intravenous recon soln	1 or 1b*		<b>CETRAXAL OTIC (EAR) DROPPERETTE</b>	3	
			chloramphenicol sod succinate intravenous recon soln	1 or 1b*	
			<b>CILOXAN OPHTHALMIC (EYE) DROPS</b>	3	
			<b>CILOXAN OPHTHALMIC (EYE) OINTMENT</b>	3	

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

Drug Name	Tier	Notes
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR	3	
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	1 or 1b*	
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
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 HCL ORAL CAPSULE	3	
CLEOCIN INJECTION SOLUTION	3	
CLEOCIN INTRAVENOUS SOLUTION	3	
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	

Drug Name	Tier	Notes
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLEOCIN T TOPICAL SOLUTION	3	ST; QL
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin hcl oral capsule	1 or 1b*	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	
clindamycin phosphate topical solution	1 or 1b*	
clindamycin phosphate topical swab	1 or 1b*	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
colistin (colistimethate na) injection recon soln	1 or 1b*	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
coremino oral tablet extended release 24 hr	1 or 1b*		e.e.s. 400 oral tablet	1 or 1b*	
<b>CORTISPORIN TOPICAL CREAM</b>	3		<b>E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION</b>	3	
<b>CORTISPORIN TOPICAL OINTMENT</b>	3		ertapenem injection recon soln	1 or 1b*	
<b>CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION</b>	3		ery pads topical swab	1 or 1b*	
<b>CUBICIN INTRAVENOUS RECON SOLN</b>	3		<b>ERYGEL TOPICAL GEL</b>	3	
<b>CUBICIN RF INTRAVENOUS RECON SOLN</b>	3		<b>ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION</b>	3	
<b>CYCLOSERINE ORAL CAPSULE</b>	3		<b>ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION</b>	3	
<b>DALVANCE INTRAVENOUS SOLUTION</b>	3		ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1 or 1b*	
dapsone oral tablet	1 or 1b*		<b>ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG</b>	3	
<b>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</b>	3		erythrocin (as stearate) oral tablet 250 mg	1 or 1b*	
daptomycin intravenous recon soln 500 mg	1 or 1b*		<b>ERYTHROCIN INTRAVENOUS RECON SOLN</b>	3	
demeclercycline oral tablet	1 or 1b*		erythromycin ethylsuccinate oral suspension for reconstitution	1 or 1b*	
dicloxacillin oral capsule	1 or 1b*		erythromycin ethylsuccinate oral tablet	1 or 1b*	
<b>DIFICID ORAL TABLET</b>	3		erythromycin ophthalmic (eye) ointment	1 or 1a*	
doxy-100 intravenous recon soln	1 or 1b*		erythromycin oral capsule,delayed release(dr/ec)	1 or 1b*	
doxycycline hyclate intravenous recon soln	1 or 1b*		erythromycin oral tablet	1 or 1b*	
doxycycline hyclate oral capsule	1 or 1b*		erythromycin oral tablet,delayed release (dr/ec)	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 50 mg	1 or 1b*		erythromycin with ethanol topical gel	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 75 mg	1 or 1b*	ST; QL	erythromycin with ethanol topical solution	1 or 1b*	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1 or 1b*	ST; QL	erythromycin with ethanol topical swab	1 or 1b*	
doxycycline monohydrate oral capsule	1 or 1b*		erythromycin-benzoyl peroxide topical gel	1 or 1b*	
doxycycline monohydrate oral suspension for reconstitution	1 or 1b*		ethambutol oral tablet	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*		<b>EVOCLIN TOPICAL FOAM</b>	3	ST; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FACTIVE ORAL TABLET	3		isoniazid injection solution	1 or 1a*	
FIRVANQ ORAL RECON SOLN	3	PA; QL	isoniazid oral solution	1 or 1a*	
FLAGYL ORAL CAPSULE	3		isoniazid oral tablet	1 or 1a*	
FLAGYL ORAL TABLET	3		KEFLEX ORAL CAPSULE	3	
FORTAZ INJECTION RECON SOLN 1 GRAM, 500 MG	3		KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	3	SP
FORTAZ INTRAVENOUS RECON SOLN	3		LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	QL
FURADANTIN ORAL SUSPENSION	3		levofloxacin in d5w intravenous piggyback	1 or 1b*	
gatifloxacin ophthalmic (eye) drops	1 or 1b*		levofloxacin intravenous solution	1 or 1b*	
gentak ophthalmic (eye) ointment	1 or 1a*		levofloxacin ophthalmic (eye) drops	1 or 1b*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1 or 1b*		levofloxacin oral solution	1 or 1b*	QL
GENTAMICIN IN NACL (ISO-Osm) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML, 70 MG/50 ML, 90 MG/100 ML	3		levofloxacin oral tablet	1 or 1b*	QL
gentamicin injection solution	1 or 1b*		LINCOCIN INJECTION SOLUTION	3	
gentamicin ophthalmic (eye) drops	1 or 1a*		lincomycin injection solution	1 or 1b*	
gentamicin sulfate (ped) (pf) injection solution	1 or 1b*		linezolid in dextrose 5% intravenous piggyback	1 or 1b*	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1 or 1b*		linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3		linezolid oral tablet	1 or 1b*	PA; QL
gentamicin topical cream	1 or 1b*		linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	
gentamicin topical ointment	1 or 1b*		MACROBID ORAL CAPSULE	3	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION	3		MACRODANTIN ORAL CAPSULE	3	
HIPREX ORAL TABLET	3		mafenide acetate topical packet	1 or 1b*	
imipenem-cilastatin intravenous recon soln	1 or 1b*		MAXIPIME INJECTION RECON SOLN	3	
INVANZ INJECTION RECON SOLN	3		MAXIPIME INTRAVENOUS RECON SOLN	3	
			MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
			MAXITROL OPHTHALMIC (EYE) OINTMENT	3	
			meropenem intravenous recon soln	1 or 1b*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3		MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	3	
MERREM INTRAVENOUS RECON SOLN	3		MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	3	
methenamine hippurate oral tablet	1 or 1b*		MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	
methenamine mandelate oral tablet	1 or 1b*		moxifloxacin-sod.chloride(iso) intravenous piggyback	1 or 1b*	
METRO I.V. INTRAVENOUS PIGGYBACK	3		mupirocin calcium topical cream	1 or 1b*	
METROGEL VAGINAL VAGINAL GEL	3		mupirocin topical ointment	1 or 1b*	
METRONIDAZOLE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK	3		MYAMBUTOL ORAL TABLET 400 MG	3	
metronidazole oral capsule	1 or 1a*		MYCOBUTIN ORAL CAPSULE	3	
metronidazole oral tablet	1 or 1a*		NAFCILLIN IN DEXTROSE ISO-OSM INTRAVENOUS PIGGYBACK	3	
metronidazole vaginal gel	1 or 1b*		nafcillin injection recon soln 1 gram, 2 gram	1 or 1b*	
MINOCIN INTRAVENOUS RECON SOLN	3		NAFCILLIN INJECTION RECON SOLN 10 GRAM	3	
minocycline oral capsule	1 or 1b*		nafcillin intravenous recon soln	1 or 1b*	
minocycline oral tablet	1 or 1b*		neomycin oral tablet	1 or 1a*	
minocycline oral tablet extended release 24 hr	1 or 1b*	ST; QL	neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1 or 1b*	
monodoxine nl oral capsule 100 mg, 75 mg	1 or 1b*		neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1 or 1b*	
MONUROL ORAL PACKET	3		neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1 or 1a*	
morgidox oral capsule 100 mg	1 or 1b*		neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1 or 1a*	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3		neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1 or 1b*	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS	3		neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1 or 1b*	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3				
moxifloxacin ophthalmic (eye) drops	1 or 1b*				
moxifloxacin oral tablet	1 or 1b*				

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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*	
<b>NEO-SYNALAR KIT TOPICAL CREAM</b>	<b>3</b>	
<b>NEO-SYNALAR TOPICAL CREAM</b>	<b>3</b>	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
<b>NUVESSA VAGINAL GEL</b>	<b>3</b>	
<b>NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET</b>	<b>3</b>	PA; QL
<b>NUZYRA (7 DAY) ORAL TABLET</b>	<b>3</b>	PA; QL
<b>NUZYRA INTRAVENOUS RECON SOLN</b>	<b>3</b>	
<b>NUZYRA ORAL TABLET</b>	<b>3</b>	PA; QL
<b>OCUFLOX OPHTHALMIC (EYE) DROPS</b>	<b>3</b>	
ofloxacin ophthalmic (eye) drops	1 or 1a*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
ofloxacin otic (ear) drops	1 or 1b*	
okebo oral capsule 75 mg	1 or 1b*	
<b>ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE</b>	<b>3</b>	
<b>ORBACTIV INTRAVENOUS RECON SOLN</b>	<b>3</b>	
<b>OTIPRIO INTRATYMPANIC SUSPENSION</b>	<b>3</b>	
<b>OTOVEL OTIC (EAR) SOLUTION</b>	<b>2</b>	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>OXACILLIN IN DEXTROSE(ISO-OSM) INTRAVENOUS PIGGYBACK</b>	<b>3</b>	
oxacillin injection recon soln	1 or 1b*	
oxacillin intravenous recon soln	1 or 1b*	
<b>PASER ORAL GRANULES DR FOR SUSP IN PACKET</b>	<b>3</b>	
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK</b>	<b>3</b>	
penicillin g potassium injection recon soln	1 or 1b*	
<b>PENICILLIN G PROCAINE INTRAMUSCULAR SYRINGE</b>	<b>3</b>	
penicillin g sodium injection recon soln	1 or 1b*	
penicillin v potassium oral recon soln	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen-g injection recon soln	1 or 1b*	
<b>PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM</b>	<b>3</b>	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1 or 1b*	
polycin ophthalmic (eye) ointment	1 or 1a*	
polymyxin b sulfate injection recon soln	1 or 1b*	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
<b>POLYTRIM OPHTHALMIC (EYE) DROPS</b>	<b>3</b>	
<b>PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	<b>3</b>	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3		sss 10-5 topical foam	1 or 1b*	
PREDNISOLONE- MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3		STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
PREDNISOLONE- MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	3		sulfacetamide sodium ophthalmic (eye) drops	1 or 1b*	
PRIFTIN ORAL TABLET	2		sulfacetamide sodium ophthalmic (eye) ointment	1 or 1b*	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3		sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %	1 or 1b*	
PRIMSOL ORAL SOLUTION	3		sulfacetamide sodium-sulfur topical cleanser 9-4 %	1 or 1b*	PA; QL
pyrazinamide oral tablet	1 or 1b*		sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w)	1 or 1b*	
rifabutin oral capsule	1 or 1b*		sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	1 or 1b*	
RIFADIN INTRAVENOUS RECON SOLN	3		sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1 or 1b*	
RIFADIN ORAL CAPSULE	3		SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION <b>10-5 %</b>	3	
RIFAMATE ORAL CAPSULE	3		sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	
rifampin intravenous recon soln	1 or 1b*		SULFACETAMIDE SOD- SULFUR-UREA TOPICAL CLEANSER	3	
rifampin oral capsule	1 or 1b*		sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
RIFATER ORAL TABLET	2		sulfacetamide-sulfur- cleansr23 topical kit	1 or 1b*	
SILVADENE TOPICAL CREAM	3		SULFADIAZINE ORAL TABLET	3	
silver sulfadiazine topical cream	1 or 1a*		sulfamethoxazole- trimethoprim intravenous solution	1 or 1b*	
SIRTURO ORAL TABLET	3		sulfamethoxazole- trimethoprim oral suspension	1 or 1a*	
SIVEXTRO INTRAVENOUS RECON SOLN	3		sulfamethoxazole- trimethoprim oral tablet	1 or 1a*	
SIVEXTRO ORAL TABLET	3	PA; QL	SULFAMYLYON TOPICAL CREAM	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	ST; QL	SULFAMYLYON TOPICAL PACKET	3	
SPECTRACEF ORAL TABLET 400 MG	3		sulfatrim oral suspension	1 or 1a*	
ssd topical cream	1 or 1a*				
sss 10-5 topical cream	1 or 1b*				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
SUPRAX ORAL CAPSULE	3		tobramycin sulfate injection solution	1 or 1b*	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3		TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	SP
SUPRAX ORAL TABLET,CHEWABLE	3		tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1 or 1b*	
SYNERCID INTRAVENOUS RECON SOLN	3		TOBREX OPHTHALMIC (EYE) DROPS	3	
TARGADOX ORAL TABLET	3	ST; QL	TOBREX OPHTHALMIC (EYE) OINTMENT	3	
tazicef injection recon soln	1 or 1b*		TRECATOR ORAL TABLET	3	
tazicef intravenous recon soln	1 or 1b*		trimethoprim oral tablet	1 or 1a*	
TEFLARO INTRAVENOUS RECON SOLN	3		TRIMPEX ORAL SOLUTION	3	
tetracycline oral capsule	1 or 1b*		TYGACIL INTRAVENOUS RECON SOLN	3	
THALOMID ORAL CAPSULE	2	PA; QL; SP	UNASYN INJECTION RECON SOLN	3	
tigecycline intravenous recon soln	1 or 1b*		ur n-c oral tablet	1 or 1b*	
TOBI INHALATION SOLUTION FOR NEBULIZATION	3	SP	uretron d-s oral tablet 81.6-10.8-40.8 mg	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE	3	SP	uryl oral tablet	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	SP	ustell oral capsule	1 or 1b*	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3		VABOMERE INTRAVENOUS RECON SOLN	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2		VANCOCIN ORAL CAPSULE	3	PA; QL
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3		VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
tobramycin in 0.225 % nacl inhalation solution for nebulization	1 or 1b*	SP	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	3	
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1 or 1b*				
tobramycin ophthalmic (eye) drops	1 or 1a*				
tobramycin sulfate injection recon soln	1 or 1b*				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3		ZEMDRI INTRAVENOUS SOLUTION	3	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML	3		ZERBAXA INTRAVENOUS RECON SOLN	3	
VANCOMYCIN INJECTION RECON SOLN	3		ZITHROMAX INTRAVENOUS RECON SOLN	3	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1 or 1b*		ZITHROMAX ORAL PACKET	3	QL
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG, 750 MG	3		ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL
vancomycin oral capsule	1 or 1b*	PA; QL	ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	QL
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK	3		ZITHROMAX TRI-PAK ORAL TABLET	3	QL
vandazole vaginal gel	1 or 1b*		ZITHROMAX Z-PAK ORAL TABLET	3	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3		ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; QL	ZOSYN INTRAVENOUS RECON SOLN	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	ST; QL	ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
VIGAMOX OPHTHALMIC (EYE) DROPS	3		ZYMAXID OPHTHALMIC (EYE) DROPS	3	
XENLETA INTRAVENOUS SOLUTION	3		ZYVOX INTRAVENOUS PIGGYBACK	3	
XENLETA ORAL TABLET	3		ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
XEPI TOPICAL CREAM	3		ZYVOX ORAL TABLET	3	PA; QL
XERAVA INTRAVENOUS RECON SOLN	3		ANTICOAGULANTS		
XIFAXAN ORAL TABLET	3	PA; QL	ACD SOLUTION A SOLUTION	3	
			ACD-A SOLUTION	3	
			ANGIOMAX INTRAVENOUS RECON SOLN	3	
			ANTICOAG CITRATE PHOS DEXTROSE SOLUTION	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3		HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3		heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1 or 1b*	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3		HEPARIN (PORCINE) IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 25,000 UNIT/250 ML(100 UNIT/ML)	3	
ARGATROBAN INTRAVENOUS SOLUTION	3		HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION	3	
ARIXTRA SUBCUTANEOUS SYRINGE	3		heparin (porcine) injection cartridge	1 or 1b*	
BEVYXXA ORAL CAPSULE	3		heparin (porcine) injection solution	1 or 1b*	
BIVALIRUDIN INTRAVENOUS RECON SOLN	3		heparin (porcine) injection syringe 5,000 unit/ml	1 or 1b*	
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK	3		heparin flush(porcine)-0.9nacl intravenous kit	1 or 1b*	
COUMADIN ORAL TABLET	2		heparin lock flush (porcine) intravenous solution	1 or 1b*	
ELIQUIS ORAL TABLET	2		heparin lock flush intravenous solution	1 or 1b*	
ELIQUIS ORAL TABLETS,DOSE PACK	2		heparin lock flush intravenous syringe	1 or 1b*	
enoxaparin subcutaneous solution	1 or 1b*		heparin lockflush(porcine)(pf) intravenous syringe	1 or 1b*	
enoxaparin subcutaneous syringe	1 or 1b*		HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML, 25,000 UNIT/250 ML, 25,000 UNIT/500 ML	3	
fondaparinux subcutaneous syringe	1 or 1b*		heparin, porcine (pf) injection solution	1 or 1b*	
FRAGMIN SUBCUTANEOUS SOLUTION	3				
FRAGMIN SUBCUTANEOUS SYRINGE	3				
hep flush-10 (pf) intravenous solution	1 or 1b*				

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
heparin, porcine (pf) injection syringe	1 or 1b*	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1 or 1b*	
heparin, porcine (pf) intravenous syringe	1 or 1b*	
<b>HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE</b>	3	
jantoven oral tablet	1 or 1a*	
<b>LOVENOX SUBCUTANEOUS SOLUTION</b>	3	
<b>LOVENOX SUBCUTANEOUS SYRINGE</b>	3	
<b>PRADAXA ORAL CAPSULE</b>	3	
<b>SAVAYS A ORAL TABLET</b>	3	
<b>SODIUM CITRATE IN 0.9 % NACL SOLUTION</b>	3	
<b>SODIUM CITRATE INTRA-CATHETER SYRINGE</b>	3	
<b>SODIUM CITRATE SOLUTION</b>	3	
<b>TRICITRASOL INJECTION CONCENTRATE</b>	3	
warfarin oral tablet	1 or 1a*	
<b>XARELTO ORAL TABLET</b>	2	
<b>XARELTO ORAL TABLETS,DOSE PACK</b>	2	
<b>ANTIDOTES</b>		
<b>MOVANTIK ORAL TABLET</b>	2	
naloxone injection solution	1 or 1b*	
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
<b>NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION</b>	2	
<b>RELISTOR ORAL TABLET</b>	3	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>RELISTOR SUBCUTANEOUS SOLUTION</b>	3	ST; QL
<b>RELISTOR SUBCUTANEOUS SYRINGE</b>	3	ST; QL
<b>SYMPROIC ORAL TABLET</b>	3	ST; QL
<b>ANTIFUNGALS</b>		
<b>ABELCET INTRAVENOUS SUSPENSION</b>	3	
<b>AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION</b>	3	
amphotericin b injection recon soln	1 or 1b*	
<b>ANCOBON ORAL CAPSULE</b>	3	PA; QL
<b>CANCIDAS INTRAVENOUS RECON SOLN</b>	3	
caspofungin intravenous recon soln	1 or 1b*	
ciclopirox topical cream	1 or 1b*	
ciclopirox topical gel	1 or 1b*	
ciclopirox topical shampoo	1 or 1b*	
ciclopirox topical solution	1 or 1b*	
ciclopirox topical suspension	1 or 1b*	
clotrimazole mucous membrane troche	1 or 1b*	
clotrimazole topical cream	1 or 1b*	
clotrimazole topical solution	1 or 1b*	
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
<b>CRESEMBA INTRAVENOUS RECON SOLN</b>	3	PA; QL
<b>CRESEMBA ORAL CAPSULE</b>	3	PA; QL
<b>DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION</b>	3	
<b>DIFLUCAN ORAL TABLET</b>	3	
econazole topical cream	1 or 1b*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ECOZA TOPICAL FOAM</b>	3	ST; QL
<b>ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN</b>	3	
<b>ERTACZO TOPICAL CREAM</b>	3	ST; QL
<b>EXELDERM TOPICAL CREAM</b>	3	ST; QL
<b>EXELDERM TOPICAL SOLUTION</b>	3	ST; QL
<b>EXODERM TOPICAL LOTION</b>	3	
<b>EXTINA TOPICAL FOAM</b>	3	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
<b>FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML</b>	3	
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	1 or 1b*	PA; QL
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
<b>GYZNAZOLE-1 VAGINAL CREAM</b>	3	
itraconazole oral capsule	1 or 1b*	PA; QL
itraconazole oral solution	1 or 1b*	PA; QL
<b>JUBLIA TOPICAL SOLUTION WITH APPLICATOR</b>	3	
<b>KERYDIN TOPICAL SOLUTION WITH APPLICATOR</b>	3	ST; QL
ketoconazole oral tablet	1 or 1b*	
ketoconazole topical cream	1 or 1b*	
ketoconazole topical foam	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ketoconazole topical shampoo	1 or 1b*	
<b>LOPROX (AS OLAMINE) TOPICAL CREAM</b>	3	ST; QL
<b>LOPROX (AS OLAMINE) TOPICAL SUSPENSION</b>	3	ST; QL
<b>LOPROX TOPICAL SHAMPOO</b>	3	
<b>LOTRISONE TOPICAL CREAM</b>	3	
<b>LULICONAZOLE TOPICAL CREAM</b>	3	ST; QL
<b>LUZU TOPICAL CREAM</b>	3	ST; QL
<b>MENTAX TOPICAL CREAM</b>	3	ST; QL
<b>MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT</b>	3	
miconazole-3 vaginal suppository	1 or 1b*	
<b>MYCAMINE INTRAVENOUS RECON SOLN</b>	3	
naftifine topical cream	1 or 1b*	ST; QL
naftifine topical gel	1 or 1b*	ST; QL
<b>NAFTIN TOPICAL CREAM 2 %</b>	3	ST; QL
<b>NAFTIN TOPICAL GEL</b>	3	ST; QL
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
<b>NIZORAL TOPICAL SHAMPOO</b>	3	ST; QL
<b>NOXAFL INTRAVENOUS SOLUTION</b>	3	
<b>NOXAFL ORAL SUSPENSION</b>	3	PA; QL
<b>NOXAFL ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	3	PA; QL
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*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
<b>ONMEL ORAL TABLET</b>	<b>3</b>	PA; QL
<b>ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET</b>	<b>3</b>	
oxiconazole topical cream	1 or 1b*	ST; QL
<b>OXISTAT TOPICAL CREAM</b>	<b>3</b>	ST; QL
<b>OXISTAT TOPICAL LOTION</b>	<b>3</b>	ST; QL
<b>PENLAC TOPICAL SOLUTION</b>	<b>3</b>	ST; QL
<b>POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	<b>3</b>	PA; QL
<b>SPORANOX ORAL CAPSULE</b>	<b>3</b>	PA; QL
<b>SPORANOX ORAL SOLUTION</b>	<b>3</b>	PA; QL
<b>SPORANOX PULSEPAK ORAL CAPSULE</b>	<b>3</b>	PA; QL
terbinafine hcl oral tablet	1 or 1b*	
terconazole vaginal cream 0.8 %	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
<b>TOLSURA ORAL CAPSULE, SOLID DISPERSION</b>	<b>3</b>	PA; QL
<b>TRIACETIN LIQUID</b>	<b>3</b>	
<b>TRIPLE DYE TOPICAL SWAB</b>	<b>3</b>	
<b>VFEND IV INTRAVENOUS RECON SOLN</b>	<b>3</b>	
<b>VFEND ORAL SUSPENSION FOR RECONSTITUTION</b>	<b>3</b>	PA; QL
<b>VFEND ORAL TABLET</b>	<b>3</b>	PA; QL
voriconazole intravenous recon soln	1 or 1b*	
voriconazole oral suspension for reconstitution	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>VUSION TOPICAL OINTMENT</b>	<b>3</b>	
<b>XOLEGEL TOPICAL GEL</b>	<b>3</b>	
<b>ANTIHISTAMINE AND DECONGESTANT COMBINATION</b>		
centergy oral drops	1 or 1b*	
<b>CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR</b>	<b>3</b>	ST; QL
promethazine-phenylephrine oral syrup	1 or 1b*	
<b>SEMPREX-D ORAL CAPSULE</b>	<b>3</b>	ST; QL
<b>ANTIHISTAMINES</b>		
azelastine ophthalmic (eye) drops	1 or 1b*	
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
cetirizine oral solution 1 mg/ml	1 or 1b*	
<b>CLARINEX ORAL TABLET</b>	<b>3</b>	ST; QL
clemastine oral tablet 2.68 mg	1 or 1b*	
<b>CYPROHEPTADINE ORAL SYRUP</b>	<b>3</b>	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	1 or 1b*	
desloratadine oral tablet,disintegrating	1 or 1b*	
dexchlorpheniramine maleate oral solution	1 or 1b*	
diphenhydramine hcl injection solution 50 mg/ml	1 or 1b*	
diphenhydramine hcl injection syringe	1 or 1b*	
diphenhydramine hcl oral capsule 50 mg	1 or 1a*	
diphenhydramine hcl oral elixir	1 or 1a*	
epinastine ophthalmic (eye) drops	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<b>HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML</b>	3		<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	3	ST; QL
hydroxyzine hcl oral tablet	1 or 1b*		<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR</b>	2	ST; QL
hydroxyzine pamoate oral capsule	1 or 1a*		<b>BYDUREON SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR</b>	3		<b>BYETTA SUBCUTANEOUS PEN INJECTOR</b>	2	ST; QL
<b>LASTACAFT OPHTHALMIC (EYE) DROPS</b>	3	ST; QL	chlorpropamide oral tablet	1 or 1b*	ST; QL
levocetirizine oral solution	1 or 1b*		<b>CYCLOSET ORAL TABLET</b>	3	
levocetirizine oral tablet	1 or 1b*		<b>DUETACT ORAL TABLET</b>	3	ST; QL
olopatadine ophthalmic (eye) drops	1 or 1b*	ST; QL	<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24HR</b>	3	ST; QL
<b>PHENERGAN INJECTION SOLUTION</b>	3		glimepiride oral tablet	1 or 1b*	ST; QL
promethazine injection solution	1 or 1a*		glipizide oral tablet	1 or 1a*	ST; QL
promethazine oral syrup	1 or 1a*		glipizide oral tablet extended release 24hr	1 or 1a*	ST; QL
promethazine oral tablet	1 or 1a*		glipizide-metformin oral tablet	1 or 1b*	ST; QL
<b>RYCLORA ORAL SOLUTION</b>	3		<b>GLUCOPHAGE ORAL TABLET</b>	3	
<b>RYVENT ORAL TABLET</b>	3		<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	ST; QL
<b>VISTARIL ORAL CAPSULE</b>	3		<b>GLUCOTROL ORAL TABLET</b>	3	ST; QL
<b>ANTIHYPERGLYCEMIC S</b>			<b>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR</b>	3	ST; QL
acarbose oral tablet	1 or 1b*		glyburide micronized oral tablet	1 or 1b*	ST; QL
<b>ACTOPLUS MET ORAL TABLET</b>	3	ST; QL	glyburide oral tablet	1 or 1b*	ST; QL
<b>ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG</b>	2	ST; QL	glyburide-metformin oral tablet	1 or 1b*	ST; QL
<b>ACTOS ORAL TABLET</b>	3	ST; QL	<b>GLYNASE ORAL TABLET</b>	3	ST; QL
<b>AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)</b>	3	PA; QL	<b>GLYSET ORAL TABLET</b>	3	
<b>ALOGLIPTIN-PIOGLITAZONE ORAL TABLET</b>	3	ST; QL	<b>HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT</b>	2	
<b>AMARYL ORAL TABLET</b>	3	ST; QL			

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2		HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	QL
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2		INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2		INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2		JANUMET ORAL TABLET	2	ST; QL
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION	2		JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2		JANUVIA ORAL TABLET	2	ST; QL
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2		JARDIANCE ORAL TABLET	2	ST; QL
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2		JENTADUETO ORAL TABLET	2	ST; QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2		KORLYM ORAL TABLET	3	PA; QL; LD
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2		LANTUS SOLOSTAR U- 100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2		LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2		LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN	2	
			LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
			METFORMIN ORAL SOLUTION	3	PA; QL
			metformin oral tablet	1 or 1b*	
			metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR
			metformin oral tablet extended release 24hr	3	ST; QL; generic Fortamet
			miglitol oral tablet	1 or 1b*	

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Drug Name	Tier	Notes
MYXREDLIN INTRAVENOUS SOLUTION	3	
nateglinide oral tablet	1 or 1b*	
OSENI ORAL TABLET	3	ST; QL
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
PRANDIN ORAL TABLET 1 MG, 2 MG	3	
PRECOSE ORAL TABLET	3	
repaglinide oral tablet	1 or 1b*	
repaglinide-metformin oral tablet	1 or 1b*	
RIOMET ORAL SOLUTION	3	PA; QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	ST; QL
STARLIX ORAL TABLET	3	
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	1 or 1b*	ST; QL
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

Drug Name	Tier	Notes
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
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	ST; QL
<b>ANTIINFECTIVES/MISC ELLANEous</b>		
albendazole oral tablet	1 or 1b*	PA; QL
ALBENZA ORAL TABLET	3	PA; QL
ARAKODA ORAL TABLET	3	
atovaquone oral suspension	1 or 1b*	
atovaquone-proguanil oral tablet	1 or 1b*	
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET	3	
chloroquine phosphate oral tablet	1 or 1a*	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA; QL; LD
EMVERM ORAL TABLET,CHEWABLE	3	
GLUTARALDEHYDE SOLUTION	2	
glycine urologic irrigation solution	1 or 1b*	
glycine urologic solution irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
IMPAVIDO ORAL CAPSULE	3	PA; QL
ivermectin oral tablet	1 or 1b*	
KRINTAFEL ORAL TABLET	3	
MALARONE ORAL TABLET	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
MALARONE PEDIATRIC ORAL TABLET	3		HUMIRA PEN PSOR-UVETIS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
mefloquine oral tablet	1 or 1b*		HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
MEPRON ORAL SUSPENSION	3		HUMIRA SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
NEBUPENT INHALATION RECON SOLN	2		HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
paromomycin oral capsule	1 or 1b*		HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
PENTAM INJECTION RECON SOLN	2		HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
pentamidine injection recon soln	1 or 1b*		HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; QL; SP
PLAQUENIL ORAL TABLET	3		HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
praziquantel oral tablet	1 or 1b*		REMICADE INTRAVENOUS RECON SOLN	3	PA; QL; SP
PRIMAQUINE ORAL TABLET	2		SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; QL; SP
QUALAQIN ORAL CAPSULE	3	PA; QL	SIMPONI SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
quinine sulfate oral capsule	1 or 1b*	PA; QL	SIMPONI SUBCUTANEOUS SYRINGE	3	PA; QL; SP
STROMECTOL ORAL TABLET	3		ANTINEOPLASTICS		
tinidazole oral tablet	1 or 1b*		abiraterone oral tablet	1 or 1b*	PA; QL; SP
ANTIINFECTIVES			ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
AVC VAGINAL VAGINAL CREAM	3		ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS					
ENBREL MINI SUBCUTANEOUS CARTRIDGE	3	PA; QL; SP			
ENBREL SUBCUTANEOUS RECON SOLN	3	PA; QL; SP			
ENBREL SUBCUTANEOUS SYRINGE	3	PA; QL; SP			
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP			
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP			

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ADCETRIS INTRAVENOUS RECON SOLN	3	PA; QL; SP	AVASTIN INTRAVENOUS SOLUTION	3	PA; QL; SP
adriamycin intravenous recon soln 10 mg	1 or 1b*	SP	azacitidine injection recon soln	1 or 1b*	PA; QL; SP
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	SP	AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION	3	
adriamycin intravenous solution	1 or 1b*	SP	AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION	3	
adrucil intravenous solution	1 or 1b*	SP	BALVERSA ORAL TABLET	3	PA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; QL; SP	BAVENCIO INTRAVENOUS SOLUTION	3	PA; QL
AFINITOR ORAL TABLET	2	PA; QL; SP	BELEODAQ INTRAVENOUS RECON SOLN	3	PA; QL
ALECensa ORAL CAPSULE	3	PA; QL; LD; SP	BELRAPZO INTRAVENOUS SOLUTION	3	PA; QL; SP
ALFERON N INJECTION SOLUTION	3	SP	BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; QL; SP
ALIMTA INTRAVENOUS RECON SOLN	3	PA; QL; SP	BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; SP
ALIQOPA INTRAVENOUS RECON SOLN	3	PA; QL	BESPONSA INTRAVENOUS RECON SOLN	3	PA; QL; LD
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	3	SP	bexarotene oral capsule	1 or 1b*	PA; QL; SP
ALKERAN ORAL TABLET	3	SP	bicalutamide oral tablet	1 or 1b*	
ALUNBRIG ORAL TABLET	3	PA; QL; LD; SP	BICNU INTRAVENOUS RECON SOLN	3	SP
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL; LD; SP	bleomycin injection recon soln	1 or 1b*	SP
AMELUZ TOPICAL GEL	3		BLINCYTO INTRAVENOUS KIT	3	PA; QL
anastrozole oral tablet	1 or 1b*		BORTEZOMIB INTRAVENOUS RECON SOLN	3	PA; QL; SP
ARIMIDEX ORAL TABLET	3		BOSULIF ORAL TABLET	2	PA; QL; SP
AROMASIN ORAL TABLET	3		BRAFTOVI ORAL CAPSULE	3	PA; QL
ARRANON INTRAVENOUS SOLUTION	3	SP	busulfan intravenous solution	1 or 1b*	SP
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION	3	SP	BUSULFEX INTRAVENOUS SOLUTION	3	SP
ARZERRA INTRAVENOUS SOLUTION	3	PA; QL			

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
CABOMETYX ORAL TABLET	3	PA; QL; LD; SP
CALQUENCE ORAL CAPSULE	3	PA; QL; LD
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
capecitabine oral tablet	1 or 1b*	PA; QL; SP
CAPRELSA ORAL TABLET	2	PA; QL
CARAC TOPICAL CREAM	2	
carboplatin intravenous recon soln	1 or 1b*	SP
carboplatin intravenous solution	1 or 1b*	SP
carmustine intravenous recon soln	1 or 1b*	SP
CASODEX ORAL TABLET	3	
CISPLATIN INTRAVENOUS RECON SOLN	3	SP
cisplatin intravenous solution	1 or 1b*	SP
cladribine intravenous solution	1 or 1b*	SP
clofarabine intravenous solution	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION	3	SP
COMETRIQ ORAL CAPSULE	3	PA; QL; LD
COPIKTRA ORAL CAPSULE	3	PA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	SP
COTELLIC ORAL TABLET	3	PA; QL; SP
cyclophosphamide intravenous recon soln	1 or 1b*	SP
cyclophosphamide oral capsule	1 or 1b*	SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
cytarabine (pf) injection solution	1 or 1b*	SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
cytarabine injection solution	1 or 1b*	SP
dacarbazine intravenous recon soln	1 or 1b*	SP
<b>DACOGEN INTRAVENOUS RECON SOLN</b>	<b>3</b>	<b>SP</b>
dactinomycin intravenous recon soln	1 or 1b*	SP
<b>DARZALEX INTRAVENOUS SOLUTION</b>	<b>3</b>	<b>PA; QL; SP</b>
daunorubicin intravenous recon soln	1 or 1b*	SP
<b>DAUNORUBICIN INTRAVENOUS SOLUTION</b>	<b>3</b>	<b>SP</b>
<b>DAURISMO ORAL TABLET</b>	<b>3</b>	<b>PA; QL; SP</b>
decitabine intravenous recon soln	1 or 1b*	SP
diclofenac sodium topical gel 3 %	1 or 1b*	PA; QL
<b>DOCEFREZ INTRAVENOUS RECON SOLN</b>	<b>3</b>	<b>PA; QL; SP</b>
<b>DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 160 MG/8 ML (20 MG/ML), 20 MG/2 ML (10 MG/ML), 20 MG/ML, 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML), 80 MG/8 ML (10 MG/ML)</b>	<b>3</b>	<b>PA; QL; SP</b>
<b>DOXIL INTRAVENOUS SUSPENSION</b>	<b>3</b>	<b>PA; QL; SP</b>
doxorubicin intravenous recon soln	1 or 1b*	SP
doxorubicin intravenous solution	1 or 1b*	SP
doxorubicin, peg-liposomal intravenous suspension	1 or 1b*	PA; QL; SP
<b>EFUDEX TOPICAL CREAM</b>	<b>3</b>	<b>ST; QL</b>
<b>ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE</b>	<b>3</b>	<b>PA; QL; SP</b>
<b>ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE</b>	<b>3</b>	<b>PA; QL; SP</b>

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
<b>ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP	<b>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN</b>	3	PA; QL; SP
<b>ELIGARD SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP	flouxuridine injection recon soln	1 or 1b*	SP
<b>ELLENCE INTRAVENOUS SOLUTION</b>	3	PA; QL; SP	fludarabine intravenous recon soln	1 or 1b*	SP
<b>ELZONRIS INTRAVENOUS SOLUTION</b>	3	PA; QL	fludarabine intravenous solution	1 or 1b*	SP
<b>EMCYT ORAL CAPSULE</b>	2	PA; QL	<b>FLUOROPLEX TOPICAL CREAM</b>	3	ST; QL
<b>EMPLICITI INTRAVENOUS RECON SOLN</b>	3	PA; QL; SP	fluorouracil intravenous solution	1 or 1b*	SP
epirubicin intravenous recon soln	1 or 1b*	PA; QL; SP	<b>FLUOROURACIL TOPICAL CREAM 0.5 %</b>	3	ST; QL
epirubicin intravenous solution	1 or 1b*	PA; QL; SP	fluorouracil topical cream 5 %	1 or 1b*	
<b>ERBITUX INTRAVENOUS SOLUTION</b>	3	PA; QL; SP	fluorouracil topical solution	1 or 1b*	
<b>ERIVEDGE ORAL CAPSULE</b>	2	PA; QL; SP	flutamide oral capsule	1 or 1b*	
<b>ERLEADA ORAL TABLET</b>	2	PA; QL; SP	<b>FOLOTYN INTRAVENOUS SOLUTION</b>	3	SP
erlotinib oral tablet	1 or 1b*	PA; QL; SP	fulvestrant intramuscular syringe	1 or 1b*	PA; QL; SP
<b>ERWINAZE INJECTION RECON SOLN</b>	3	PA; QL; SP	<b>GAZYVA INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>ETOPOPHOS INTRAVENOUS RECON SOLN</b>	3	SP	gemcitabine intravenous recon soln	1 or 1b*	SP
etoposide intravenous solution	1 or 1b*	SP	gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	1 or 1b*	SP
etoposide oral capsule	1 or 1b*	SP	<b>GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/5.26 ML (38 MG/ML)</b>	3	SP
<b>EVOMELA INTRAVENOUS RECON SOLN</b>	3	SP	<b>GILOTrif ORAL TABLET</b>	3	PA; QL; LD; SP
exemestane oral tablet	1 or 1b*		<b>GLEEVEC ORAL TABLET</b>	3	PA; QL; SP
<b>FARESTON ORAL TABLET</b>	3		<b>GLEOSTINE ORAL CAPSULE</b>	3	PA; QL
<b>FARYDAK ORAL CAPSULE</b>	3	PA; QL; SP	<b>GLIADEL WAFER IMPLANT WAFER</b>	3	
<b>FASLODEX INTRAMUSCULAR SYRINGE</b>	3	PA; QL; SP	<b>HALAVEN INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>FEMARA ORAL TABLET</b>	3				

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION</b>	3	SP
<b>HERCEPTIN INTRAVENOUS RECON SOLN 150 MG</b>	3	SP
<b>HYCAMTIN INTRAVENOUS RECON SOLN</b>	3	SP
<b>HYCAMTIN ORAL CAPSULE</b>	2	PA; QL; SP
<b>HYDREA ORAL CAPSULE</b>	3	
hydroxyurea oral capsule	1 or 1b*	
<b>IBRANCE ORAL CAPSULE</b>	3	PA; QL; SP
<b>ICLUSIG ORAL TABLET</b>	2	PA; QL
<b>IDAMYCIN PFS INTRAVENOUS SOLUTION</b>	3	SP
idarubicin intravenous solution	1 or 1b*	SP
<b>IDHIFA ORAL TABLET</b>	3	PA; QL; LD; SP
<b>IFEX INTRAVENOUS RECON SOLN</b>	3	SP
ifosfamide intravenous recon soln 1 gram	1 or 1b*	SP
<b>IFOSFAMIDE INTRAVENOUS RECON SOLN 3 GRAM</b>	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
imatinib oral tablet	1 or 1b*	PA; QL; SP
<b>IMBRUVICA ORAL CAPSULE</b>	3	PA; QL; LD
<b>IMBRUVICA ORAL TABLET</b>	3	PA; QL; LD
<b>IMFINZI INTRAVENOUS SOLUTION</b>	3	PA; QL; LD; SP
<b>IMLYGIC INJECTION SUSPENSION</b>	3	
<b>INFUGEM INTRAVENOUS PIGGYBACK</b>	3	SP
<b>INLYTA ORAL TABLET</b>	2	PA; QL; SP
<b>INREBIC ORAL CAPSULE</b>	3	
<b>INTRON A INJECTION RECON SOLN</b>	3	SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>INTRON A INJECTION SOLUTION</b>	3	SP
<b>IRESSA ORAL TABLET</b>	2	PA; QL; LD; SP
irinotecan intravenous solution	1 or 1b*	SP
<b>ISTODAX INTRAVENOUS RECON SOLN</b>	3	PA; QL; SP
<b>IXEMPRA INTRAVENOUS RECON SOLN</b>	3	PA; QL; SP
<b>JAKAFI ORAL TABLET</b>	2	PA; QL; LD; SP
<b>JEVTANA INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>KADCYLA INTRAVENOUS RECON SOLN</b>	3	PA; QL; SP
<b>KANJINTI INTRAVENOUS RECON SOLN</b>	3	SP
<b>KEYTRUDA INTRAVENOUS SOLUTION</b>	3	PA; QL
<b>KISQALI FEMARA CO-PACK ORAL TABLET</b>	3	PA; QL; SP
<b>KISQALI ORAL TABLET</b>	3	PA; QL; SP
<b>KYPROLIS INTRAVENOUS RECON SOLN</b>	3	PA; QL
<b>LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)</b>	3	PA; QL; LD; SP
<b>LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG</b>	3	PA; QL; SP
letrozole oral tablet	1 or 1b*	
<b>LEUKERAN ORAL TABLET</b>	2	
leuprolide subcutaneous kit	1 or 1b*	PA; QL; SP
<b>LEVULAN TOPICAL SOLUTION</b>	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>LIBTAYO INTRAVENOUS SOLUTION</b>	3	PA; QL
lipodox 50 intravenous suspension	1 or 1b*	PA; QL; SP
lipodox intravenous suspension	1 or 1b*	PA; QL; SP
<b>LONSURF ORAL TABLET</b>	3	PA; QL; LD; SP
<b>LORBRENA ORAL TABLET</b>	3	PA; QL; SP
<b>LUMOXITI INTRAVENOUS RECON SOLN</b>	3	PA; QL
<b>LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG</b>	3	PA; QL; SP
<b>LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT</b>	3	PA; QL; SP
<b>LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT</b>	3	PA; QL; SP
<b>LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG</b>	3	PA; QL; SP
<b>LYNPARZA ORAL TABLET</b>	3	PA; QL; LD; SP
<b>LYSODREN ORAL TABLET</b>	2	
<b>MARQIBO INTRAVENOUS KIT</b>	3	
<b>MATULANE ORAL CAPSULE</b>	2	LD
megestrol oral tablet	1 or 1b*	
<b>MEKINIST ORAL TABLET</b>	3	PA; QL; SP
<b>MEKTOVI ORAL TABLET</b>	3	PA; QL
melphalan hcl intravenous recon soln	1 or 1b*	SP
melphalan oral tablet	1 or 1b*	SP
mercaptopurine oral tablet	1 or 1b*	
methotrexate sodium (pf) injection recon soln	1 or 1b*	
methotrexate sodium (pf) injection solution	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
methotrexate sodium injection solution	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*	
mitomycin intravenous recon soln	1 or 1b*	SP
<b>MITOMYCIN INTRAVESICAL SYRINGE</b>	3	SP
mitoxantrone intravenous concentrate	1 or 1b*	SP
<b>MUTAMYCIN INTRAVENOUS RECON SOLN</b>	3	SP
<b>MVASI INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>MYLERAN ORAL TABLET</b>	2	
<b>MYLOTARG INTRAVENOUS RECON SOLN</b>	3	PA; QL; LD
<b>NAVELBINE INTRAVENOUS SOLUTION</b>	3	SP
<b>NERLYNX ORAL TABLET</b>	3	PA; QL; LD; SP
<b>NEXAVAR ORAL TABLET</b>	2	PA; QL; SP
<b>NILANDRON ORAL TABLET</b>	3	QL
nilutamide oral tablet	1 or 1b*	QL
<b>NINLARO ORAL CAPSULE</b>	3	PA; QL; LD; SP
<b>NIPENT INTRAVENOUS RECON SOLN</b>	3	SP
<b>NUBEQA ORAL TABLET</b>	3	PA; QL; SP
<b>ODOMZO ORAL CAPSULE</b>	3	PA; QL; SP
<b>ONCASPAR INJECTION SOLUTION</b>	3	PA; QL; SP
<b>ONIVYDE INTRAVENOUS DISPERSION</b>	3	
<b>OPDIVO INTRAVENOUS SOLUTION</b>	3	PA; QL
oxaliplatin intravenous recon soln	1 or 1b*	SP
oxaliplatin intravenous solution	1 or 1b*	SP

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
paclitaxel intravenous concentrate	1 or 1b*	SP
PANRETIN TOPICAL GEL	3	SP
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; SP
PHOTOFRIN INTRAVENOUS RECON SOLN	3	
PICATO TOPICAL GEL	3	ST; QL
PIQRAY ORAL TABLET	3	PA; QL; SP
POLIVY INTRAVENOUS RECON SOLN	3	PA; QL; SP
POMALYST ORAL CAPSULE	3	PA; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION	3	
PROLEUKIN INTRAVENOUS RECON SOLN	3	QL; SP
PROVENGE INTRAVENOUS SUSPENSION	3	PA; QL
PURIXAN ORAL SUSPENSION	3	PA; QL
REVLIMID ORAL CAPSULE	2	PA; QL; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	SP
RITUXAN INTRAVENOUS CONCENTRATE	3	PA; QL; SP
ROMIDEPSIN INTRAVENOUS RECON SOLN	3	PA; QL; SP
ROZLYTREK ORAL CAPSULE	3	
RUBRACA ORAL TABLET	3	PA; QL; LD
RYDAPT ORAL CAPSULE	3	PA; QL; SP
SOLARAZE TOPICAL GEL	3	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SOLTAMOX ORAL SOLUTION	2	\$0
SPRYCEL ORAL TABLET	2	PA; QL; SP
STIVARGA ORAL TABLET	2	PA; QL; SP
SUTENT ORAL CAPSULE	2	PA; QL; SP
SYLATRON SUBCUTANEOUS KIT	3	PA; QL; SP
SYLVANT INTRAVENOUS RECON SOLN	3	PA; QL; SP
SYNRIBO SUBCUTANEOUS RECON SOLN	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	3	PA; QL; SP
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
TALZENNA ORAL CAPSULE	3	PA; QL; SP
tamoxifen oral tablet	1 or 1b*	\$0
TARCEVA ORAL TABLET	2	PA; QL; SP
TARGETIN ORAL CAPSULE	3	PA; QL; SP
TARGETIN TOPICAL GEL	2	PA; QL; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; QL; SP
TEMODAR INTRAVENOUS RECON SOLN	2	PA; QL; SP
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolamide oral capsule	1 or 1b*	PA; QL; SP
temsirolimus intravenous recon soln	1 or 1b*	PA; QL; SP

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

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Drug Name	Tier	Notes
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
TEPADINA INJECTION RECON SOLN	3	SP
thiotepa injection recon soln	1 or 1b*	SP
TIBSOVO ORAL TABLET	3	PA; QL
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	SP
TOLAK TOPICAL CREAM	3	ST; QL
toposar intravenous solution	1 or 1b*	SP
topotecan intravenous recon soln	1 or 1b*	SP
TOPOTECAN INTRAVENOUS SOLUTION	3	SP
toremifene oral tablet	1 or 1b*	
TORISEL INTRAVENOUS RECON SOLN	3	PA; QL; SP
TREANDA INTRAVENOUS RECON SOLN	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
tretinoin (chemotherapy) oral capsule	1 or 1b*	
TREXALL ORAL TABLET	2	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	SP
TURALIO ORAL CAPSULE	3	PA; QL
TYKERB ORAL TABLET	2	PA; QL; SP
UNITUXIN INTRAVENOUS SOLUTION	3	
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	3	PA; QL; LD; SP
valrubicin intravesical solution	1 or 1b*	SP

Drug Name	Tier	Notes
VALSTAR INTRAVESICAL SOLUTION	2	SP
VANTAS IMPLANT KIT	3	PA; QL; SP
VECTIBIX INTRAVENOUS SOLUTION	3	PA; QL; SP
VELCADE INJECTION RECON SOLN	3	PA; QL; SP
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; QL; LD
VERZENIO ORAL TABLET	3	PA; QL; SP
VIDAZA INJECTION RECON SOLN	3	PA; QL; SP
vinblastine intravenous solution	1 or 1b*	SP
vincristine intravenous solution	1 or 1b*	SP
vinorelbine intravenous solution	1 or 1b*	SP
VITRAKVI ORAL CAPSULE	3	PA; QL; SP
VIZIMPRO ORAL TABLET	3	PA; QL; SP
VOTRIENT ORAL TABLET	2	PA; QL; SP
VYXEOS INTRAVENOUS RECON SOLN	3	LD
XALKORI ORAL CAPSULE	2	PA; QL; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; SP
XOSPATA ORAL TABLET	3	PA; QL
XPOVIO ORAL TABLET	3	PA; QL
XTANDI ORAL CAPSULE	2	PA; QL; SP
YEROVY INTRAVENOUS SOLUTION	3	PA; QL; SP
YONDELIS INTRAVENOUS RECON SOLN	3	
YONSA ORAL TABLET	3	PA; QL; SP

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ZALTRAP INTRAVENOUS SOLUTION	3	PA; QL; SP
ZANOSAR INTRAVENOUS RECON SOLN	3	SP
ZEJULA ORAL CAPSULE	3	PA; QL; LD
ZELBORA F ORAL TABLET	2	PA; QL; SP
ZEVALIN (Y-90) INTRAVENOUS KIT	3	
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; QL; LD; SP
ZYKADIA ORAL CAPSULE	3	PA; QL; SP
ZYKADIA ORAL TABLET	3	PA; QL; SP
ZYTIGA ORAL TABLET 250 MG	3	PA; QL; SP
ZYTIGA ORAL TABLET 500 MG	2	PA; QL; SP
<b>ANTI-OBESITY DRUGS</b>		
ADIPEX-P ORAL CAPSULE	3	PA; QL
ADIPEX-P ORAL TABLET	3	PA; QL
BELVIQ ORAL TABLET	3	PA; QL
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
benzphetamine oral tablet 50 mg	1 or 1b*	PA; QL
CONTRAVE ORAL TABLET EXTENDED RELEASE	3	PA; QL
diethylpropion oral tablet	1 or 1b*	PA; QL
diethylpropion oral tablet extended release	1 or 1b*	PA; QL
LOMAIRA ORAL TABLET	3	PA; QL
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	3	PA; QL
SAXENDA SUBCUTANEOUS PEN INJECTOR	3	PA; QL
XENICAL ORAL CAPSULE	3	
<b>ANTIPARASITICS</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	
ALINIA ORAL TABLET	3	
crotan topical lotion	1 or 1b*	
ELIMITE TOPICAL CREAM	3	
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
lindane topical shampoo	1 or 1b*	
malathion topical lotion	1 or 1b*	
NATROBA TOPICAL SUSPENSION	3	
OVIDE TOPICAL LOTION	3	
permethrin topical cream	1 or 1b*	
SKLICE TOPICAL LOTION	3	
spinosad topical suspension	1 or 1b*	
ULESFIA TOPICAL LOTION	3	
<b>ANTIPARKINSON DRUGS</b>		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
APOKYN SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
AZILECT ORAL TABLET	3	
benztropine injection solution	1 or 1a*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet,disintegrating	1 or 1b*	
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
<b>COGENTIN INJECTION SOLUTION</b>	3	
<b>COMTAN ORAL TABLET</b>	3	
<b>DUOPA J-TUBE INTESTINAL PUMP SUSPENSION</b>	3	PA; QL; LD; SP
entacapone oral tablet	1 or 1b*	
<b>GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG</b>	3	PA; QL; LD
<b>GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG</b>	3	PA; DO; QL; LD
<b>INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE</b>	3	PA; QL; SP
<b>LODOSYN ORAL TABLET</b>	3	
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	
<b>MIRAPEX ORAL TABLET</b>	3	
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR</b>	3	
<b>OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR</b>	3	PA; QL
<b>PARLODEL ORAL CAPSULE</b>	3	
<b>PARLODEL ORAL TABLET</b>	3	
pramipexole oral tablet	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
pramipexole oral tablet extended release 24 hr	1 or 1b*	
rasagiline oral tablet	1 or 1b*	
<b>REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG</b>	3	
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
<b>RYTARY ORAL CAPSULE, EXTENDED RELEASE</b>	3	
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	
<b>SINEMET CR ORAL TABLET EXTENDED RELEASE</b>	3	
<b>SINEMET ORAL TABLET</b>	3	
<b>STALEVO 100 ORAL TABLET</b>	3	
<b>STALEVO 125 ORAL TABLET</b>	3	
<b>STALEVO 150 ORAL TABLET</b>	3	
<b>STALEVO 200 ORAL TABLET</b>	3	
<b>STALEVO 50 ORAL TABLET</b>	3	
<b>STALEVO 75 ORAL TABLET</b>	3	
<b>TASMAR ORAL TABLET 100 MG</b>	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
<b>XADAGO ORAL TABLET</b>	3	PA; QL
<b>ZELAPAR ORAL TABLET,DISINTEGRATING</b>	3	PA; QL
<b>ANTIPLATELET DRUGS</b>		
<b>AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE</b>	3	

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

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Drug Name	Tier	Notes
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
AGRYLIN ORAL CAPSULE	3	
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
BRILINTA ORAL TABLET	2	
cilostazol oral tablet	1 or 1b*	
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	1 or 1b*	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; QL
EFFIENT ORAL TABLET 10 MG	3	
EFFIENT ORAL TABLET 5 MG	3	DO
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	1 or 1b*	
EPTIFIBATIDE INTRAVENOUS SOLUTION 75 MG/100 ML (0.75 MG/ML)	3	
INTEGRILIN INTRAVENOUS SOLUTION	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
PLAVIX ORAL TABLET 75 MG	3	
prasugrel oral tablet 10 mg	1 or 1b*	
prasugrel oral tablet 5 mg	1 or 1b*	DO
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
ZONTIVITY ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
<b>ANTIVIRALS</b>		
abacavir oral solution	1 or 1b*	
abacavir oral tablet	1 or 1b*	
abacavir-lamivudine oral tablet	1 or 1b*	
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	
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	1 or 1b*	SP
<b>APTIVUS ORAL CAPSULE</b>	2	
<b>APTIVUS ORAL SOLUTION</b>	2	
atazanavir oral capsule	1 or 1b*	
<b>ATRIPLA ORAL TABLET</b>	3	ST; QL
<b>BARACLUDE ORAL SOLUTION</b>	2	SP
<b>BARACLUDE ORAL TABLET</b>	3	SP
<b>BIKTARVY ORAL TABLET</b>	2	
cidofovir intravenous solution	1 or 1b*	
<b>CIMDUO ORAL TABLET</b>	3	
<b>COMBIVIR ORAL TABLET</b>	3	
<b>COMPLERA ORAL TABLET</b>	2	
<b>CRIVIX ORAL CAPSULE 200 MG, 400 MG</b>	2	
<b>CYTOVENE INTRAVENOUS RECON SOLN</b>	3	SP
<b>DELSTRIGO ORAL TABLET</b>	3	
<b>DENAVIR TOPICAL CREAM</b>	3	PA; QL

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

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Drug Name	Tier	Notes
DESCOZY ORAL TABLET	3	
didanosine oral capsule,delayed release(dr/ec)	1 or 1b*	
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	2	
efavirenz oral capsule	1 or 1b*	
efavirenz oral tablet	1 or 1b*	
EMTRIVA ORAL CAPSULE	2	
EMTRIVA ORAL SOLUTION	2	
entecavir oral tablet	1 or 1b*	SP
EPCLUSA ORAL TABLET	3	PA; QL; SP
EPIVIR HBV ORAL SOLUTION	3	SP
EPIVIR HBV ORAL TABLET	3	SP
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
EVOTAZ ORAL TABLET	3	
famciclovir oral tablet	1 or 1b*	
FLUMADINE ORAL TABLET	3	
fosamprenavir oral tablet	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
ganciclovir sodium intravenous recon soln	1 or 1b*	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP
GENVOYA ORAL TABLET	2	
HARVONI ORAL TABLET	3	PA; QL; SP

Drug Name	Tier	Notes
HEPSERA ORAL TABLET	3	SP
INTELLENCE ORAL TABLET	2	
INVIRASE ORAL TABLET	2	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	3	
KALETTRA ORAL SOLUTION	3	
KALETTRA ORAL TABLET	2	
lamivudine oral solution	1 or 1b*	
lamivudine oral tablet 100 mg	1 or 1b*	SP
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	
lamivudine-zidovudine oral tablet	1 or 1b*	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	3	PA; QL; SP
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
lopinavir-ritonavir oral solution	1 or 1b*	
MAVYRET ORAL TABLET	3	PA; QL; SP
moderiba oral tablet	1 or 1b*	SP
nevirapine oral suspension	1 or 1b*	
nevirapine oral tablet	1 or 1b*	
nevirapine oral tablet extended release 24 hr	1 or 1b*	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ODEFSEY ORAL TABLET</b>	3	
oseltamivir oral capsule	1 or 1b*	QL
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
<b>PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML</b>	3	SP
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	3	SP
<b>PEGASYS SUBCUTANEOUS SYRINGE</b>	3	SP
<b>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML</b>	3	SP
<b>PIFELTRO ORAL TABLET</b>	3	
<b>PREVYMIS INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>PREVYMIS ORAL TABLET</b>	3	PA; QL; SP
<b>PREZCOBIX ORAL TABLET</b>	3	
<b>PREZISTA ORAL SUSPENSION</b>	2	
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	2	
<b>RAPIVAB (PF) INTRAVENOUS SOLUTION</b>	3	
<b>RELENZA DISKHALER INHALATION BLISTER WITH DEVICE</b>	2	QL
<b>RESCRIPTOR ORAL TABLET</b>	2	
<b>RETROVIR INTRAVENOUS SOLUTION</b>	2	
<b>RETROVIR ORAL CAPSULE</b>	3	
<b>RETROVIR ORAL SYRUP</b>	3	
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>REYATAZ ORAL POWDER IN PACKET</b>	2	
ribasphere oral capsule	1 or 1b*	SP
ribasphere oral tablet 600 mg	1 or 1b*	SP
<b>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)</b>	3	SP
ribavirin inhalation recon soln	1 or 1b*	
ribavirin oral capsule	1 or 1b*	SP
ribavirin oral tablet 200 mg	1 or 1b*	SP
rimantadine oral tablet	1 or 1b*	
ritonavir oral tablet	1 or 1b*	
<b>SELZENTRY ORAL SOLUTION</b>	3	
<b>SELZENTRY ORAL TABLET</b>	2	
<b>SOFOSBUVIR-VELPATASVIR ORAL TABLET</b>	3	PA; QL; SP
<b>SOVALDI ORAL TABLET</b>	3	PA; QL; SP
stavudine oral capsule	1 or 1b*	
<b>STRIBILD ORAL TABLET</b>	2	
<b>SUSTIVA ORAL CAPSULE</b>	3	
<b>SUSTIVA ORAL TABLET</b>	3	
<b>SYMFLO ORAL TABLET</b>	2	
<b>SYMFLO ORAL TABLET</b>	2	
<b>SYMTUZA ORAL TABLET</b>	3	
<b>SYNAGIS INTRAMUSCULAR SOLUTION</b>	3	PA; QL; SP
<b>TAMIFLU ORAL CAPSULE</b>	3	QL
<b>TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION</b>	3	QL
tenofovir disoproxil fumarate oral tablet	1 or 1b*	
<b>TIVICAY ORAL TABLET</b>	3	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
trifluridine ophthalmic (eye) drops	1 or 1b*	
<b>TRIUMEQ ORAL TABLET</b>	2	
<b>TRIZIVIR ORAL TABLET</b>	3	
<b>TROGARZO INTRAVENOUS SOLUTION</b>	3	PA; QL; LD
<b>TRUVADA ORAL TABLET</b>	2	
valacyclovir oral tablet	1 or 1b*	
<b>VALCYTE ORAL RECON SOLN</b>	3	SP
<b>VALCYTE ORAL TABLET</b>	3	SP
valganciclovir oral recon soln	1 or 1b*	SP
valganciclovir oral tablet	1 or 1b*	SP
<b>VALTREX ORAL TABLET</b>	3	
<b>VEMLIDY ORAL TABLET</b>	3	SP
<b>VEREGEN TOPICAL OINTMENT</b>	3	
<b>VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN</b>	2	
<b>VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	3	
<b>VIEKIRA PAK ORAL TABLETS,DOSE PACK</b>	3	PA; QL; SP
<b>VIRACEPT ORAL TABLET</b>	2	
<b>VIRAMUNE ORAL SUSPENSION</b>	3	
<b>VIRAMUNE ORAL TABLET</b>	3	
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	
<b>VIRAZOLE INHALATION RECON SOLN</b>	3	
<b>VIREAD ORAL POWDER</b>	2	
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>VIREAD ORAL TABLET 300 MG</b>	3	
<b>VOSEVI ORAL TABLET</b>	3	PA; QL; SP
<b>XERESE TOPICAL CREAM</b>	3	PA; QL
<b>XOFLUZA ORAL TABLET</b>	3	
<b>ZEPATIER ORAL TABLET</b>	3	PA; QL; SP
<b>ZIAGEN ORAL SOLUTION</b>	3	
<b>ZIAGEN ORAL TABLET</b>	3	
zidovudine oral capsule	1 or 1b*	
zidovudine oral syrup	1 or 1b*	
zidovudine oral tablet	1 or 1b*	
<b>ZIRGAN OPHTHALMIC (EYE) GEL</b>	3	
<b>ZOVIRAX ORAL CAPSULE</b>	3	
<b>ZOVIRAX ORAL SUSPENSION</b>	3	
<b>ZOVIRAX ORAL TABLET</b>	3	
<b>ZOVIRAX TOPICAL OINTMENT</b>	3	
<b>AUTONOMIC DRUGS</b>		
<b>ADDERALL ORAL TABLET</b>	3	PA; QL
<b>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	1 or 1b*	PA; QL
<b>ADRENALIN INJECTION SOLUTION</b>	3	
<b>ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR</b>	3	PA; QL
<b>ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H</b>	3	PA; QL
amphetamine sulfate oral tablet	1 or 1b*	
<b>ANECTINE INJECTION SOLUTION</b>	3	
<b>ARICEPT ORAL TABLET</b>	3	
atracurium intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
bethanechol chloride oral tablet	1 or 1b*		<b>EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SOLUTION 1 MG/250 ML (4 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)</b>	3	
<b>BLOXIVERZ INTRAVENOUS SOLUTION</b>	3		<b>EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SYRINGE 0.16 MG/10 ML (16 MCG/ML), 1 MG/10 ML (100 MCG/ML), 100 MCG/10 ML (10 MCG/ML)</b>	3	
<b>BOTOX COSMETIC INTRAMUSCULAR RECON SOLN</b>	3	PA; QL; SP	<b>EPINEPHRINE HCL IN 5% DEXTROSE INTRAVENOUS SOLUTION</b>	3	
<b>BOTOX INJECTION RECON SOLN</b>	3	PA; QL; SP	<b>EPINEPHRINE IN SOD CHLOR,ISO INTRAVENOUS SYRINGE</b>	3	
cevimeline oral capsule	1 or 1b*		<b>EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML</b>	1 or 1b*	
cisatracurium intravenous solution	1 or 1b*		epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1 or 1b*	
<b>DESOXYN ORAL TABLET</b>	3	PA; QL	epinephrine injection solution 1 mg/ml	1 or 1b*	
<b>DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE</b>	3	PA; QL	epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
dextroamphetamine oral capsule, extended release	1 or 1b*	PA; QL	<b>EVEKEO ODT ORAL TABLET,DISINTEGRATING</b>	3	PA; QL
dextroamphetamine oral solution	1 or 1b*	PA; QL	<b>EVEKEO ORAL TABLET</b>	3	PA; QL
dextroamphetamine oral tablet	1 or 1b*	PA; QL	<b>EVOXAC ORAL CAPSULE</b>	3	
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1 or 1b*	PA; QL	<b>EXELON TRANSDERMAL PATCH 24 HOUR</b>	3	ST; QL
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA; QL	galantamine oral capsule,ext rel. pellets 24 hr	1 or 1b*	
<b>DIBENZYLINE ORAL CAPSULE</b>	3	PA; QL	galantamine oral solution	1 or 1b*	
donepezil oral tablet	1 or 1b*		galantamine oral tablet	1 or 1b*	
donepezil oral tablet,disintegrating	1 or 1b*		<b>GUANIDINE ORAL TABLET</b>	3	
dopamine in 5 % dextrose intravenous solution	1 or 1b*				
dopamine intravenous solution	1 or 1b*				
<b>DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR</b>	3	PA; QL			
<b>DYSPORT INTRAMUSCULAR RECON SOLN</b>	3	PA; QL; LD; SP			
<b>EPINEPHRINE HCL (PF) INJECTION SOLUTION</b>	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
isoproterenol hcl injection solution	1 or 1b*		<b>NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SYRINGE</b>	3	
<b>ISUPREL INJECTION SOLUTION</b>	3		<b>NORTHERA ORAL CAPSULE</b>	3	LD; SP
<b>LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION</b>	3		pancuronium intravenous solution	1 or 1b*	
<b>MESTINON ORAL SYRUP</b>	3		phenoxybenzamine oral capsule	1 or 1b*	PA; QL
<b>MESTINON ORAL TABLET</b>	3		phentolamine injection recon soln	1 or 1b*	
<b>MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE</b>	3		pilocarpine hcl oral tablet	1 or 1b*	
methamphetamine oral tablet	1 or 1b*	PA; QL	<b>PROCENTRA ORAL SOLUTION</b>	3	PA; QL
midodrine oral tablet	1 or 1b*		pyridostigmine bromide oral syrup	1 or 1b*	
<b>MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR</b>	3	PA; QL	<b>PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG</b>	3	
<b>MYOBLOC INTRAMUSCULAR SOLUTION</b>	3	PA; QL; SP	pyridostigmine bromide oral tablet 60 mg	1 or 1b*	
neostigmine methylsulfate intravenous solution	1 or 1b*		pyridostigmine bromide oral tablet extended release	1 or 1b*	
<b>NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE</b>	3		<b>QUELICIN INJECTION SOLUTION 20 MG/ML</b>	3	
<b>NIMBEX INTRAVENOUS SOLUTION</b>	3		<b>RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR</b>	3	
norepinephrine bitartrate intravenous solution	1 or 1b*		<b>RAZADYNE ORAL TABLET</b>	3	
<b>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), 8 MG/500 ML (16 MCG/ML)</b>	3		<b>REGONOL INJECTION SOLUTION</b>	3	
<b>NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION 16 MG/250 ML (64 MCG/ML), 16 MG/500 ML (32 MCG/ML), 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML), 8 MG/500 ML (16 MCG/ML)</b>	3		rivastigmine tartrate oral capsule	1 or 1b*	
			rivastigmine transdermal patch 24 hour	1 or 1b*	
			rocuronium intravenous solution	1 or 1b*	
			<b>ROCURONIUM INTRAVENOUS SYRINGE</b>	3	
			<b>SALAGEN (PILOCARPINE) ORAL TABLET</b>	3	
			succinylcholine chloride injection solution	1 or 1b*	

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Drug Name	Tier	Notes
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SYRINGE 100 MG/5 ML (20 MG/ML), 140 MG/7 ML (20 MG/ML), 200 MG/10 ML (20 MG/ML)	3	
SUCCINYLCHOLINE-SOD CL,ISO(PF) INTRAVENOUS SYRINGE	3	
SYMJEPI INJECTION SYRINGE	2	QL
URECHOLINE ORAL TABLET	3	
vecuronium bromide intravenous recon soln	1 or 1b*	
VECURONIUM IN STERILE WATER INTRAVENOUS SYRINGE	3	
XEOMIN INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	\$0
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION	2	\$0

Drug Name	Tier	Notes
ALL EXT-CAL PEPPER TREE POLLEN INJECTION SOLUTION	3	
ALL EXT-WEED POL-SHEEP SORREL INJECTION SOLUTION	3	
ALL XT-WEED POL-RUSSIAN THISTL INJECTION SOLUTION	3	
ALL.XT,KBLUE-JUNE GRASS POLLEN INJECTION SOLUTION	3	
ALLER EXT-AMERICAN COCKROACH INJECTION SOLUTION	3	
ALLER EXT-SPINY PIGWEED POLLEN INJECTION SOLUTION	3	
ALLER EXT-TREE POLL,RED CEDAR INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,AM ELM INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,BAYBERRY INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,MESQUITE INJECTION SOLUTION	3	
ALLER EXT-WEED POLLEN-KOCHIA INJECTION SOLUTION	3	
ALLER XT-SHAGBARK HICKORY POLL INJECTION SOLUTION	3	
ALLER XT-TREE POL,E.COTTONWOOD INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,BOX ELDER INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,HACKBERRY INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,RED BIRCH INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,WHITE ASH INJECTION SOLUTION	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLER XT-TREE POLLEN-MELALEUCA INJECTION SOLUTION	3		ALLERG EXT-TREE POLL-RED MAPLE INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-WHITE OAK INJECTION SOLUTION	3		ALLERG EXT-WEED POLLEN-MUGWORT INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-COCKLEBUR INJECTION SOLUTION	3		ALLERG EX-WEED POL- RGH PIGWEED INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-GOLDENROD INJECTION SOLUTION	3		ALLERG XT,D.FARINAE- D.PTERONYS INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-SAGEBRUSH INJECTION SOLUTION	3		ALLERG XT,GRASS POLLEN-TIMOTHY INJECTION SOLUTION 100,000 BAU/ML	3	PA; QL
ALLER XT-WEED POLL- YELLOW DOCK INJECTION SOLUTION	3		ALLERG XT,GRASS- MEADOW FESCUE INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-BERMUDA INJECTION SOLUTION	3		ALLERG XT-SHEEP SOR,YELLW DOCK INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-ORCHARD INJECTION SOLUTION	3		ALLERG XT-TREE POLL-ELM, CEDAR INJECTION SOLUTION	3	
ALLERG EX-GRASS POLLEN-JOHNSON INJECTION SOLUTION	3		ALLERG XT-WEED POLL-DOG FENNEL INJECTION SOLUTION	3	
ALLERG EXT,GRASS POLLEN-REDTOP INJECTION SOLUTION	3		ALLERG XT-WHITE BIRCH POLLEN INJECTION SOLUTION	3	
ALLERG EXT-BLACK WALNUT POLLEN INJECTION SOLUTION	3		ALLERG XT-WHITE PINE POLLEN INJECTION SOLUTION	3	
ALLERG EXT- GRASS,PERENNIAL RYE INJECTION SOLUTION	3		ALLERGEN EXT-AMER BEECH POLLEN INJECTION SOLUTION	3	
ALLERG EXTRACT- FOOD-CANTALOUPE PERCUTANEOUS SOLUTION	3		ALLERGEN EXT- CATTLE EPITHELIUM INJECTION SOLUTION	3	
ALLERG EXT-TALL RAGWEED POLLEN INJECTION SOLUTION	3		ALLERGEN EXT-CROP POLLEN-CORN INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ACACIA INJECTION SOLUTION	3		ALLERGEN EXT- ENGLISH PLANTAIN INJECTION SOLUTION	3	
ALLERG EXT-TREE POLLEN-ALDER INJECTION SOLUTION	3		ALLERGEN EXT- GERMAN COCKROACH INJECTION SOLUTION	3	
ALLERG EXT-TREE POLL-JUN, WEST INJECTION SOLUTION	3				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLERGEN EXT-OLIVE TREE POLLEN INJECTION SOLUTION	3		ALLERGENIC EXT-MITE, D FARINAE INJECTION SOLUTION	3	
ALLERGEN EXT-RABBIT EPITHELIUM INJECTION SOLUTION	3		ALLERGENIC EXT-MIXED RAGWEED INJECTION SOLUTION	3	
ALLERGEN EXTRACT-CHICKEN MEAT PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-EGG WHITE PERCUTANEOUS SOLUTION	3	
ALLERGEN EXTRACT-FOOD-AVOCADO PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FIRE ANT INJECTION SOLUTION	3	
ALLERGEN EXT-TREE POLLEN,PECAN INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-ALMOND PERCUTANEOUS SOLUTION	3	
ALLERGEN XT TREE POL-AUST PINE INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-APPLE PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-AM.SYCAMORE POLLEN INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-BANANA PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BAHIA INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-BEEF PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-GRASS POLLEN-BROME INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-CASEIN PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-MITE,D.PTERONYSSIN INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-COCOA PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-QUEEN PALM POLLEN INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-CORN PERCUTANEOUS SOLUTION	3	
ALLERGEN XT-VIRGINIA LIVE OAK INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-CRAB PERCUTANEOUS SOLUTION	3	
ALLERGENIC EX-HORSE EPITHELIUM INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-EGG PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT, MIXED FEATHERS INJECTION SOLUTION	3				
ALLERGENIC EXT-DOG EPITHELIUM INJECTION SOLUTION	3				
ALLERGENIC EXT-FOOD-SOYBEAN PERCUTANEOUS SOLUTION	3				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLERGENIC EXTRACT-FOOD-OATS PERCUTANEOUS SOLUTION	3		ALLERGN EXT-MOUNT.CEDAR POLLEN INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ORANGE PERCUTANEOUS SOLUTION	3		ALLERGN XT-RED MULBERRY POLLEN INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PEANUT PERCUTANEOUS SOLUTION	3		ALLERGN XT-WHT MULBERRY POLLEN INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-PECAN PERCUTANEOUS SOLUTION	3		ANASCORP INTRAVENOUS RECON SOLN	3	
ALLERGENIC EXTRACT-FOOD-PORK PERCUTANEOUS SOLUTION	3		ANAVIP INJECTION RECON SOLN	3	
ALLERGENIC EXTRACT-FOOD-RICE PERCUTANEOUS SOLUTION	3		ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	3	
ALLERGENIC EXTRACT-FOOD-SHRIMP PERCUTANEOUS SOLUTION	3		ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	3	
ALLERGENIC EXTRACT-MOSQUITO INJECTION SOLUTION	3		APLISOL INTRADERMAL SOLUTION	3	
ALLERGENIC EXTRACT-PISTACHIO PERCUTANEOUS SOLUTION	3		BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
ALLERGENIC EXTRACT-SESAME SEED PERCUTANEOUS SOLUTION	3		BEXSERO INTRAMUSCULAR SYRINGE	3	\$0
ALLERGENIC EXTRACT-STRAWBERRY PERCUTANEOUS SOLUTION	3		BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
ALLERGENIC XT-MOUSE EPITHELIUM INJECTION SOLUTION	3		BIVIGAM INTRAVENOUS SOLUTION	3	PA; QL; SP
ALLERGEN-WEED-LAMBSQUARTERS INJECTION SOLUTION	3		BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	\$0
			BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	\$0
			CANDIN INTRADERMAL ALLERGEN	3	
			CAT HAIR STD ALLERGENIC EXT INJECTION SOLUTION	3	
			CROFAB INJECTION RECON SOLN	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; QL; SP	FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA; QL	FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION	2	\$0
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	3	PA; QL; LD; SP	FLULAVAL QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
CUVITRU SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	3	PA; QL; SP	FLULAVAL QUAD 2019- 2020 INTRAMUSCULAR SUSPENSION	2	\$0
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	LD; SP	FLUMIST QUAD 2019- 2020 NASAL NASAL SPRAY SYRINGE	2	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	\$0	FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	\$0	FLUZONE QUAD 2019- 2020 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	\$0	FLUZONE QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	\$0	FLUZONE QUAD 2019- 2020 INTRAMUSCULAR SUSPENSION	2	\$0
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET	3		FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA; QL; SP	GAMASTAN INTRAMUSCULAR SOLUTION	3	PA; QL; SP
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	PA; QL; SP
FLUARIX QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMMAGARD LIQUID INJECTION SOLUTION	3	PA; QL; SP
FLUBLOK QUAD 2019- 2020 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	3	PA; QL; SP
			GAMMAKED INJECTION SOLUTION	3	PA; QL; SP

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	3	PA; QL; SP	HYPERRAB (PF) INTRAMUSCULAR SOLUTION	3	SP
GAMMAPLEX INTRAVENOUS SOLUTION	3	PA; QL; SP	HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	3	SP
GAMUNEX-C INJECTION SOLUTION	3	PA; QL; SP	HYPERRHO S/D INTRAMUSCULAR SYRINGE	3	SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	\$0	HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	\$0	HYQVIA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3		IMOgam RABIES-HT (PF) INTRAMUSCULAR SOLUTION	3	SP
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3		IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
GRAFIX XC TOPICAL SHEET	3		INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	\$0
GRASTEK SUBLINGUAL TABLET	3	PA; QL	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	\$0
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	\$0	IPOL INJECTION SUSPENSION	3	\$0
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0	IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
HEPAGAM B INJECTION SOLUTION	3	SP	KEDRAB (PF) INTRAMUSCULAR SOLUTION	3	SP
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION	3	\$0	KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	\$0
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	3	\$0	KINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	\$0	MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	\$0
HIZENTRA SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP			
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	SP			

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	\$0
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	3	SP
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	\$0
NABI-HB INTRAMUSCULAR SOLUTION	3	SP
OCTAGAM INTRAVENOUS SOLUTION	3	PA; QL; SP
ODACTRA SUBLINGUAL TABLET	3	PA; QL
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL; LD
PALYNZIQ SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PANZYGA INTRAVENOUS SOLUTION	3	PA; QL; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	\$0
PENTACEL (PF) INTRAMUSCULAR KIT	3	\$0
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	\$0
PNEUMOVAX 23 INJECTION SOLUTION	2	\$0
PNEUMOVAX 23 INJECTION SYRINGE	2	\$0
PRE-PEN INTRADERMAL SOLUTION	3	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	\$0
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	\$0
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RAGWITEK SUBLINGUAL TABLET	3	PA; QL
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	\$0
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	\$0
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	3	SP
RHOPHYLAC INJECTION SYRINGE	3	SP
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	\$0
ROTATEQ VACCINE ORAL SOLUTION	3	\$0
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	\$0
SPHERUSOL INTRADERMAL SOLUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
STD GRASS POLLEN-SWEET VERNAL INJECTION SOLUTION	3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	3	
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; QL; SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
TDVAX INTRAMUSCULAR SUSPENSION	3	\$0	VARIZIG INTRAMUSCULAR SOLUTION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	\$0	VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	\$0	VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	\$0	WEED POLLEN-SHORT RAGWEED INJECTION SOLUTION	3	
TREE POLLEN- ARIZONA CYPRESS INJECTION SOLUTION	3		WEED POLLEN-TRUE MARSH ELDER INJECTION SOLUTION	3	
TREE POLLEN-BALD CYPRESS INJECTION SOLUTION	3		WINRHO SDF INJECTION SOLUTION	3	SP
TREE POLLEN-PRIVET INJECTION SOLUTION	3		YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TREE POLLEN-SWEET GUM INJECTION SOLUTION	3		ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
TRUMENBA INTRAMUSCULAR SYRINGE	3	\$0	ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
TRUSKIN TOPICAL SHEET	3		<b>BLOOD</b>		
TUBERSOL INTRADERMAL SOLUTION	3		ACTIVASE INTRAVENOUS RECON SOLN	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0	ADVATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
TYPHIM VI INTRAMUSCULAR SOLUTION	3		ADYNOVATE INTRAVENOUS SOLUTION	3	PA; QL; SP
TYPHIM VI INTRAMUSCULAR SYRINGE	3		AFSTYLA INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	\$0	ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	\$0	ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0	albumin, human 25 % intravenous parenteral solution	1 or 1b*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	2		CABLIVI INJECTION KIT	3	PA; QL
albuminar 25 % intravenous parenteral solution	1 or 1b*		CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN	3	
ALBUMINEX INTRAVENOUS SOLUTION	3		CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	LD; SP
alburx (human) 25 % intravenous parenteral solution	1 or 1b*		CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	LD; SP
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3		COAGADEX INTRAVENOUS RECON SOLN	3	PA; QL; LD
albutein 25 % intravenous parenteral solution	1 or 1b*		CORIFACT INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
albutein 5 % intravenous parenteral solution	1 or 1b*		CYKLOKAPRON INTRAVENOUS SOLUTION	3	
ALPHANATE INTRAVENOUS RECON SOLN	3	PA; QL; SP	DEFITELIO INTRAVENOUS SOLUTION	3	
ALPHANINE SD INTRAVENOUS RECON SOLN	3	PA; QL; SP	DROXIA ORAL CAPSULE	2	
ALPROLIX INTRAVENOUS RECON SOLN	3	PA; QL; SP	ELOCATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
AMICAR ORAL SOLUTION	3		ENDARI ORAL POWDER IN PACKET	3	PA; QL
AMICAR ORAL TABLET	3		ENDO AVITENE TOPICAL SHEET	3	
aminocaproic acid intravenous solution	1 or 1b*		EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	3	
aminocaproic acid oral tablet	1 or 1b*		FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT	3	PA; QL; SP
ANDEXXA INTRAVENOUS RECON SOLN	3		FEIBA NF INTRAVENOUS RECON SOLN 350-650 UNIT, 700-1,300 UNIT	3	SP
AVITENE FLOUR TOPICAL POWDER	3		FIBRYGA INTRAVENOUS RECON SOLN	3	PA; QL
AVITENE TOPICAL POWDER IN PACKET	3		FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
AVITENE TOPICAL SHEET	3				
BENEFIX INTRAVENOUS RECON SOLN	3	PA; QL; SP			
buminate 25 % intravenous parenteral solution	1 or 1b*				
buminate 5 % intravenous parenteral solution	1 or 1b*				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3		HESPAN 6 % IN NS INTRAVENOUS SOLUTION	3	
GEL-FLOW NT TOPICAL SYRINGE	3		hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
GEL-FLOW TOPICAL SYRINGE KIT	3		HEXTEND INTRAVENOUS SOLUTION	3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE	3		HUMATE-P INTRAVENOUS RECON SOLN	3	PA; QL; SP
GELFOAM JMI POWDER TOPICAL KIT	3		IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	PA; QL; LD; SP
GELFOAM JMI SPONGE TOPICAL COMBO PACK	3		IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	3	PA; QL; SP
GELFOAM MUCOUS MEMBRANE POWDER	3		IXINITY INTRAVENOUS RECON SOLN	3	PA; QL; SP
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE	3		JIVI INTRAVENOUS RECON SOLN	3	PA; QL; SP
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE	3		KCENTRA INTRAVENOUS RECON SOLN	3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE	3		KEDBUMIN INTRAVENOUS PARENTERAL SOLUTION	3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE	3		KOATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
GELFOAM TOPICAL SPONGE	3		KOGENATE FS INTRAVENOUS RECON SOLN	3	PA; QL; SP
HELIXATE FS INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP	KOVALTRY INTRAVENOUS RECON SOLN	3	PA; QL; SP
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; QL; SP	lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	3	PA; QL; SP	lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
HEMOFIL M LOW INTRAVENOUS RECON SOLN	3	PA; QL; SP	LYSTEDA ORAL TABLET	3	
HEMOFIL M MID INTRAVENOUS RECON SOLN	3	PA; QL; SP	MONONINE INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	3	PA; QL; SP	NOVOEIGHT INTRAVENOUS RECON SOLN	3	PA; QL; SP

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

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Drug Name	Tier	Notes
NOVOSEVEN RT INTRAVENOUS RECON SOLN	3	PA; QL; SP
NUWIQ INTRAVENOUS RECON SOLN	3	PA; QL; SP
OBIZUR INTRAVENOUS RECON SOLN	3	PA; QL
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
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	3	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	3	PA; QL; SP
protamine intravenous solution	1 or 1b*	
REBINYN INTRAVENOUS RECON SOLN	3	PA; QL; SP
RECOMBINATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
RECOTHROM SPRAY KIT TOPICAL RECON SOLN	3	
RECOTHROM TOPICAL RECON SOLN	3	

Drug Name	Tier	Notes
RETAVASE INTRAVENOUS RECON SOLN	3	
RIASTAP INTRAVENOUS RECON SOLN	3	PA; QL
RIXUBIS INTRAVENOUS RECON SOLN	3	PA; QL; SP
SIKLOS ORAL TABLET	3	PA; QL; SP
SOLIRIS INTRAVENOUS SOLUTION	3	PA; QL; SP
SURGIFOAM TOPICAL SPONGE	3	
SYRINGE AVITENE TOPICAL POWDER	3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED	3	
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBI-GEL TOPICAL PADS, MEDICATED	3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL RECON SOLN	3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL SPRAY,NON- AEROSOL	3	
THROMBI-PAD TOPICAL PADS, MEDICATED	3	
TNKASE INTRAVENOUS KIT	3	
TRANEXAMIC ACID IN NACL,ISO-OS INTRAVENOUS PIGGYBACK	3	
tranexamic acid intravenous solution	1 or 1b*	
tranexamic acid oral tablet	1 or 1b*	
TRETEN INTRAVENOUS RECON SOLN	3	PA; QL; SP

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ULTOMIRIS INTRAVENOUS SOLUTION	3	PA; QL; SP	CALAN ORAL TABLET	3	
ULTRAFOAM TOPICAL SPONGE	3		CALAN SR ORAL TABLET EXTENDED RELEASE	3	
VOLUVEN 6 % INTRAVENOUS SOLUTION	3		CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
VONVENDI INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP	CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
WILATE INTRAVENOUS RECON SOLN	3	PA; QL; SP	CARDENE IV INTRAVENOUS SOLUTION	3	
XYNTHA INTRAVENOUS SOLUTION	3	PA; QL; SP	CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG	3	DO
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	3	PA; QL; SP	CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG, 300 MG, 360 MG	3	
<b>CARDIAC DRUGS</b>			CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO
ABLYSINOL INTRA-ARTERIAL SOLUTION	3		CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG	3	DO	CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG, 90 MG	3		cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
adenosine intravenous solution	1 or 1b*		cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	
adenosine intravenous syringe	1 or 1b*		CLEVIPREX INTRAVENOUS EMULSION	3	
afeditab cr oral tablet extended release 30 mg	1 or 1b*	DO	CORLANOR ORAL SOLUTION	3	PA; QL
afeditab cr oral tablet extended release 60 mg	1 or 1b*		CORLANOR ORAL TABLET	2	PA; QL
AMIODARONE IN DEXTROSE 5 % INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 450 MG/250 ML (1.8 MG/ML)	3		CORVERT INTRAVENOUS SOLUTION	3	
amiodarone intravenous solution	1 or 1b*		digitek oral tablet	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			

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
<b>DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE</b>	2	
<b>DILTIAZEM HCL IN 0.9% NACL INTRAVENOUS SOLUTION</b>	3	
<b>DILTIAZEM HCL INTRAVENOUS RECON SOLN</b>	3	
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*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>DILTIAZEM IN DEXTROSE 5 % INTRAVENOUS SOLUTION</b>	3	
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	1 or 1b*	
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	1 or 1b*	
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	1 or 1b*	
<b>GONITRO SUBLINGUAL POWDER IN PACKET</b>	3	
ibutilide fumarate intravenous solution	1 or 1b*	
<b>ISOCHRON ORAL TABLET EXTENDED RELEASE</b>	3	
<b>ISORDIL ORAL TABLET</b>	2	
<b>ISORDIL TITRADOSE ORAL TABLET 5 MG</b>	3	
isosorbide dinitrate oral tablet	1 or 1b*	
isosorbide dinitrate oral tablet extended release	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*	
isradipine oral capsule	1 or 1b*	
<b>KATERZIA ORAL SUSPENSION</b>	3	
<b>LANOXIN INJECTION SOLUTION</b>	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>LANOXIN ORAL TABLET</b>	2	
<b>LANOXIN PEDIATRIC INJECTION SOLUTION</b>	2	
<b>LIDOCAINE (PF) INTRAVENOUS SOLUTION</b>	3	
lidocaine (pf) intravenous syringe	1 or 1b*	
<b>LIDOCAINE IN 5 % DEXTROSE (PF) INTRAVENOUS PARENTERAL SOLUTION 4 MG/ML (0.4 %)</b>	3	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
<b>LIDOCAINE IN NACL,ISO-Osmo(PF) INJECTION SYRINGE</b>	3	
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	1 or 1b*	
milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
milrinone intravenous solution	1 or 1b*	
<b>MINITRAN TRANSDERMAL PATCH 24 HOUR</b>	3	
<b>MULTAQ ORAL TABLET</b>	3	
<b>NEXTERONE INTRAVENOUS SOLUTION</b>	3	
<b>NICARDIPINE IN 0.9 % NACL INTRAVENOUS SYRINGE 1 MG/10 ML</b>	3	
nicardipine intravenous solution	1 or 1b*	
nicardipine oral capsule	1 or 1b*	
nifedipine oral capsule	1 or 1b*	
nifedipine oral tablet extended release 24hr 30 mg	1 or 1b*	DO

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	1 or 1b*	
nifedipine oral tablet extended release 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 60 mg, 90 mg	1 or 1b*	
nimodipine oral capsule	1 or 1b*	
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*	
<b>NITRO-BID TRANSDERMAL OINTMENT</b>	3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	2	
nitroglycerin in 5 % dextrose intravenous solution	1 or 1b*	
<b>NITROGLYCERIN INTRAVENOUS SOLUTION</b>	3	
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	1 or 1b*	
<b>NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL</b>	3	
<b>NITROMIST TRANSLINGUAL AEROSOL,SPRAY</b>	3	
<b>NITROSTAT SUBLINGUAL TABLET</b>	3	
nitro-time oral capsule, extended release	1 or 1b*	

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Drug Name	Tier	Notes
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	2	
NORPACE ORAL CAPSULE	3	
NORVASC ORAL TABLET 10 MG	3	
NORVASC ORAL TABLET 2.5 MG, 5 MG	3	DO
NYMALIZE ORAL SOLUTION	3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
procainamide injection solution	1 or 1b*	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	
PROCARDIA ORAL CAPSULE	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	3	
propafenone oral capsule,extended release 12 hr	1 or 1b*	
propafenone oral tablet	1 or 1b*	
quinidine gluconate oral tablet extended release	1 or 1b*	
quinidine sulfate oral tablet	1 or 1a*	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR	3	
ranolazine oral tablet extended release 12 hr	1 or 1b*	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 8.5 MG	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG	3	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO

Drug Name	Tier	Notes
taztia xt oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg	1 or 1b*	
<b>TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG</b>	3	DO
<b>TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG</b>	3	
<b>TIKOSYN ORAL CAPSULE</b>	3	
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*	
<b>VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG</b>	3	DO
<b>VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 240 MG, 360 MG</b>	3	
<b>VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG</b>	3	DO
<b>VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG, 300 MG</b>	3	
<b>XYLOCAINE (CARDIAC) (PF) INTRAVENOUS SOLUTION</b>	3	
<b>CARDIOVASCULAR</b>		
<b>ACCUPRIL ORAL TABLET</b>	3	

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Drug Name	Tier	Notes
ACCURETIC ORAL TABLET	3	
acebutolol oral capsule	1 or 1b*	
ADCIRCA ORAL TABLET	3	PA; QL; SP
ADEMPAS ORAL TABLET	3	PA; QL; LD; SP
AKOVAZ INTRAVENOUS SOLUTION	3	
aliskiren oral tablet 150 mg	1 or 1b*	DO
aliskiren oral tablet 300 mg	1 or 1b*	
alprostadiol injection solution	1 or 1b*	
ALTACE ORAL CAPSULE	3	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	ST; DO; QL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 60 MG	3	ST; QL
alyq oral tablet	1 or 1b*	PA; QL; SP
ambrisentan oral tablet	1 or 1b*	PA; QL; SP
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
amlodipine-benazepril oral capsule	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	

Drug Name	Tier	Notes
amlodipine-valsartan-hctiazid oral tablet 5-160-12.5 mg	1 or 1b*	DO
ASCLERA INTRAVENOUS SOLUTION	3	
ATACAND HCT ORAL TABLET	3	
ATACAND ORAL TABLET	3	
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*	
ATROOPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3	
AVALIDE ORAL TABLET	3	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO
AVAPRO ORAL TABLET 300 MG	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3	
AZOR ORAL TABLET 5-20 MG	3	DO
benazepril oral tablet	1 or 1a*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*	
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG	3	DO
BENICAR ORAL TABLET 40 MG, 5 MG	3	
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
betaxolol oral tablet	1 or 1b*	
<b>BIDIL ORAL TABLET</b>	2	
bisoprolol fumarate oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
bosentan oral tablet	1 or 1b*	PA; QL; SP
<b>BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)</b>	3	
<b>BYSTOLIC ORAL TABLET</b>	3	
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG</b>	3	
<b>CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG</b>	3	DO
candesartan oral tablet	1 or 1b*	
candesartan-hydrochlorothiazid oral tablet	1 or 1b*	
captopril oral tablet	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
<b>CARDURA ORAL TABLET</b>	3	
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR</b>	3	
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate oral capsule, er multiphase 24 hr	1 or 1b*	
<b>CATAPRES ORAL TABLET</b>	3	
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY</b>	3	
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY</b>	3	
cholestyramine (with sugar) oral powder	1 or 1b*	
cholestyramine (with sugar) oral powder in packet	1 or 1b*	
cholestyramine light oral powder	1 or 1b*	
cholestyramine light oral powder in packet	1 or 1b*	
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	1 or 1b*	
colesevelam oral powder in packet	1 or 1b*	
colesevelam oral tablet	1 or 1b*	
<b>COLESTID FLAVORED ORAL GRANULES</b>	3	
<b>COLESTID FLAVORED ORAL PACKET</b>	3	
<b>COLESTID ORAL GRANULES</b>	3	
<b>COLESTID ORAL PACKET</b>	3	
<b>COLESTID ORAL TABLET</b>	3	
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
<b>COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR</b>	3	
<b>COREG ORAL TABLET</b>	3	
<b>CORGARD ORAL TABLET</b>	3	
<b>CORLOPAM INTRAVENOUS SOLUTION</b>	3	
<b>COZAAR ORAL TABLET</b>	3	
<b>CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3	ST; DO; QL
<b>CRESTOR ORAL TABLET 40 MG</b>	3	ST; QL
<b>DEMSEER ORAL CAPSULE</b>	3	PA; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	3	DO	ETHAMOLIN INTRAVENOUS SOLUTION	3	
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	3		EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	
DIOVAN ORAL TABLET	3		EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO
doxazosin oral tablet	1 or 1b*		EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3		EXFORGE ORAL TABLET 5-160 MG	3	DO
EDARBI ORAL TABLET 40 MG	3	DO	EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 5 MG	3	ST; DO; QL
EDARBI ORAL TABLET 80 MG	3		EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG	3	ST; QL
EDARBYCLOR ORAL TABLET	3		ezetimibe oral tablet	1 or 1b*	ST; QL
enalapril maleate oral tablet	1 or 1b*		ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
enalaprilat intravenous solution	1 or 1b*		fenofibrate micronized oral capsule	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*		fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL	fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
EPANED ORAL SOLUTION	3		fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3		fenofibric acid (choline) oral capsule,delayed release(dr/ec)	1 or 1b*	
EPHEDRINE SULFATE-0.9%NACL(PF) INTRAVENOUS SYRINGE 10 MG/ML (1 ML), 100 MG/10 ML (10 MG/ML), 25 MG/5 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML), 50 MG/5 ML (10 MG/ML)	3		fenofibric acid oral tablet	1 or 1b*	
epoprostenol (glycine) intravenous recon soln	1 or 1b*	PA; QL; LD; SP	FENOGLIDE ORAL TABLET	3	ST; QL
eprosartan oral tablet	1 or 1b*		FIBRICOR ORAL TABLET	3	ST; QL
ergoloid oral tablet	1 or 1b*		FLOLAN INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
esmolol in nacl (iso-osm) intravenous parenteral solution	1 or 1b*		FLOLIPID ORAL SUSPENSION	3	ST; QL
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3		fluvastatin oral capsule	1 or 1b*	DO; \$0
esmolol intravenous solution	1 or 1b*		fluvastatin oral tablet extended release 24 hr	1 or 1b*	\$0
			fosinopril oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	
<b>HEMANGEOL ORAL SOLUTION</b>	3	
hydralazine injection solution	1 or 1b*	
hydralazine oral tablet	1 or 1b*	
<b>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG</b>	3	
<b>HYZAAR ORAL TABLET 50-12.5 MG</b>	3	DO
ibuprofen lysine (pf) intravenous solution	1 or 1b*	
<b>INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR</b>	3	
<b>INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	3	
indomethacin sodium intravenous recon soln	1 or 1b*	
<b>INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	3	
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*	
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG</b>	3	PA; DO; QL; LD; SP
<b>JUXTAPID ORAL CAPSULE 40 MG, 60 MG</b>	3	PA; QL; LD; SP
<b>KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR</b>	3	
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1 or 1b*	
labetalol oral tablet	1 or 1b*	
<b>LESCOL ORAL CAPSULE</b>	3	ST; DO; QL

Drug Name	Tier	Notes
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	ST; QL
<b>LETAIRIS ORAL TABLET</b>	3	PA; QL; LD; SP
<b>LIPOCHOL PLUS ORAL TABLET</b>	3	
<b>LIPOFEN ORAL CAPSULE</b>	3	ST; QL
lisinopril oral tablet	1 or 1a*	
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
<b>LIVALO ORAL TABLET 1 MG, 2 MG</b>	3	ST; DO; QL
<b>LIVALO ORAL TABLET 4 MG</b>	3	ST; QL
<b>LOPID ORAL TABLET</b>	3	ST; QL
<b>LOPRESSOR HCT ORAL TABLET</b>	3	
<b>LOPRESSOR INTRAVENOUS SOLUTION</b>	3	
<b>LOPRESSOR ORAL TABLET</b>	3	
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
<b>LOTENSIN HCT ORAL TABLET</b>	3	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3	
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG</b>	3	
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
methyldopa oral tablet	1 or 1b*	
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyldopate intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*		olmesartan oral tablet 40 mg, 5 mg	1 or 1b*	
<b>METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG</b>	3		olmesartan-amldipin-hthiazid oral tablet 20-5-12.5 mg	1 or 1b*	DO
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*		olmesartan-amldipin-hthiazid oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*		olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	DO
metoprolol tartrate intravenous syringe	1 or 1a*		olmesartan-hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
metoprolol tartrate oral tablet	1 or 1a*		<b>OPSUMIT ORAL TABLET</b>	3	PA; QL; LD; SP
<b>MICARDIS HCT ORAL TABLET 40-12.5 MG</b>	3	DO	<b>ORENITRAM ORAL TABLET EXTENDED RELEASE</b>	3	PA; QL; LD; SP
<b>MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG</b>	3		papaverine injection solution	1 or 1b*	
<b>MICARDIS ORAL TABLET 20 MG, 40 MG</b>	3	DO	perindopril erbumine oral tablet	1 or 1b*	
<b>MICARDIS ORAL TABLET 80 MG</b>	3		<b>PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML), 20 MG/250 ML (80 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML), 80 MG/250 ML (320 MCG/ML)</b>	3	
<b>MINIPRESS ORAL CAPSULE</b>	3		<b>PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SYRINGE 0.4 MG/10 ML (40 MCG/ML), 0.5 MG/5 ML (100 MCG/ML), 0.8 MG/10 ML (80 MCG/ML), 1 MG/10 ML (100 MCG/ML), 20 MG/50 ML (400 MCG/ML), 200 MCG/5 ML (40 MCG/ML), 5 MG/50 ML (100 MCG/ML)</b>	3	
minoxidil oral tablet	1 or 1b*				
moexipril oral tablet	1 or 1b*				
nadolol oral tablet	1 or 1b*				
nadolol-bendroflumethiazide oral tablet 80-5 mg	1 or 1b*				
<b>NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION</b>	3				
niacin oral tablet extended release 24 hr	1 or 1b*				
<b>NIACOR ORAL TABLET</b>	3	PA; QL			
<b>NIASPIN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	PA; QL			
<b>NIPRIDE RTU INTRAVENOUS SOLUTION</b>	3				
<b>NITROPRESS INTRAVENOUS SOLUTION</b>	3				
olmesartan oral tablet 20 mg	1 or 1b*	DO			

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

Drug Name	Tier	Notes
<b>PHENYLEPHRINE HCL IN D5W INTRAVENOUS SOLUTION 20 MG/250 ML (80 MCG/ML), 8 MG/100 ML (80 MCG/ML)</b>	3	
<b>PHENYLEPHRINE HCL INJECTION SOLUTION</b>	3	
pindolol oral tablet	1 or 1b*	
<b>PRALUENT PEN SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>PRAVACHOL ORAL TABLET 20 MG</b>	3	ST; DO; QL
<b>PRAVACHOL ORAL TABLET 40 MG, 80 MG</b>	3	ST; QL
pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
pravastatin oral tablet 40 mg, 80 mg	1 or 1b*	\$0
prazosin oral capsule	1 or 1b*	
<b>PRESTALIA ORAL TABLET 14-10 MG</b>	3	
<b>PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG</b>	3	DO
prevalite oral powder	1 or 1b*	
prevalite oral powder in packet	1 or 1b*	
<b>PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3	
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*	
<b>PROSTIN VR PEDIATRIC INJECTION SOLUTION</b>	3	
<b>QBRELIS ORAL SOLUTION</b>	3	
<b>QUESTRAN LIGHT ORAL POWDER</b>	3	
<b>QUESTRAN ORAL POWDER</b>	3	

Drug Name	Tier	Notes
<b>QUESTRAN ORAL POWDER IN PACKET</b>	3	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
<b>REMODULIN INJECTION SOLUTION</b>	3	PA; QL; LD; SP
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR</b>	3	PA; QL
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL
<b>REPATHA SYRINGE SUBCUTANEOUS SYRINGE</b>	3	PA; QL
<b>REVATIO INTRAVENOUS SOLUTION</b>	3	PA; QL; SP
<b>REVATIO ORAL SUSPENSION FOR RECONSTITUTION</b>	3	PA; QL; SP
<b>REVATIO ORAL TABLET</b>	3	PA; QL; SP
rosuvastatin oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin oral tablet 20 mg	1 or 1b*	DO
rosuvastatin oral tablet 40 mg	1 or 1b*	
sildenafil (antihypertensive) intravenous solution	1 or 1b*	PA; QL; SP
sildenafil (antihypertensive) oral suspension for reconstitution	1 or 1b*	PA; QL; SP
sildenafil (antihypertensive) oral tablet	1 or 1b*	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
sodium nitroprusside intravenous solution	1 or 1b*	
sorine oral tablet	1 or 1b*	
sotalol af oral tablet	1 or 1b*	
<b>SOTALOL INTRAVENOUS SOLUTION</b>	3	
sotalol oral tablet	1 or 1b*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
SOTRADECOL INTRAVENOUS SOLUTION	3	
SOTYLIZE ORAL SOLUTION	3	
tadalafil (antihypertensive) oral tablet	1 or 1b*	PA; QL; SP
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG	3	DO
TEKTURNA HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKTURNA ORAL TABLET 150 MG	3	DO
TEKTURNA ORAL TABLET 300 MG	3	
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*	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
TENORMIN ORAL TABLET	3	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
TRACLEER ORAL TABLET	3	PA; QL; SP
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; QL; SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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	1 or 1b*	PA; QL; SP
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	
TRICOR ORAL TABLET	3	ST; QL
TRILPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG	3	
TWYNSTA ORAL TABLET 40-5 MG	3	DO
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
UPTRAVI ORAL TABLET	3	PA; QL; LD; SP
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; QL; LD; SP
valsartan oral tablet	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
<b>VARITHENA INTRAVENOUS FOAM</b>	3	
<b>VASERETIC ORAL TABLET</b>	3	
<b>VASOTEC ORAL TABLET</b>	3	
<b>VAZCULEP INJECTION SOLUTION</b>	3	
<b>VECAMYL ORAL TABLET</b>	3	
<b>VELETRI INTRAVENOUS RECON SOLN</b>	3	PA; QL; LD; SP
<b>VENTAVIS INHALATION SOLUTION FOR NEBULIZATION</b>	3	PA; QL; LD; SP
<b>VYTORIN 10-10 ORAL TABLET</b>	3	ST; QL
<b>VYTORIN 10-20 ORAL TABLET</b>	3	ST; QL
<b>VYTORIN 10-40 ORAL TABLET</b>	3	ST; QL
<b>VYTORIN 10-80 ORAL TABLET</b>	3	ST; QL
<b>WELCHOL ORAL POWDER IN PACKET</b>	2	
<b>WELCHOL ORAL TABLET</b>	3	
<b>ZESTORETIC ORAL TABLET</b>	3	
<b>ZESTRIL ORAL TABLET</b>	3	
<b>ZETIA ORAL TABLET</b>	3	ST; QL
<b>ZIAC ORAL TABLET</b>	3	
<b>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3	ST; DO; QL
<b>ZOCOR ORAL TABLET 80 MG</b>	3	ST; QL
<b>ZYPITAMAG ORAL TABLET</b>	3	ST; QL
<b>CNS DRUGS</b>		
<b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR</b>	3	PA; QL; SP
<b>APTIOM ORAL TABLET</b>	3	

Drug Name	Tier	Notes
<b>AUBAGIO ORAL TABLET</b>	3	PA; QL; SP
<b>AUSTEDO ORAL TABLET</b>	3	PA; QL; LD; SP
<b>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT</b>	3	PA; QL; SP
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT</b>	3	PA; QL; SP
<b>AVONEX INTRAMUSCULAR SYRINGE KIT</b>	3	PA; QL; SP
<b>BANZEL ORAL SUSPENSION</b>	3	
<b>BANZEL ORAL TABLET</b>	3	
<b>BETASERON SUBCUTANEOUS KIT</b>	3	PA; QL; SP
<b>BRIVIACT INTRAVENOUS SOLUTION</b>	3	
<b>BRIVIACT ORAL SOLUTION</b>	3	
<b>BRIVIACT ORAL TABLET</b>	3	
<b>CAF CIT INTRAVENOUS SOLUTION</b>	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
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*	
<b>CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR</b>	2	
<b>CELONTIN ORAL CAPSULE 300 MG</b>	3	
<b>CEREBYX INJECTION SOLUTION</b>	3	
clobazam oral suspension	1 or 1b*	
clobazam oral tablet	1 or 1b*	
clonazepam oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
clonazepam oral tablet,disintegrating	1 or 1b*		EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE	3	PA; QL; SP	EPIDIOLEX ORAL SOLUTION	3	PA; QL; SP
dalfampridine oral tablet extended release 12 hr	1 or 1b*	PA; QL; SP	epitol oral tablet	1 or 1b*	
DEPACON INTRAVENOUS SOLUTION	2		ethosuximide oral capsule	1 or 1b*	
DEPAKENE ORAL CAPSULE	2		ethosuximide oral solution	1 or 1b*	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	2		EXTAVIA SUBCUTANEOUS KIT	3	PA; QL; SP
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	2		EXTAVIA SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	2		felbamate oral suspension	1 or 1b*	
DIACOMIT ORAL CAPSULE	3	PA; QL	felbamate oral tablet	1 or 1b*	
DIACOMIT ORAL POWDER IN PACKET	3	PA; QL	FELBATOL ORAL SUSPENSION	2	
DIASTAT ACUDIAL RECTAL KIT	2		FELBATOL ORAL TABLET	2	
DIASTAT RECTAL KIT	2		FIRDAPSE ORAL TABLET	3	PA; QL
diazepam rectal kit	1 or 1b*		fosphenytoin injection solution	1 or 1b*	
DILANTIN EXTENDED ORAL CAPSULE	2		FYCOMPA ORAL SUSPENSION	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	2		FYCOMPA ORAL TABLET	3	
DILANTIN ORAL CAPSULE	2		gabapentin oral capsule	1 or 1b*	
DILANTIN-125 ORAL SUSPENSION	2		gabapentin oral solution	1 or 1b*	
divalproex oral capsule, delayed rel sprinkle	1 or 1b*		gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	
divalproex oral tablet extended release 24 hr	1 or 1b*		GABITRIL ORAL TABLET	2	
divalproex oral tablet,delayed release (dr/ec)	1 or 1b*		GILENYA ORAL CAPSULE 0.5 MG	3	PA; QL; SP
DOPRAM INTRAVENOUS SOLUTION	3		glatiramer subcutaneous syringe	3	PA; QL; SP
doxapram intravenous solution	1 or 1b*		glatopa subcutaneous syringe	3	PA; QL; SP
			GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; QL
			GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; DO; QL
			GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; QL

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

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Drug Name	Tier	Notes
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	3	PA; QL
INGREZZA ORAL CAPSULE 40 MG	3	PA; DO; QL; LD
INGREZZA ORAL CAPSULE 80 MG	3	PA; QL; LD
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ORAL TABLET	2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	

Drug Name	Tier	Notes
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	
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*	
LEMTRADA INTRAVENOUS SOLUTION	3	PA; QL; SP
levetiracetam in nacl (iso-os) intravenous piggyback	1 or 1b*	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	
levetiracetam oral tablet	1 or 1b*	
levetiracetam oral tablet extended release 24 hr	1 or 1b*	
LYRICA ORAL CAPSULE	3	PA; QL
LYRICA ORAL SOLUTION	3	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	3	PA; QL; SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
MAVENCLAD (4 TABLET PACK) ORAL TABLET	3	PA; QL; SP	NUEDEXTA ORAL CAPSULE	3	PA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	3	PA; QL; SP	ONFI ORAL SUSPENSION	3	
MAVENCLAD (6 TABLET PACK) ORAL TABLET	3	PA; QL; SP	ONFI ORAL TABLET 10 MG, 20 MG	3	
MAVENCLAD (7 TABLET PACK) ORAL TABLET	3	PA; QL; SP	oxcarbazepine oral suspension	1 or 1b*	
MAVENCLAD (8 TABLET PACK) ORAL TABLET	3	PA; QL; SP	oxcarbazepine oral tablet	1 or 1b*	
MAVENCLAD (9 TABLET PACK) ORAL TABLET	3	PA; QL; SP	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
MAYZENT ORAL TABLET	3	PA; QL	PEGANONE ORAL TABLET	3	
memantine oral capsule,sprinkle,er 24hr	1 or 1b*		PHENYTEK ORAL CAPSULE	2	
memantine oral solution	1 or 1b*		phenytoin oral suspension	1 or 1b*	
memantine oral tablet	1 or 1b*		phenytoin oral tablet,chewable	1 or 1b*	
MEMANTINE ORAL TABLETS,DOSE PACK	3		phenytoin sodium extended oral capsule	1 or 1b*	
mysoline oral tablet	3		phenytoin sodium intravenous solution	1 or 1b*	
NAMENDA ORAL TABLET	3		phenytoin sodium intravenous syringe	1 or 1b*	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3		PLEGRIDY SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2		PLEGRIDY SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3		pregabalin oral capsule	1 or 1b*	PA; QL
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2		pregabalin oral solution	1 or 1b*	PA; QL
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2		primidone oral tablet	1 or 1b*	
NEURONTIN ORAL CAPSULE	3		QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; QL
NEURONTIN ORAL SOLUTION	3		REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NEURONTIN ORAL TABLET	3		REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
			REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	3	PA; QL; SP
			RILUTEK ORAL TABLET	3	SP
			riluzole oral tablet	1 or 1b*	SP

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
roweepra oral tablet	1 or 1b*	
roweepra xr oral tablet extended release 24 hr	1 or 1b*	
<b>RUZURGI ORAL TABLET</b>	<b>3</b>	PA; QL
<b>SABRIL ORAL POWDER IN PACKET</b>	<b>3</b>	LD; SP
<b>SABRIL ORAL TABLET</b>	<b>3</b>	LD; SP
<b>SPRITAM ORAL TABLET FOR SUSPENSION</b>	<b>3</b>	
subvenite oral tablet	1 or 1b*	
subvenite starter (blue) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (green) kit oral tablets,dose pack	1 or 1b*	
subvenite starter (orange) kit oral tablets,dose pack	1 or 1b*	
<b>SYMPAZAN ORAL FILM</b>	<b>3</b>	
<b>TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	<b>3</b>	PA; QL; SP
<b>TEGRETOL ORAL SUSPENSION</b>	<b>2</b>	
<b>TEGRETOL ORAL TABLET</b>	<b>2</b>	
<b>TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR</b>	<b>2</b>	
tetrabenazine oral tablet	1 or 1b*	PA; QL; LD; SP
tiagabine oral tablet	1 or 1b*	
<b>TIGLUTIK ORAL SUSPENSION</b>	<b>3</b>	SP
<b>TOPAMAX ORAL CAPSULE, SPRINKLE</b>	<b>2</b>	
<b>TOPAMAX ORAL TABLET</b>	<b>2</b>	
topiramate oral capsule, sprinkle	1 or 1b*	
<b>TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR</b>	<b>3</b>	ST; QL
topiramate oral tablet	1 or 1b*	
<b>TRILEPTAL ORAL SUSPENSION</b>	<b>2</b>	
<b>TRILEPTAL ORAL TABLET</b>	<b>3</b>	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR</b>	<b>2</b>	
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	1 or 1b*	LD; SP
vigabatrin oral tablet	1 or 1b*	SP
vigadronate oral powder in packet	1 or 1b*	SP
<b>VIMPAT INTRAVENOUS SOLUTION</b>	<b>3</b>	
<b>VIMPAT ORAL SOLUTION</b>	<b>3</b>	
<b>VIMPAT ORAL TABLET</b>	<b>3</b>	
<b>XENAZINE ORAL TABLET</b>	<b>3</b>	PA; QL; LD; SP
<b>ZARONTIN ORAL CAPSULE</b>	<b>2</b>	
<b>ZARONTIN ORAL SOLUTION</b>	<b>2</b>	
<b>ZONEGRAN ORAL CAPSULE 100 MG, 25 MG</b>	<b>3</b>	
zonisamide oral capsule	1 or 1b*	
<b>COLONY STIMULATING FACTORS</b>		
<b>ARANESP (IN POLYSORBATE) INJECTION SOLUTION</b>	<b>3</b>	PA; QL; SP
<b>ARANESP (IN POLYSORBATE) INJECTION SYRINGE</b>	<b>3</b>	PA; QL; SP
<b>DOPTELET (10 TAB PACK) ORAL TABLET</b>	<b>3</b>	PA; QL; SP
<b>DOPTELET (15 TAB PACK) ORAL TABLET</b>	<b>3</b>	PA; QL; SP
<b>DOPTELET (30 TAB PACK) ORAL TABLET</b>	<b>3</b>	PA; QL; SP
<b>EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML</b>	<b>3</b>	PA; QL; SP

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
FULPHILA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
GRANIX SUBCUTANEOUS SOLUTION	3	PA; QL; SP
GRANIX SUBCUTANEOUS SYRINGE	3	PA; QL; SP
LEUKINE INJECTION RECON SOLN	3	PA; QL; SP
MIRCERA INJECTION SYRINGE	3	PA; QL
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL; SP
MULPLETA ORAL TABLET	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	3	PA; QL; SP
NEUPOGEN INJECTION SYRINGE	3	PA; QL; SP
NIVESTYM INJECTION SOLUTION	3	PA; QL; SP
NIVESTYM SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NPLATE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
PROCRIT INJECTION SOLUTION	3	PA; QL; SP
PROMACTA ORAL POWDER IN PACKET	3	PA; QL; SP
PROMACTA ORAL TABLET	3	PA; QL; SP
RETACRIT INJECTION SOLUTION	3	PA; QL; SP
UDENYCA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ZARXIO INJECTION SYRINGE	3	PA; QL; SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CONTRACEPTIVES</b>		
afirmelle oral tablet	1 or 1a*	\$0
altavera (28) oral tablet	1 or 1a*	\$0
alyacen 1/35 (28) oral tablet	1 or 1a*	\$0
alyacen 7/7/7 (28) oral tablet	1 or 1a*	\$0
amethia lo oral tablets,dose pack,3 month	1 or 1b*	\$0
amethia oral tablets,dose pack,3 month	1 or 1b*	\$0
amethyst (28) oral tablet	1 or 1b*	\$0
<b>ANNOVERA VAGINAL RING</b>	3	\$0
apri oral tablet	1 or 1a*	\$0
aranelle (28) oral tablet	1 or 1a*	\$0
ashlyna oral tablets,dose pack,3 month	1 or 1b*	\$0
aubra eq oral tablet	1 or 1a*	\$0
aubra oral tablet	1 or 1a*	\$0
aurovela 1.5/30 (21) oral tablet	1 or 1a*	\$0
aurovela 1/20 (21) oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
aurovela fe 1-20 (28) oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0
ayuna oral tablet	1 or 1a*	\$0
azurette (28) oral tablet	1 or 1b*	\$0
<b>BALCOLTRA ORAL TABLET</b>	3	\$0
balziva (28) oral tablet	1 or 1a*	\$0
bekyree (28) oral tablet	1 or 1b*	\$0
<b>BEYAZ ORAL TABLET</b>	3	
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
<b>BREVICON (28) ORAL TABLET</b>	3	
briellyn oral tablet	1 or 1a*	\$0
camila oral tablet	1 or 1b*	\$0
camrese lo oral tablets,dose pack,3 month	1 or 1b*	\$0

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
camrese oral tablets,dose pack,3 month	1 or 1b*	\$0
<b>CAYA CONTOURED VAGINAL DIAPHRAGM</b>	2	\$0
caziant (28) oral tablet	1 or 1a*	\$0
chateal (28) oral tablet	1 or 1a*	\$0
chateal eq (28) oral tablet	1 or 1a*	\$0
cryselle (28) oral tablet	1 or 1a*	\$0
cyclafem 1/35 (28) oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	\$0
<b>CYCLESSA (28) ORAL TABLET</b>	3	
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 (28) oral tablet	1 or 1a*	\$0
dasetta 7/7/7 (28) oral tablet	1 or 1a*	\$0
daysee oral tablets,dose pack,3 month	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
delyla (28) oral tablet	1 or 1a*	\$0
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	3	
<b>DEPO-PROVERA INTRAMUSCULAR SYRINGE</b>	3	
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE</b>	3	\$0
desog-e.estriadiol/e.estriadiol oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	\$0
drospirenone-e.estriadiol-lm.fa oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elinest oral tablet	1 or 1a*	\$0
<b>ELLA ORAL TABLET</b>	3	\$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
estarrylla oral tablet	1 or 1a*	\$0
<b>ESTROSTEP FE-28 ORAL TABLET</b>	3	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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-ethynodiol dihydrogen phosphate oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	\$0
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 90-20 mcg (28)	1 or 1b*	\$0
levonorgestrel-ethynodiol dihydrogen phosphate oral tablets,dose pack,3 month	1 or 1b*	\$0
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet	1 or 1a*	\$0
levora-28 oral tablet	1 or 1a*	\$0
<b>LILETTA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	LD; SP
lillow (28) oral tablet	1 or 1a*	\$0
<b>LO LOESTRIN FE ORAL TABLET</b>	2	\$0
<b>LOESTRIN 1.5/30 (21) ORAL TABLET</b>	3	
<b>LOESTRIN 1/20 (21) ORAL TABLET</b>	3	
<b>LOESTRIN FE 1.5/30 (28- DAY) ORAL TABLET</b>	3	
<b>LOESTRIN FE 1/20 (28- DAY) ORAL TABLET</b>	3	
loryna (28) oral tablet	1 or 1b*	\$0
<b>LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH</b>	3	
low-ogestrel (28) oral tablet	1 or 1a*	\$0
lo-zumandimine (28) oral tablet	1 or 1b*	\$0
luter (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

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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
<b>MICROGESTIN 24 FE ORAL TABLET</b>	3	
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
<b>MINASTRIN 24 FE ORAL TABLET,CHEWABLE</b>	3	
<b>MIRCETTE (28) ORAL TABLET</b>	3	
<b>MIRENA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	LD
mono-linyah oral tablet	1 or 1a*	\$0
<b>NATAZIA ORAL TABLET</b>	3	\$0
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
<b>NEXPLANON SUBDERMAL IMPLANT</b>	3	LD; SP
nikki (28) oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
noreth-ethynodiol-iron oral tablet,chewable	1 or 1b*	\$0
norethindrone (contraceptive) oral tablet	1 or 1b*	\$0
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1 or 1a*	\$0
norethindrone-e.estriadiol-iron oral tablet	1 or 1a*	\$0
norethindrone-e.estriadiol-iron oral tablet,chewable	1 or 1a*	\$0
norgestimate-ethynodiol dihydrogen phosphate 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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
nortrel 7/7/7 (28) oral tablet	1 or 1a*	\$0
<b>NUVARING VAGINAL RING</b>	2	\$0
ocella oral tablet	1 or 1b*	\$0
ogestrel (28) oral tablet	1 or 1a*	\$0
orsythia oral tablet	1 or 1a*	\$0
<b>ORTHO-NOVUM 1/35 (28) ORAL TABLET</b>	3	
<b>PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE</b>	3	
philith oral tablet	1 or 1a*	\$0
pimtrea (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
<b>QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH</b>	3	
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
<b>SAFYRAL ORAL TABLET</b>	3	
<b>SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH</b>	3	
setlakin oral tablets,dose pack,3 month	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
simliya (28) oral tablet	1 or 1b*	\$0
simpesse oral tablets,dose pack,3 month	1 or 1b*	\$0
<b>SKYLA INTRAUTERINE INTRAUTERINE DEVICE</b>	3	LD
<b>SLYND ORAL TABLET</b>	3	\$0

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
sprintec (28) oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 (28) oral tablet	1 or 1a*	\$0
tarina fe 1-20 eq (28) oral tablet	1 or 1a*	\$0
<b>TAYTULLA ORAL CAPSULE</b>	3	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-sprintec (28) oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
tulana oral tablet	1 or 1b*	\$0
tydemy oral tablet	1 or 1b*	\$0
velivet triphasic regimen (28) oral tablet	1 or 1a*	\$0
vienva oral tablet	1 or 1a*	\$0
viorele (28) oral tablet	1 or 1b*	\$0
vyfemla (28) oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera (28) oral tablet	1 or 1a*	\$0
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM</b>	2	\$0

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

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Drug Name	Tier	Notes
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM</b>	2	\$0
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM</b>	2	\$0
wymzya fe oral tablet,chewable	1 or 1b*	\$0
xulane transdermal patch weekly	1 or 1b*	\$0
<b>YASMIN (28) ORAL TABLET</b>	3	
<b>YAZ (28) ORAL TABLET</b>	3	
zarah oral tablet	1 or 1b*	\$0
zenchent (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine (28) oral tablet	1 or 1b*	\$0
<b>COUGH/COLD PREPARATIONS</b>		
benzonatate oral capsule	1 or 1b*	
<b>BROMFED DM ORAL SYRUP</b>	3	
brompheniramine-pseudoeph-dm oral syrup	1 or 1b*	
<b>CAPCOF ORAL LIQUID</b>	3	
centergy dm oral drops	1 or 1b*	
<b>CODEINE-GUAIFENESIN ORAL LIQUID</b>	3	
<b>CODITUSSIN AC ORAL LIQUID</b>	3	
<b>CODITUSSIN DAC ORAL LIQUID</b>	3	
g tussin ac oral liquid	1 or 1a*	
guaiatussin ac oral liquid	1 or 1a*	
guaifenesin ac oral liquid	1 or 1a*	
guaifenesin dac oral syrup	1 or 1b*	
<b>HISTEX-AC ORAL SYRUP</b>	3	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	1 or 1b*	

Drug Name	Tier	Notes
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1 or 1a*	
<b>HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)</b>	3	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
<b>LORTUSS EX ORAL SYRUP</b>	2	
<b>MAR-COF BP ORAL LIQUID</b>	3	
<b>MAR-COF CG ORAL LIQUID</b>	3	
<b>MAXI-TUSS CD ORAL LIQUID</b>	3	
<b>M-CLEAR WC ORAL LIQUID</b>	2	
<b>M-END PE ORAL LIQUID</b>	3	
<b>NINJACOF-XG ORAL LIQUID</b>	3	
<b>OBREDON ORAL SOLUTION</b>	3	
<b>POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML</b>	2	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
<b>RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR</b>	3	
robafen ac oral liquid	1 or 1a*	PA
<b>RYDEX ORAL LIQUID</b>	2	
<b>TESSALON PERLES ORAL CAPSULE</b>	3	
<b>TUSNEL PEDIATRIC ORAL LIQUID</b>	3	
<b>TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR</b>	2	
<b>TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR</b>	3	

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Drug Name	Tier	Notes
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR	3	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL AC 50 ORAL SUSPENSION	3	
ZODRYL AC 60 ORAL SUSPENSION	3	
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	2	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	
ZODRYL DEC 50 ORAL SUSPENSION	3	
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
Z-TUSS AC ORAL LIQUID	2	

Drug Name	Tier	Notes
<b>DIAGNOSTIC</b>		
ACCU-CHEK AVIVA PLUS TEST STRIP 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
<b>DIURETICS</b>		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
amiloride oral tablet	1 or 1b*	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
DYAZIDE ORAL CAPSULE	3	
DYRENium ORAL CAPSULE	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
EDECрин ORAL TABLET	3		osmitrol 15 % intravenous parenteral solution	1 or 1b*	
elplerenone oral tablet	1 or 1b*		osmitrol 20 % intravenous parenteral solution	1 or 1b*	
ethacrynat sodium intravenous recon soln	1 or 1b*		<b>OSMITROL 5 % INTRAVENOUS PARENTERAL SOLUTION</b>	3	
ethacrynic acid oral tablet	1 or 1b*		<b>RESECTISOL TRANSURETHRAL SOLUTION</b>	3	
<b>FUROSEMIDE IN 0.9 % NACL INTRAVENOUS PIGGYBACK</b>	3		<b>SAMSCA ORAL TABLET</b>	3	PA; QL; LD; SP
furosemide injection solution	1 or 1a*		<b>SODIUM EDECрин INTRAVENOUS RECON SOLN</b>	3	
furosemide injection syringe	1 or 1a*		spironolactone oral tablet	1 or 1a*	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 or 1a*		spironolacton-hydrochlorothiaz oral tablet	1 or 1b*	
furosemide oral tablet	1 or 1a*		torsemide oral tablet	1 or 1b*	
hydrochlorothiazide oral capsule	1 or 1a*		triamterene oral capsule	1 or 1b*	
hydrochlorothiazide oral tablet	1 or 1a*		triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1 or 1a*	
indapamide oral tablet	1 or 1b*		triamterene-hydrochlorothiazid oral tablet	1 or 1a*	
<b>INSPRA ORAL TABLET</b>	3		<b>VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION</b>	3	
<b>JYNARQUE ORAL TABLET</b>	3	PA; QL; SP	<b>EENT PREPS</b>		
<b>JYNARQUE ORAL TABLETS, SEQUENTIAL</b>	3	PA; QL	acetic acid otic (ear) solution	1 or 1b*	
<b>LASIX ORAL TABLET</b>	3		<b>ACUICYN TOPICAL SPRAY, NON-AEROSOL</b>	3	
mannitol 10 % intravenous parenteral solution	1 or 1b*		<b>ACULAR LS OPHTHALMIC (EYE) DROPS</b>	3	
mannitol 20 % intravenous parenteral solution	1 or 1b*		<b>ACULAR OPHTHALMIC (EYE) DROPS</b>	3	
mannitol 25 % intravenous solution	1 or 1b*		<b>ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE</b>	3	
mannitol 5 % intravenous parenteral solution	1 or 1b*		<b>ADRENALIN NASAL SOLUTION</b>	3	
<b>MAXZIDE ORAL TABLET</b>	3		<b>AKTEN (PF) OPHTHALMIC (EYE) GEL</b>	3	
<b>MAXZIDE-25MG ORAL TABLET</b>	3		<b>ALCAINE OPHTHALMIC (EYE) DROPS</b>	3	
methazolamide oral tablet	1 or 1b*				
methylclothiazide oral tablet	1 or 1b*				
metolazone oral tablet	1 or 1b*				
<b>MICROZIDE ORAL CAPSULE</b>	3				
<b>OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION</b>	3				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALOCRIL OPHTHALMIC (EYE) DROPS	3	ST; QL	BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
ALOMIDE OPHTHALMIC (EYE) DROPS	3	ST; QL	betaxolol ophthalmic (eye) drops	1 or 1b*	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2		BETIMOL OPHTHALMIC (EYE) DROPS	3	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3		BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3		BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML	3	PA; QL
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3		BEVACIZUMAB INTRAVITREAL SYRINGE 3.25 MG/0.13 ML	3	
ALZAIR NASAL SPRAY,NON-AEROSOL	3		bimatoprost ophthalmic (eye) drops	1 or 1b*	
AMVISC INTRAOCULAR SYRINGE	3		BIOLON INTRAOCULAR SYRINGE	3	
AMVISC PLUS INTRAOCULAR SYRINGE	3		brimonidine ophthalmic (eye) drops	1 or 1b*	
apraclonidine ophthalmic (eye) drops	1 or 1b*		BRIMONIDINE- DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE) DROPS	3		bromfenac ophthalmic (eye) drops	1 or 1b*	
ATROPINE OPHTHALMIC (EYE) DROPS	3		BROMSITE OPHTHALMIC (EYE) DROPS	3	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3		BSS INTRAOCULAR SOLUTION	3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL	3		BSS PLUS INTRAOCULAR SOLUTION	3	
azelastine nasal aerosol,spray	1 or 1b*		carteolol ophthalmic (eye) drops	1 or 1a*	
azelastine nasal spray,non-aerosol	1 or 1b*		CELLUGEL INTRAOCULAR SYRINGE	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	2		COCAINE NASAL SOLUTION	3	
balanced salt intraocular solution	1 or 1b*		COMBIGAN OPHTHALMIC (EYE) DROPS	2	
BECONASE AQ NASAL SPRAY,NON-AEROSOL	3	ST; QL			

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Drug Name	Tier	Notes
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
COSOPT OPHTHALMIC (EYE) DROPS	3	
cromolyn ophthalmic (eye) drops	1 or 1a*	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
cyclopentolate ophthalmic (eye) drops	1 or 1b*	
CYCOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS	3	
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA; QL; LD
DERMOTIC OIL OTIC (EAR) DROPS	3	
dexamethasone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
DEXTENZA INTRACANALICULAR INSERT	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION	3	
diclofenac sodium ophthalmic (eye) drops	1 or 1b*	
DISCOVISC INTRAOCULAR SYRINGE	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	3	
dorzolamide ophthalmic (eye) drops	1 or 1b*	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1 or 1b*	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
dorzolamide-timolol ophthalmic (eye) drops	1 or 1b*	

Drug Name	Tier	Notes
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE	3	
DUREZOL OPHTHALMIC (EYE) DROPS	2	
DYMISTA NASAL SPRAY,NON-AEROSOL	3	
EYLEA INTRAVITREAL SOLUTION	3	PA; QL; LD; SP
flac otic oil otic (ear) drops	1 or 1b*	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	ST; QL
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*	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
GELFILM OPHTHALMIC (EYE) FILM	3	
GORELTO NASAL SOLUTION	3	
HEALON GV INTRAOCULAR SYRINGE	3	
HEALON INTRAOCULAR SYRINGE	3	
HEALONS INTRAOCULAR SYRINGE	3	
HYALURONIDASE(PF)- SODCHLOR,ISO INTRAOCULAR SOLUTION	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
hydrocortisone-acetic acid otic (ear) drops	1 or 1b*	
<b>HYPOCYN TOPICAL SPRAY, NON-AEROSOL</b>	3	
<b>ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	2	
<b>ILUVIEN INTRAVITREAL IMPLANT</b>	3	PA; QL; SP
<b>INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
<b>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE</b>	3	
ipratropium bromide nasal spray, non-aerosol	1 or 1b*	
<b>ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS</b>	3	
<b>ISOPTO CARPINE OPHTHALMIC (EYE) DROPS</b>	3	
<b>ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY</b>	3	
<b>JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)</b>	3	PA; QL; LD
ketorolac ophthalmic (eye) drops	1 or 1b*	
<b>KLARITY-B (BETAMETH- CHOND)(PF) OPHTHALMIC (EYE) DROPS</b>	3	
<b>LATANOPROST (PF) OPHTHALMIC (EYE) DROPS</b>	3	
latanoprost ophthalmic (eye) drops	1 or 1b*	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*	
<b>LIDOCAN-PHENYLEPH- BSS NO.2(PF) INTRAOCULAR SYRINGE</b>	3	
<b>LOTEMAX OPHTHALMIC (EYE) DROPS,GEL</b>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
<b>LOTEMAX OPHTHALMIC (EYE) OINTMENT</b>	3	
<b>LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL</b>	3	
loteprednol etabonate ophthalmic (eye) drops,suspension	1 or 1b*	
<b>LUCENTIS INTRAVITREAL SOLUTION</b>	3	PA; QL; SP
<b>LUCENTIS INTRAVITREAL SYRINGE</b>	3	PA; QL; SP
<b>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</b>	2	
<b>MACUGEN INTRAVITREAL SYRINGE</b>	3	PA; QL; LD; SP
<b>MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
<b>MEMBRANEBLUE INTRAOCULAR SYRINGE</b>	3	
metipranolol ophthalmic (eye) drops	1 or 1b*	
<b>MIOCHOL-E INTRAOCULAR KIT</b>	3	
<b>MIOSTAT INTRAOCULAR SOLUTION</b>	3	
<b>MITOSOL OPHTHALMIC (EYE) KIT</b>	3	
mometasone nasal spray,non- aerosol	3	ST; QL
<b>MYDRIACYL OPHTHALMIC (EYE) DROPS</b>	3	
<b>NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	
ocucoat intraocular syringe	1 or 1b*	
olopatadine nasal spray,non- aerosol	1 or 1b*	

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Drug Name	Tier	Notes
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OMNARIS NASAL SPRAY, NON-AEROSOL	3	ST; QL
OXERVATE OPHTHALMIC (EYE) DROPS	3	PA; QL; SP
OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; SP
PAREMYD OPHTHALMIC (EYE) DROPS	3	
PATANASE NASAL SPRAY, NON-AEROSOL	3	
phenylephrine hcl ophthalmic (eye) drops	1 or 1b*	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
PHOTREXA CROSS- LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOSUS	3	
PHOTREXA VISCOSUS OPHTHALMIC (EYE) DROPS, VISCOSUS	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1 or 1b*	
PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
prednisolone acetate ophthalmic (eye) drops, suspension	1 or 1b*	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSION	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC (EYE) DROPS	3	

Drug Name	Tier	Notes
PROLENSA OPHTHALMIC (EYE) DROPS	3	
proparacaine ophthalmic (eye) drops	1 or 1b*	
PROVISC INTRAOCULAR SYRINGE	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
RETISERT INTRAVITREAL IMPLANT	3	PA; QL; SP
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION	2	
SINUVA SINUS IMPLANT	3	LD
tetcaine ophthalmic (eye) drops	1 or 1b*	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
TRAVATAN Z OPHTHALMIC (EYE) DROPS	2		AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3		AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
tropicamide ophthalmic (eye) drops	1 or 1b*		AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
TRUSOPT OPHTHALMIC (EYE) DROPS	3		AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
TYZINE NASAL DROPS 0.1 %	3		AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TYZINE NASAL SPRAY, NON-AEROSOL	3		AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
VISCOAT INTRAOCULAR SYRINGE	3		AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	3	
VISIONBLUE INTRAOCULAR SYRINGE	3		AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
VYZULTA OPHTHALMIC (EYE) DROPS	3		AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
XALATAN OPHTHALMIC (EYE) DROPS	3		AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3		AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	3	
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	PA; QL	AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
XXIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL			
YUTIQ INTRAVITREAL IMPLANT	3	PA; QL; SP			
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL			
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3				
ELECT/CALORIC/H2O					
ADDAMEL N INTRAVENOUS SOLUTION	3				
AMINOPROTECT INTRAVENOUS SOLUTION	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
ARGININE-LYSINE IN 0.9 % NaCl INTRAVENOUS SOLUTION	3		CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
AURYXIA ORAL TABLET	3	ST; QL	CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
BAQSIMI NASAL SPRAY, NON-AEROSOL	3		CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
bd posiflush normal saline 0.9 injection syringe	1 or 1b*		CLINIMIX 5% D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
bd pre-filled normal saline injection syringe	1 or 1b*		CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
bd pre-filled saline blunt can injection syringe	1 or 1b*		CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
calcium acetate oral capsule	1 or 1b*		CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
calcium acetate oral tablet 667 mg	1 or 1b*		CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
calcium chloride intravenous solution	1 or 1b*		CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
calcium chloride intravenous syringe	1 or 1b*				
CALCIUM GLUC IN NaCl, ISO-OSM INTRAVENOUS SOLUTION	3				
CALCIUM GLUCONATE IN 0.9% NaCl INTRAVENOUS SOLUTION 1 GRAM/100 ML	3				
CALCIUM GLUCONATE IN WATER INTRAVENOUS SYRINGE	3				
calcium gluconate intravenous solution	1 or 1b*				
chromium chloride intravenous solution	1 or 1b*				
CITRANATAL BLOOM ORAL TABLET	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3		dentagel dental gel	1 or 1a*	
CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	3		DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	3		dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	3		DEXTROSE 20 % IN WATER (D20W) INTRAVENOUS PARENTERAL SOLUTION	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3		dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
copper chloride intravenous solution	1 or 1b*		dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	
cysteine (l-cysteine) intravenous solution	1 or 1b*		DEXTROSE 40 % IN WATER (D40W) INTRAVENOUS PARENTERAL SOLUTION	3	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*		dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*		DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	3	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*		dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*		dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	
delflex with 2.5 % dextrose intraperitoneal solution	1 or 1b*		dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1 or 1b*	
delflex-lc/1.5% dextrose intraperitoneal solution	1 or 1b*		DEXTROSE 5%-0.3 % SOD.CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
delflex-lc/2.5% dextrose intraperitoneal solution	1 or 1b*		dextrose 50 % in water (d50w) intravenous parenteral solution	1 or 1b*	
delflex-lc/4.25% dextrose intraperitoneal solution	1 or 1b*		dextrose 50 % in water (d50w) intravenous syringe	1 or 1b*	
DEFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2		dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3		FOSRENOL ORAL POWDER IN PACKET	3	ST; QL
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3		FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION	3		FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION	3		FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3		GLUCAGEN HYPOKIT INJECTION RECON SOLN	2	
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3		GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	2	
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION	3		GLYCOPHOS INTRAVENOUS SOLUTION	3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION	3		HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3		HYPERTONIC CR INTRAVENOUS SOLUTION	3	
effer-k oral tablet, effervescent 25 meq	1 or 1b*		INFED INJECTION SOLUTION	3	
ELCYS INTRAVENOUS SOLUTION	3		INJECTAFER INTRAVENOUS SOLUTION	3	
ELECTROLYTE-48 IN D5W INTRAVENOUS PARENTERAL SOLUTION	3		IODOPEN INTRAVENOUS SOLUTION	3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION	3		IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
FERAHEME INTRAVENOUS SOLUTION	3		IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
FERRLECIT INTRAVENOUS SOLUTION	3		ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3		MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/150 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 6 GRAM/100 ML (60 MG/ML), 6 GRAM/150 ML (40 MG/ML), 6 GRAM/50 ML	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3		MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS SOLUTION 20 GRAM/290 ML (69 MG/ML)	3	
KABIVEN INTRAVENOUS EMULSION	3		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/50 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
klor-con 10 oral tablet extended release	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 50 GRAM/500 ML	3	
klor-con 8 oral tablet extended release	1 or 1b*		MAGNESIUM SULFATE IN LR INTRAVENOUS SOLUTION 10 GRAM/250 ML, 20 GRAM/500 ML, 25 GRAM/250 ML, 40 GRAM/1,000 ML, 40 GRAM/500 ML, 50 GRAM/500 ML	3	
klor-con m10 oral tablet,er particles/crystals	1 or 1a*		MAGNESIUM SULFATE IN WATER INTRAVENOUS PARENTERAL SOLUTION	3	
klor-con m15 oral tablet,er particles/crystals	1 or 1a*		MAGNESIUM SULFATE IN WATER INTRAVENOUS PIGGYBACK	3	
klor-con m20 oral tablet,er particles/crystals	1 or 1a*		magnesium sulfate injection solution	1 or 1b*	
klor-con oral packet	1 or 1b*		magnesium sulfate injection syringe	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	3				
lactated ringers intravenous parenteral solution	1 or 1b*				
lanthanum oral tablet,chewable	1 or 1b*				
LIQUIVIDA HYDRATION KIT INTRAVENOUS KIT	3				
LOKELMA ORAL POWDER IN PACKET	3				
lugols oral solution	1 or 1b*				
magnesium chloride injection solution	1 or 1b*				

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
manganese chloride intravenous solution	1 or 1b*	
manganese sulfate intravenous solution	1 or 1b*	
monoject 0.9% sodium chloride injection syringe	1 or 1b*	
monoject prefill advanced ns injection syringe	1 or 1b*	
<b>MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION</b>	3	
<b>MULTITRACE-4 INTRAVENOUS SOLUTION</b>	3	
<b>MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION</b>	3	
<b>MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>MULTITRACE-5 CONCENTRATE INTRAVENOUS SOLUTION</b>	3	
<b>MULTITRACE-5 INTRAVENOUS SOLUTION</b>	3	
<b>NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>NEUT INTRAVENOUS SOLUTION</b>	3	
normal saline flush injection syringe	1 or 1b*	
<b>NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION</b>	3	
nutrilyte intravenous solution	1 or 1b*	
<b>PEDITRACE INTRAVENOUS SOLUTION</b>	3	
<b>PERIKABIVEN INTRAVENOUS EMULSION</b>	3	
<b>PHOSLYRA ORAL SOLUTION</b>	3	ST; QL
<b>PHOXILLUM B22K HEMODIALYSIS SOLUTION</b>	3	
<b>PHOXILLUM BK HEMODIALYSIS SOLUTION</b>	3	
<b>PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>PLENAMINE INTRAVENOUS PARENTERAL SOLUTION</b>	3	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1 or 1b*	
<b>POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/250 ML (80 MEQ/L)</b>	3	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1 or 1b*	
<b>POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PIGGYBACK</b>	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1 or 1b*		PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
<b>POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION</b>	3		PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride in water intravenous piggyback	1 or 1b*		PREVENT 5000 BOOSTER PLUS DENTAL PASTE	3	
<b>POTASSIUM CHLORIDE IN WATER INTRAVENOUS SYRINGE</b>	3		PREVENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
<b>POTASSIUM CHLORIDE INTRAVENOUS SOLUTION</b>	3		PREVENT DENTAL GEL	3	
potassium chloride oral capsule, extended release	1 or 1b*		PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L - MG 1.5 MEQ/L	3	
potassium chloride oral liquid	1 or 1b*		PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L), K (2 MEQ/L) - CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L), K (4 MEQ/L)-CA (2.5)-MG (1.5)	3	
potassium chloride oral packet	1 or 1b*		PRISMASOL BK HEMODIALYSIS SOLUTION	3	
potassium chloride oral tablet extended release	1 or 1b*		PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride oral tablet,er particles/crystals	1 or 1a*		PROGLYCEM ORAL SUSPENSION	3	
potassium chloride-0.45 % nacl intravenous parenteral solution	1 or 1b*		PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1 or 1b*		RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG- 980.4MG/30ML	3	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1 or 1b*		RENAGEL ORAL TABLET 800 MG	3	ST; QL
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1 or 1b*		RENVELA ORAL POWDER IN PACKET	3	ST; QL
<b>POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 40 MEQ/L</b>	3		RENVELA ORAL TABLET	3	ST; QL
potassium citrate oral tablet extended release	1 or 1b*				
<b>POTASSIUM CL-LIDO-0.9 % NACL INTRAVENOUS PIGGYBACK</b>	3				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ringer's intravenous parenteral solution	1 or 1b*		sodium chloride 5 % intravenous parenteral solution	1 or 1b*	
<b>SACCHARIN POWDER</b>	3		sodium chloride injection syringe	1 or 1b*	
<b>SELENIOUS ACID INTRAVENOUS SOLUTION</b>	3		sodium chloride intravenous parenteral solution	1 or 1b*	
selenium intravenous solution	1 or 1b*		sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
sevelamer carbonate oral powder in packet	1 or 1b*		<b>SODIUM LACTATE INTRAVENOUS SOLUTION</b>	3	
sevelamer carbonate oral tablet	1 or 1b*		<b>SODIUM PHOSPHATE IN 0.9 % NACL INTRAVENOUS SOLUTION 15 MMOL/100 ML, 15 MMOL/250 ML, 30 MMOL/250 ML</b>	3	
sevelamer hcl oral tablet	1 or 1b*		<b>SODIUM PHOSPHATE IN D5W INTRAVENOUS SOLUTION</b>	3	
sf dental gel	1 or 1a*		sodium phosphate intravenous solution	1 or 1b*	
<b>SHOHL'S MODIFIED ORAL SOLUTION</b>	3		sodium polystyrene sulfonate oral powder	1 or 1b*	
<b>SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML</b>	3		sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium acetate intravenous solution 4 meq/ml	1 or 1b*		sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1 or 1b*	
<b>SODIUM BICARBONATE IN D5W INTRAVENOUS SOLUTION 150 MEQ/1,000 ML</b>	3		<b>SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML</b>	3	
sodium bicarbonate intravenous solution	1 or 1b*		sps (with sorbitol) oral suspension	1 or 1b*	
sodium bicarbonate intravenous syringe	1 or 1b*		sps (with sorbitol) rectal enema	1 or 1b*	
sodium chloride 0.45 % intravenous parenteral solution	1 or 1b*		<b>SSKI ORAL SOLUTION</b>	3	
sodium chloride 0.45 % intravenous piggyback	1 or 1b*		<b>SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP</b>	3	
sodium chloride 0.9 % (flush) injection syringe	1 or 1b*		<b>SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION</b>	3	
<b>SODIUM CHLORIDE 0.9 % (FLUSH) INJECTION SYRINGE, WITH SWAB CAP</b>	3		<b>THAM INTRAVENOUS SOLUTION</b>	3	
sodium chloride 0.9 % injection solution	1 or 1b*		<b>TPN ELECTROLYTES II INTRAVENOUS SOLUTION</b>	3	
sodium chloride 0.9 % intravenous parenteral solution	1 or 1b*				
sodium chloride 0.9 % intravenous piggyback	1 or 1b*				
sodium chloride 3 % intravenous parenteral solution	1 or 1b*				

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Drug Name	Tier	Notes
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION	3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
UROQID-ACID NO.2 ORAL TABLET	3	

Drug Name	Tier	Notes
VELPHORO ORAL TABLET,CHEWABLE	3	ST; QL
VELTASSA ORAL POWDER IN PACKET	3	SP
VENOFER INTRAVENOUS SOLUTION	3	
XURIDEN ORAL GRANULES IN PACKET	3	PA; QL; LD
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
<b>GASTROINTESTINAL</b>		
ACTIGALL ORAL CAPSULE	3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	PA; QL
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	
alosetron oral tablet	1 or 1b*	PA; QL
ALOXI INTRAVENOUS SOLUTION	3	PA; QL
AMITIZA ORAL CAPSULE	2	
AMMONUL INTRAVENOUS SOLUTION	3	
amoxicil-clarithromy-lansopraz oral combo pack	1 or 1b*	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANASPAZ ORAL TABLET,DISINTEGRATING	3	
aprepitant oral capsule	1 or 1b*	
aprepitant oral capsule,dose pack	1 or 1b*	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL

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Drug Name	Tier	Notes
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE	3	
atropine injection solution	1 or 1b*	
atropine injection syringe 0.05 mg/ml	1 or 1b*	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AZULFIDINE ORAL TABLET	3	
balsalazide oral capsule	1 or 1b*	
BENTYL INTRAMUSCULAR SOLUTION	3	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
BUPHENYL ORAL POWDER	3	PA; QL
BUPHENYL ORAL TABLET	3	PA; QL
CANASA RECTAL SUPPOSITORY	3	
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
CESAMET ORAL CAPSULE	3	
CHENODAL ORAL TABLET	3	PA; QL; LD
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	
CINVANTI INTRAVENOUS EMULSION	3	PA; QL
CLENPIQ ORAL SOLUTION	3	
CLINOLIPID INTRAVENOUS EMULSION	3	
COLAZAL ORAL CAPSULE	3	

Drug Name	Tier	Notes
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPАЗИNE ORAL TABLET	3	
COMPАЗИNE RECTAL SUPPOSITORY	3	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
CUVPOSA ORAL SOLUTION	3	
CYTOTEC ORAL TABLET	3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; QL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
dicyclomine intramuscular solution	1 or 1b*	
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
DIMENHYDRINATE INJECTION SOLUTION	3	
DIPENTUM ORAL CAPSULE	3	ST; QL
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)	1 or 1b*	PA; QL
dronabinol oral capsule	1 or 1b*	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	PA; QL
EMEND ORAL CAPSULE	3	
EMEND ORAL CAPSULE,DOSE PACK	3	

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Drug Name	Tier	Notes
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTEREG ORAL CAPSULE	3	
ENTYVIO INTRAVENOUS RECON SOLN	3	PA; QL; SP
enulose oral solution	1 or 1b*	
esomeprazole sodium intravenous recon soln	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1 or 1b*	
FAMOTIDINE IN 0.9 % NACL INTRAVENOUS SYRINGE 20 MG/10 ML	3	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
fosaprepitant intravenous recon soln	1 or 1b*	PA; QL
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
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*	
GLYCATE ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
GLYCOPYRROLATE (PF) IN WATER INTRAVENOUS SYRINGE	3	
glycopyrrolate injection solution	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SYRINGE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	

Drug Name	Tier	Notes
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GLYRX-PF INJECTION SOLUTION	3	
GOLYTELY ORAL POWDER IN PACKET	3	
GOLYTELY ORAL RECON SOLN	3	
gransetron (pf) intravenous solution	1 or 1b*	
gransetron hcl intravenous solution	1 or 1b*	
gransetron hcl oral tablet	1 or 1b*	QL
hydrocortisone-pramoxine rectal cream 1-1 %	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	
KEPIVANCE INTRAVENOUS RECON SOLN	3	LD
KINEVAC INJECTION RECON SOLN	3	
KRISTALOSE ORAL PACKET	3	
lactulose oral packet	1 or 1b*	
lactulose oral solution	1 or 1b*	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
LIBRAX (WITH CLIDINIMUM) ORAL CAPSULE	3	
LINZESS ORAL CAPSULE	2	
LITHOSTAT ORAL TABLET	3	
LOMOTIL ORAL TABLET	3	
loperamide oral capsule	1 or 1b*	
LOTRONEX ORAL TABLET	3	PA; QL
MARINOL ORAL CAPSULE	3	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
mesalamine oral capsule (with del rel tablets)	1 or 1b*	
mesalamine oral tablet,delayed release (dr/ec)	1 or 1b*	
mesalamine rectal enema	1 or 1b*	
mesalamine rectal suppository	1 or 1b*	
mesalamine with cleansing wipe rectal enema kit	1 or 1b*	
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*	
<b>METOCLOPRAMIDE HCL ORAL TABLET,DISINTEGRATING 10 MG</b>	3	
metoclopramide hcl oral tablet,disintegrating 5 mg	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
<b>MOTOFEN ORAL TABLET</b>	3	
<b>MOVIPREP ORAL POWDER IN PACKET</b>	3	
<b>MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	3	PA; QL
<b>NEXIUM IV INTRAVENOUS RECON SOLN 40 MG</b>	3	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
<b>NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN</b>	3	
<b>NUTRILIPID INTRAVENOUS EMULSION</b>	3	
<b>NUTRIPORT BALLOON KIT</b>	2	
<b>OCALIVA ORAL TABLET</b>	3	PA; QL; LD; SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>OMEGAVEN INTRAVENOUS EMULSION</b>	3	
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
ondansetron hcl (pf) injection solution	1 or 1b*	
ondansetron hcl (pf) injection syringe	1 or 1b*	
ondansetron hcl intravenous solution	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ondansetron oral tablet,disintegrating	1 or 1b*	QL
<b>OSMOPREP ORAL TABLET</b>	3	
<b>PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML</b>	3	PA; QL
palonosetron intravenous solution 0.25 mg/5 ml	1 or 1b*	PA; QL
palonosetron intravenous syringe	1 or 1b*	PA; QL
<b>PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT</b>	3	ST; QL
pantoprazole intravenous recon soln	1 or 1b*	
pantoprazole oral tablet,delayed release (dr/ec)	1 or 1b*	QL
peg 3350-electrolytes oral recon soln	1 or 1a*	\$0
peg-electrolyte soln oral recon soln	1 or 1a*	\$0
peg-prep oral kit	1 or 1b*	\$0
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE</b>	2	
<b>PEPCID ORAL TABLET</b>	3	
<b>PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)</b>	3	ST; QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
phenadoz rectal suppository	1 or 1b*	
phenergan rectal suppository	1 or 1b*	
<b>PLENVU ORAL POWDER IN PACKET, SEQUENTIAL</b>	3	
<b>PREPOPIK ORAL POWDER IN PACKET</b>	3	
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
<b>PROCTOFOAM HC RECTAL FOAM</b>	3	
promethazine rectal suppository	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
propantheline oral tablet	1 or 1b*	
<b>PROTONIX INTRAVENOUS RECON SOLN</b>	3	
<b>PYLERA ORAL CAPSULE</b>	3	
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*	
<b>RAVICTI ORAL LIQUID</b>	3	PA; QL; LD; SP
<b>RECTIV RECTAL OINTMENT</b>	3	
<b>REGLAN ORAL TABLET</b>	3	
<b>ROWASA RECTAL ENEMA KIT</b>	3	
<b>SANCUSO TRANSDERMAL PATCH WEEKLY</b>	3	QL
scopolamine base transdermal patch 3 day	1 or 1b*	
<b>SENSURA CLICK OSTOMY POUCH</b>	3	
<b>SENSURA OSTOMY BASE PLATE</b>	3	
<b>SFROWASA RECTAL ENEMA</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SMOFLIPID INTRAVENOUS EMULSION</b>	3	
sodium benzoate-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	PA; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; QL
<b>SUCRAID ORAL SOLUTION</b>	3	PA; QL; LD
sucralfate oral tablet	1 or 1b*	
sulfasalazine oral tablet	1 or 1b*	
sulfasalazine oral tablet,delayed release (dr/ec)	1 or 1b*	
<b>SUPREP BOWEL PREP KIT ORAL RECON SOLN</b>	2	
<b>SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING</b>	3	
symax fastabs oral tablet,disintegrating	1 or 1b*	
<b>SYNDROS ORAL SOLUTION</b>	3	
<b>TIGAN INTRAMUSCULAR SOLUTION</b>	3	
<b>TIGAN ORAL CAPSULE 300 MG</b>	3	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY</b>	3	
trilyte with flavor packets oral recon soln	1 or 1a*	\$0
trimethobenzamide oral capsule	1 or 1b*	
<b>URSO 250 ORAL TABLET</b>	3	
<b>URSO FORTE ORAL TABLET</b>	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
<b>VARUBI INTRAVENOUS EMULSION</b>	3	
<b>VARUBI ORAL TABLET</b>	3	
<b>VIBERZI ORAL TABLET</b>	3	PA; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
VIOKACE ORAL TABLET	3		ANDROID ORAL CAPSULE	3	
XERMELO ORAL TABLET	3	PA; QL; LD	ANGELIQ ORAL TABLET	3	
ZANTAC INJECTION SOLUTION	3		ARISTOSSPAN INTRA-ARTICULAR INJECTION SUSPENSION	3	
ZANTAC ORAL TABLET 300 MG	3		ARISTOSSPAN INTRALESIONAL INJECTION SUSPENSION	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		AVEED INTRAMUSCULAR SOLUTION	3	PA; QL; LD
ZOFRAN ORAL TABLET	3	QL	AYGESTIN ORAL TABLET	3	
ZUPLENZ ORAL FILM	3	QL	BETAMETH AC,SOD PHOS(PF)-WATER INJECTION SUSPENSION	3	
<b>HORMONES</b>			BETAMETHASONE ACE,SOD PHOS-WTR INJECTION SUSPENSION	3	
ACTHAR INJECTION GEL	3	PA; QL; SP	betamethasone acet,sod phos injection suspension	1 or 1b*	
ACTHREL INTRAVENOUS RECON SOLN	3		BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION	3	
ACTIVE INJECTION KIT D (PF) INJECTION KIT	3		BIJUVA ORAL CAPSULE	3	ST; QL
ACTIVELLA ORAL TABLET	3		BRAVELLE INJECTION RECON SOLN	3	ST; QL; SP
a-hydrocort injection recon soln	1 or 1b*		budesonide oral capsule,delayed,extend.release	1 or 1b*	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3		budesonide oral tablet,delayed and ext.release	1 or 1b*	
amabelz oral tablet	1 or 1b*		cabergoline oral tablet	1 or 1b*	
ANADROL-50 ORAL TABLET	3		calcitonin (salmon) nasal spray,non-aerosol	1 or 1b*	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL	CARBOPROST TROMETHAMINE INTRAMUSCULAR SOLUTION	3	
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL	CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
ANDROGEL TRANSDERMAL GEL IN PACKET	3	PA; QL	CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	

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

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Drug Name	Tier	Notes
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; QL; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
clomiphene citrate oral tablet	1 or 1b*	PA; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
CORTEF ORAL TABLET	3	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
cortisone oral tablet	1 or 1b*	
CORTROSYN INJECTION RECON SOLN	3	
cosyntropin injection recon soln	1 or 1b*	
CRINONE VAGINAL GEL 4 %	3	SP
CRINONE VAGINAL GEL 8 %	3	PA; QL; SP
danazol oral capsule	1 or 1b*	
DDAVP INJECTION SOLUTION	3	
DDAVP NASAL SOLUTION	3	
DDAVP NASAL SPRAY WITH PUMP	3	
DDAVP ORAL TABLET	3	
decadron oral elixir	1 or 1a*	
decadron oral tablet	1 or 1a*	
DELESTROGEN INTRAMUSCULAR OIL	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	

Drug Name	Tier	Notes
DEPO-MEDROL INJECTION SUSPENSION	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA; QL
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 AC, SOD PH-WATER INJECTION SUSPENSION	3	
DEXAMETHASONE ACE-NACL,ISO-OSM INJECTION SUSPENSION	3	
DEXAMETHASONE IN 0.9 % SOD CHL INTRAVENOUS PIGGYBACK 10 MG/50 ML	3	
DEXAMETHASONE INTENSOL ORAL DROPS	2	
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*	
dexamethasone sodium phosphate injection syringe	1 or 1b*	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK	3	
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK	3	
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK	3	

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

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Drug Name	Tier	Notes
DIVIGEL TRANSDERMAL GEL IN PACKET	2	
dotti transdermal patch semiweekly	1 or 1b*	
DUAVEE ORAL TABLET	3	PA; QL
DXEVO ORAL TABLETS,DOSE PACK	3	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PA; QL
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
EMFLAZA ORAL SUSPENSION	3	PA; QL; LD; SP
EMFLAZA ORAL TABLET	3	PA; QL; LD; SP
ENDOMETRIN VAGINAL INSERT	3	PA; QL
ENTOCORT EC ORAL CAPSULE,DELAYED,EX TEND.RELEASE	3	
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
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*	
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL	2	
FEMHRT LOW DOSE ORAL TABLET	3	

Drug Name	Tier	Notes
FEMRING VAGINAL RING	3	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
GANIRELIX SUBCUTANEOUS SYRINGE	3	PA; QL; SP
GIAPREZA INTRAVENOUS SOLUTION	3	
GONAL-F RFF REDI- JECT SUBCUTANEOUS PEN INJECTOR	3	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	3	SP
GONAL-F SUBCUTANEOUS RECON SOLN	3	SP
HEMABATE INTRAMUSCULAR SOLUTION	3	
HUMATROPE INJECTION CARTRIDGE	3	PA; QL; SP
HUMATROPE INJECTION RECON SOLN	3	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone rectal enema	1 or 1b*	
hydroxyprogesterone(pf)(preg presv) intramuscular oil	1 or 1b*	PA; QL; SP
hydroxyprogesterone cap(ppres) intramuscular oil	1 or 1b*	PA; QL; SP
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
INTRAROSA VAGINAL INSERT	3	ST; QL
jinteli oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	

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Drug Name	Tier	Notes
KENALOG-80 INJECTION SUSPENSION	3	
LIDOCIDEX-I INJECTION SOLUTION	3	
LIDOCILINE I INJECTION SUSPENSION	3	
lopreeza oral tablet	1 or 1b*	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	3	PA; QL; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	3	PA; QL; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; QL; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; QL; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT	3	PA; QL; SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
MAKENA INTRAMUSCULAR OIL	3	PA; QL; LD; SP
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
medroxyprogesterone oral tablet	1 or 1a*	
MENEST ORAL TABLET	2	
MENOPUR SUBCUTANEOUS RECON SOLN	3	PA; QL; SP

Drug Name	Tier	Notes
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
methergine oral tablet	1 or 1b*	
METHITEST ORAL TABLET	3	
METHYLERGONOVINE INJECTION SOLUTION	3	
methylergonovine oral tablet	1 or 1b*	
METHYLPRED AC(PF)-NACL,ISO-OSM INJECTION SUSPENSION	3	
METHYLPREDNISOL AC-BUPIVAC-WAT INJECTION SUSPENSION	3	
methylprednisolone acetate injection suspension	1 or 1b*	
METHYLPREDNISOLON E ACET-WATER INJECTION SUSPENSION 50 MG/ML	3	
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	1 or 1b*	
MIACALCIN INJECTION SOLUTION	3	
MILLIPRED DP ORAL TABLETS,DOSE PACK	3	
MILLIPRED ORAL TABLET	3	
mimvey lo oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	
MYALEPT SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP

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

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Drug Name	Tier	Notes
NANDROLONE DECANOATE INTRAMUSCULAR OIL	3	
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL	3	PA; QL
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*	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; QL; SP
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	2	SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
octreotide acetate injection solution	1 or 1b*	PA; QL; SP
octreotide acetate injection syringe	1 or 1b*	PA; QL; SP
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
ORILISSA ORAL TABLET	3	PA; QL
OVIDREL SUBCUTANEOUS SYRINGE	3	PA; QL; SP
OXANDRIN ORAL TABLET	3	PA; QL
oxandrolone oral tablet	1 or 1b*	PA; QL

Drug Name	Tier	Notes
OXYTOCIN IN 0.9 % SOD CHLORIDE INTRAVENOUS SOLUTION 20 UNIT/1000 ML, 20 UNIT/500 ML, 30 UNIT/1000 ML, 30 UNIT/500 ML, 40 UNIT/1000 ML	3	
OXYTOCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 20 UNIT/1,000 ML, 30 UNIT/500 ML	3	
OXYTOCIN IN LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/1,000 ML, 30 UNIT/500 ML	3	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION	3	
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	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablets,dose pack	1 or 1a*	
PREFEST ORAL TABLET	3	
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
PREMARIN INJECTION RECON SOLN	2	
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PREMPHASE ORAL TABLET	2		SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
PREMPRO ORAL TABLET	2		SOLU-MEDROL INTRAVENOUS RECON SOLN	3	
PREPIDIL VAGINAL GEL	3		SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; QL; SP
progesterone intramuscular oil	1 or 1b*		STIMATE NASAL SPRAY, NON-AEROSOL	3	
progesterone micronized oral capsule	1 or 1b*		STRIANT Buccal MUCOADHESIVE SYSTEM ER 12 HR	3	PA; QL
PROMETRIUM ORAL CAPSULE	3		SUPRELIN LA IMPLANT KIT	3	PA; QL; SP
PROSTIN E2 VAGINAL SUPPOSITORY	3		SYNAREL NASAL SPRAY, NON-AEROSOL	3	PA; QL; SP
PROVERA ORAL TABLET 10 MG, 5 MG	3		TAPERDEX ORAL TABLETS, DOSE PACK	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; QL; SP	TESTOPEL IMPLANT PELLET	3	PA; QL; LD
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	3	PA; QL; SP	testosterone cypionate intramuscular oil	1 or 1b*	PA; QL
serophene oral tablet	1 or 1b*	PA; QL	testosterone enanthate intramuscular oil	1 or 1b*	PA; QL
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; QL	testosterone transdermal gel	1 or 1b*	PA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 30 MG	3	PA; QL; SP	testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)	1 or 1b*	PA; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	3	PA; QL; LD; SP	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)	1 or 1b*	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP	testosterone transdermal solution in metered pump w/app	1 or 1b*	PA; QL
SOLU-CORTEF (PF) INJECTION RECON SOLN	3		TESTRED ORAL CAPSULE	3	
SOLU-CORTEF INJECTION RECON SOLN	3		TRIAMCINOL AC (PF) IN 0.9%NACL INJECTION SUSPENSION	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3		TRIAMCINOL ACE-BUPIV-0.9% NACL INJECTION SUSPENSION	3	

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

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Drug Name	Tier	Notes
TRIAMCINOLONE ACETON-0.9% NACL INJECTION SUSPENSION	3	
triamcinolone acetonide injection suspension	1 or 1b*	
TRIAMCINOLONE DIA(PF)-0.9%NACL INJECTION SUSPENSION	3	
TRIAMCINOLONE DIACET-0.9% NACL INJECTION SUSPENSION	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; LD
TYMLOS SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	3	
VAGIFEM VAGINAL TABLET	3	
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 100 UNIT/250 ML (0.4 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML), 50 UNIT/250 ML (0.2 UNIT/ML), 60 UNIT/100 ML (0.6 UNIT/ML)	3	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 25 UNIT/250 ML (0.1 UNIT/ML), 60 UNIT/100 ML (0.6 UNIT/ML)	3	
VASOSTRICT INTRAVENOUS SOLUTION	3	
VERIPRED 20 ORAL SOLUTION	3	

Drug Name	Tier	Notes
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
yuvafem vaginal tablet	1 or 1b*	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON	3	LD
ZORBTIVE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	SP
ATGAM INTRAVENOUS SOLUTION	3	SP
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION RECON SOLN	3	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	SP
CELLCEPT ORAL CAPSULE	2	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	SP
CELLCEPT ORAL TABLET	2	SP
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	SP
cyclosporine modified oral solution	1 or 1b*	SP
cyclosporine oral capsule	1 or 1b*	SP
DUPIXENT SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELIDEL TOPICAL CREAM	3	ST; QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	SP
GAMIFANT INTRAVENOUS SOLUTION	3	PA; QL
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	SP
gengraf oral solution	1 or 1b*	SP
<b>IMURAN ORAL TABLET</b>	<b>3</b>	
mycophenolate mofetil hcl intravenous recon soln	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	SP
mycophenolate mofetil oral suspension for reconstitution	1 or 1b*	SP
mycophenolate mofetil oral tablet	1 or 1b*	SP
mycophenolate sodium oral tablet,delayed release (dr/ec)	1 or 1b*	SP
<b>MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	<b>3</b>	SP
<b>NEORAL ORAL CAPSULE</b>	<b>2</b>	SP
<b>NEORAL ORAL SOLUTION</b>	<b>2</b>	SP
<b>NULOJIX INTRAVENOUS RECON SOLN</b>	<b>3</b>	PA; QL; SP
pimecrolimus topical cream	1 or 1b*	ST; QL
<b>PROGRAF INTRAVENOUS SOLUTION</b>	<b>2</b>	SP
<b>PROGRAF ORAL CAPSULE</b>	<b>2</b>	SP
<b>PROGRAF ORAL GRANULES IN PACKET</b>	<b>3</b>	SP
<b>PROTOPIC TOPICAL OINTMENT</b>	<b>3</b>	ST; QL
<b>RAPAMUNE ORAL SOLUTION</b>	<b>3</b>	SP
<b>RAPAMUNE ORAL TABLET</b>	<b>2</b>	SP
<b>SANDIMMUNE INTRAVENOUS SOLUTION</b>	<b>3</b>	SP
<b>SANDIMMUNE ORAL CAPSULE</b>	<b>2</b>	SP

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SANDIMMUNE ORAL SOLUTION</b>	<b>2</b>	SP
<b>SIMULECT INTRAVENOUS RECON SOLN</b>	<b>3</b>	SP
sirolimus oral solution	1 or 1b*	SP
sirolimus oral tablet	1 or 1b*	SP
<b>STELARA INTRAVENOUS SOLUTION</b>	<b>3</b>	PA; QL; SP
<b>STELARA SUBCUTANEOUS SOLUTION</b>	<b>3</b>	PA; QL; SP
<b>STELARA SUBCUTANEOUS SYRINGE</b>	<b>3</b>	PA; QL; SP
tacrolimus oral capsule	1 or 1b*	SP
tacrolimus topical ointment	1 or 1b*	ST; QL
<b>THYMOGLOBULIN INTRAVENOUS RECON SOLN</b>	<b>3</b>	SP
<b>ZORTRESS ORAL TABLET</b>	<b>2</b>	SP
<b>MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG</b>		
<b>1ST TIER UNIFINE PENTIPS NEEDLE</b>	<b>3</b>	ST; QL
<b>1ST TIER UNIFINE PENTIPS PLUS NEEDLE</b>	<b>3</b>	ST; QL
<b>1ST TIER UNILET COMFORTOUCH</b>	<b>2</b>	
<b>2-IN-1 LANCET DEVICE</b>	<b>2</b>	
<b>ACCU-CHEK FASTCLIX LANCET DRUM</b>	<b>2</b>	
<b>ACCU-CHEK FASTCLIX LANCING DEV KIT</b>	<b>2</b>	
<b>ACCU-CHEK MULTICLIX LANCET</b>	<b>2</b>	
<b>ACCU-CHEK MULTICLIX LANCET KIT</b>	<b>2</b>	
<b>ACCU-CHEK SAFE-T-PRO</b>	<b>2</b>	
<b>ACCU-CHEK SAFE-T-PRO PLUS</b>	<b>2</b>	
<b>ACCU-CHEK SOFT DEV LANCETS KIT</b>	<b>2</b>	

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

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Drug Name	Tier	Notes
ACCU-CHEK SOFTCLIX LANCETS	2	
ACTI-LANCE LANCETS	2	
ADVANCED LANCING DEVICE KIT	2	
ADVANCED TRAVEL LANCETS	2	
ADVOCATE LANCET	2	
ADVOCATE PEN NEEDLE NEEDLE	3	ST; QL
ADVOCATE SYRINGES SYRINGE	3	ST; QL
ALTERNATE SITE LANCET	2	
ASSURE HAEMOLANCE PLUS	2	
ASSURE ID INSULIN SAFETY SYRINGE	3	ST; QL
ASSURE ID PEN NEEDLE NEEDLE	3	
ASSURE LANCE	2	
ASSURE LANCE PLUS	2	
AUTOLET IMPRESSION LANC DEV KIT	2	
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	

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD MICROTAINER LANCET	2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE	2	ST; QL
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE II LANCETS	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	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
BULLSEYE MINI SAFETY LANCETS	2		EASY COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
CAREFINE PEN NEEDLE NEEDLE	3	ST; QL	EASY COMFORT LANCETS	2	
CAREONE ULTRA THIN LANCET	2		EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST; QL
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16	3		EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	
CARETOUCH PEN NEEDLE NEEDLE	3	ST; QL	EASY GLIDE PEN NEEDLE NEEDLE	3	ST; QL
CARETOUCH TWIST LANCET	2		EASY TOUCH FLIPLOCK INSULIN SYRINGE	3	ST; QL
CLEVER CHEK LANCETS	2		EASY TOUCH INSULIN SAFETY SYR SYRINGE	3	ST; QL
CLICKFINE PEN NEEDLE NEEDLE	3	ST; QL	EASY TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
COAGUCHEK LANCETS	2		EASY TOUCH LANCETS	2	
COLOR LANCETS	2		EASY TOUCH LUER LOCK INSULIN SYRINGE	3	
COMFORT EZ INSULIN SYRINGE SYRINGE	3	ST; QL	EASY TOUCH NEEDLE	3	ST; QL
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	2		EASY TOUCH PEN NEEDLE NEEDLE	3	ST; QL
COMFORT EZ PEN NEEDLES NEEDLE	3	ST; QL	EASY TOUCH SAFETY LANCETS	2	
COMFORT LANCETS	2		EASY TOUCH SHEATHLOCK INSULIN SYRINGE	3	ST; QL
DROPLET INSULIN SYR HALF UNIT SYRINGE	3		EASY TOUCH TWIST LANCETS	2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3		EASY TOUCH UNI-SLIP SYRINGE 1 ML	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	EASY TWIST AND CAP LANCETS	2	
DROPLET LANCETS	2		EMBRACE LANCETS	2	
DROPLET PEN NEEDLE NEEDLE	3	ST; QL	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
DROPSAFE PEN NEEDLE NEEDLE	3		E-Z JECT LANCETS	2	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
E-Z JECT THIN LANCETS	2		INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
EZ SMART LANCETS	2		INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	3	ST; QL
FIFTY50 SAFETY SEAL LANCETS	2		insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	1 or 1b*	
FINE 30 UNIVERSAL LANCETS	2		INSUPEN NEEDLE	3	ST; QL
FINGERSTIX LANCETS	2		INVACARE LANCETS	2	
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK	3		LANCETS	2	
FORACARE LANCETS	2		LANCETS, SUPER THIN	2	
FREESTYLE LANCETS	2		LANCETS,THIN	2	
FREESTYLE PRECISION SYRINGE	3	ST; QL	LANCETS,ULTRA THIN	2	
FREESTYLE UNISTIK 2	2		LANCING DEVICE WITH LANCETS KIT	2	
GENTEEL VACUUM LANCING DEVICE COMBO PACK	2		LANZO LANCING DEVICE KIT	2	
GLUCOCOM LANCETS	2		LITE TOUCH INSULIN PEN NEEDLES NEEDLE	3	ST; QL
HEALTHWISE INSULIN SYRINGE SYRINGE	3		LITE TOUCH INSULIN SYRINGE SYRINGE	3	ST; QL
HEALTHWISE PEN NEEDLE NEEDLE	3		LITE TOUCH LANCETS	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	3	ST; QL			
HEALTHY ACCENTS UNILET LANCET	2				
HYPOLANCE AST LANCING KIT	2				
INCONTROL PEN NEEDLE NEEDLE	3	ST; QL			
INCONTROL SUPER THIN LANCETS	2				
INCONTROL ULTRA THIN LANCETS	2				
INJECT EASE LANCETS	2				
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				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
MAGELLAN INSULIN SAFETY SYRNG SYRINGE	3	ST; QL	NOVA SAFETY LANCETS	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	ST; QL	NOVA SUREFLEX LANCETS	2	
MAXICOMFORT II PEN NEEDLE NEEDLE	3	ST; QL	NOVOFINE 32 NEEDLE	3	ST; QL
MAXICOMFORT INSULIN SYRINGE SYRINGE	3	ST; QL	NOVOFINE AUTOCOVER NEEDLE	3	ST; QL
MAXI-COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL	NOVOFINE PLUS NEEDLE	3	ST; QL
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE	3	ST; QL	NOVOTWIST NEEDLE 32 GAUGE X 1/5"	3	ST; QL
MEDISENSE THIN LANCETS	2		ON CALL LANCET	2	
MEDLANCE PLUS LANCETS	2		ON CALL PLUS LANCET	2	
MEDLANCE PLUS SPECIAL BLADE	2		ONETOUCH DELICA LANC DEVICE KIT	2	
MICRO THIN LANCETS	2		ONETOUCH DELICA LANCETS	2	
MICROLET 2 LANCING DEVICE KIT	2		ONETOUCH DELICA PLUS LANC DEV KIT	2	
MICROLET LANCET	2		ONETOUCH DELICA PLUS LANCET	2	
MICROLET NEXT LANCING DEVICE KIT	2		ONETOUCH SURESOFT LANCING DEV	2	
MINI ULTRA-THIN II NEEDLE	3	ST; QL	ONTOUCH ULTRASOFT LANCETS	2	
MONOJECT INSULIN SAFETY SYRING SYRINGE	3	ST; QL	ON-THE-GO LANCETS	2	
MONOJECT INSULIN SYRINGE SYRINGE	3	ST; QL	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
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	3	ST; QL	PEN NEEDLE, DIABETIC NEEDLE	3	ST; QL
MONOJECT ULTRA COMFORT INSULIN SYRINGE	3	ST; QL	PENTIPS NEEDLE	3	ST; QL
MONOLET LANCETS	2		PIP LANCET	2	
MONOLET THIN LANCETS	2		PRESSURE ACTIVATED LANCETS	2	
MULTI-LANCET DEVICE 2 KIT	2		PRO COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL
MYGLUCOHEALTH LANCETS	2		PRO COMFORT LANCET	2	
			PRO COMFORT PEN NEEDLE NEEDLE	3	ST; QL
			PRODIGY INSULIN SYRINGE SYRINGE	3	ST; QL
			PRODIGY LANCETS	2	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PRODIGY TWIST TOP LANCET	2		SUREFLEX DEVICE WITH LANCETS KIT	2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	2		SURE-JECT INSULIN SYRINGE SYRINGE	3	ST; QL
READYLANCE SAFETY LANCETS	2		SURE-LANCE	2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	2		SURE-LANCE ULTRA THIN	2	
RELIAMED SAFETY SEAL LANCETS	2		SURE-TOUCH LANCET	2	
RELION NEEDLES NEEDLE	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
RELION PEN NEEDLES NEEDLE	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	
RELION THIN LANCETS	2		TECHLITE INSULIN SYRINGE SYRINGE	3	ST; QL
RELION ULTRA THIN PLUS LANCETS	2		TECHLITE LANCETS	2	
RIGHTEST GL300 LANCETS	2		TECHLITE PEN NEEDLE NEEDLE	3	ST; QL
SAFESNAP INSULIN SYRINGE SYRINGE	3	ST; QL	TELCARE LANCETS	2	
SAFETY LANCETS	2		TERUMO INSULIN SYRINGE SYRINGE	3	ST; QL
SAFETY PEN NEEDLE NEEDLE	3	ST; QL	THIN LANCETS	2	
SAFETY SEAL LANCETS	2		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*	
SAFETY-LET LANCETS	2		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
SINGLE-LET	2		TOPCARE CLICKFINE NEEDLE	3	ST; QL
SMART SENSE LANCETS	2		TOPCARE ULTRA COMFORT SYRINGE	3	ST; QL
SMARTEST LANCET	2		TOPCARE UNIVERSAL1 LANCET	2	
SOFT TOUCH LANCETS	2				
SOLUS V2 LANCETS	2				
SOLUS V2 LANCING DEVICE KIT	2				
STERILANCE TL	2				
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	2				
SURE COMFORT INS. SYR. U-100 SYRINGE	3	ST; QL			
SURE COMFORT INSULIN SYRINGE SYRINGE	3	ST; QL			
SURE COMFORT LANCETS	2				
SURE COMFORT PEN NEEDLE NEEDLE	3	ST; QL			
SURE-FINE PEN NEEDLES NEEDLE	3	ST; QL			

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
TRUE COMFORT INSULIN SYRINGE SYRINGE	3		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, 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
TRUE COMFORT LANCET	2		ULTRA THIN II LANCETS	2	
TRUE COMFORT PEN NEEDLE NEEDLE	3	ST; QL	ULTRA THIN LANCETS	2	
TRUEPLUS INSULIN SYRINGE	3	ST; QL	ULTRA THIN PEN NEEDLE NEEDLE	3	ST; QL
TRUEPLUS LANCETS	2		ULTRA THIN PLUS LANCETS	2	
TRUEPLUS PEN NEEDLE NEEDLE	3		ULTRA TLC LANCETS	2	
TWIST LANCETS	2		ULTRACARE INSULIN SYRINGE SYRINGE	3	
ULTICARE INSULIN SYR HALF UNIT SYRINGE	3	ST; QL	ULTRA-CARE LANCETS	2	
ULTICARE INSULIN SYRINGE SYRINGE	3	ST; QL	ULTRACARE PEN NEEDLE NEEDLE	3	ST; QL
ULTICARE PEN NEEDLE NEEDLE	3	ST; QL	ULTRALANCE LANCETS	2	
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	ULTRA-THIN II (SHORT) INS SYR SYRINGE	3	ST; QL
ULTI-LANCE KIT	2		ULTRA-THIN II (SHORT) PEN NDL NEEDLE	3	ST; QL
ULTILET BASIC LANCETS	2		ULTRA-THIN II INS PEN NEEDLES NEEDLE	3	ST; QL
ULTILET CLASSIC LANCETS	2		ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
ULTILET INSULIN SYRINGE SYRINGE	3	ST; QL	ULTRA-THIN II LANCETS 28 GAUGE	2	
ULTILET LANCETS	2				
ULTILET PEN NEEDLE NEEDLE	3	ST; QL			
ULTILET SAFETY LANCETS	2				
ULTRA CMFT INS SYR HALF UNIT SYRINGE	3	ST; QL			

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

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Drug Name	Tier	Notes
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
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET LANCET 28 GAUGE, 33 GAUGE	2	
UNILET LANCETS	2	
UNILET SUPER THIN LANCETS	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 COMFORT DEVICE KIT	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA LANCET	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 KIT	2	
UNISTIK 3 LANCETS	2	
UNISTIK 3 NEONATAL DEVICE KIT	2	
UNISTIK 3 NEONATAL KIT	2	
UNISTIK 3 NORMAL LANCET	2	
UNISTIK CZT LANCET	2	
UNISTIK PRO LANCET	2	
UNISTIK SAFETY	2	
UNISTIK TOUCH LANCETS	2	
UNIVERSAL 1 LANCETS	2	

Drug Name	Tier	Notes
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; QL
VIVAGUARD LANCET	2	ST; QL
<b>MUSCLE RELAXANTS</b>		
baclofen intrathecal solution	1 or 1b*	
baclofen oral tablet 10 mg, 20 mg	1 or 1b*	
<b>BACLOFEN ORAL TABLET 5 MG</b>	3	
carisoprodol oral tablet	1 or 1b*	
carisoprodol-aspirin oral tablet	1 or 1b*	
<b>CHLORZOXAZONE ORAL TABLET 375 MG, 750 MG</b>	3	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine oral tablet	1 or 1b*	
<b>CYCLOTENS REFILL COMBO PACK</b>	3	
<b>CYCLOTENS STARTER COMBO PACK</b>	3	
<b>DANTRIUM INTRAVENOUS RECON SOLN</b>	3	
<b>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</b>	3	
dantrolene oral capsule	1 or 1b*	
<b>FEXMID ORAL TABLET</b>	3	ST; QL
<b>GABLOFEN INTRATHECAL SOLUTION</b>	3	
<b>GABLOFEN INTRATHECAL SYRINGE</b>	3	
<b>LORESAL INTRATHECAL SOLUTION</b>	3	
<b>LORZONE ORAL TABLET</b>	3	ST; QL
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*	

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

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Drug Name	Tier	Notes
orphenadrine citrate oral tablet extended release	1 or 1b*	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1 or 1b*	
orphengesic forte oral tablet	1 or 1b*	ST; QL
revonto intravenous recon soln	1 or 1b*	
<b>ROBAXIN INJECTION SOLUTION</b>	3	ST; QL
<b>ROBAXIN-750 ORAL TABLET</b>	3	ST; QL
<b>RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION</b>	3	
<b>SKELAXIN ORAL TABLET</b>	3	ST; QL
<b>SOMA ORAL TABLET</b>	3	ST; QL
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
<b>ZANAFLEX ORAL CAPSULE</b>	3	ST; QL
<b>ZANAFLEX ORAL TABLET</b>	3	ST; QL
<b>PRE-NATAL VITAMINS</b>		
<b>BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR</b>	3	
<b>BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR</b>	3	
<b>CADEAU DHA ORAL CAPSULE</b>	3	
<b>CALCIUM PNV ORAL CAPSULE</b>	3	
<b>CITRANATAL (DUAL-IRON) ORAL TABLET</b>	3	
<b>CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK</b>	3	
<b>CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG</b>	3	
<b>CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL</b>	3	

Drug Name	Tier	Notes
<b>CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK</b>	3	
<b>CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE</b>	3	
<b>C-NATE DHA ORAL CAPSULE</b>	3	
<b>COMPLETE NATAL DHA ORAL COMBO PACK</b>	3	
<b>COMPLETENATE ORAL TABLET, CHEWABLE</b>	2	
<b>CONCEPT DHA ORAL CAPSULE</b>	3	
<b>CONCEPT OB ORAL CAPSULE</b>	3	
<b>DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG</b>	3	
<b>DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG</b>	3	
elite-ob oral tablet	1 or 1b*	
<b>ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE</b>	3	
<b>EXTRA-VIRT PLUS DHA ORAL CAPSULE</b>	2	
<b>FOLET ONE ORAL CAPSULE</b>	3	
<b>FOLIVANE-OB ORAL CAPSULE</b>	2	
<b>HEMENATAL OB + DHA ORAL COMBO PACK</b>	3	
<b>HEMENATAL OB ORAL TABLET</b>	3	
<b>KOSHER PRENATAL PLUS IRON ORAL TABLET</b>	3	
<b>MARNATAL-F ORAL CAPSULE</b>	3	
<b>MYNATAL ADVANCE ORAL TABLET</b>	3	
<b>MYNATAL ORAL CAPSULE</b>	3	
<b>MYNATAL ORAL TABLET</b>	3	

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

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Drug Name	Tier	Notes
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE	2	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
NEXA PLUS ORAL CAPSULE	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR	3	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR	3	
O-CAL PRENATAL ORAL TABLET	3	
PNV 29-1 ORAL TABLET	2	

Drug Name	Tier	Notes
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	3	
PNV-DHA + DOCUSATE ORAL CAPSULE	3	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
PNV-OMEGA ORAL CAPSULE	3	
PNV-VP-U ORAL CAPSULE	2	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR	2	
PR NATAL 400 ORAL COMBO PACK	2	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR	2	
PR NATAL 430 ORAL COMBO PACK	2	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE	2	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
PRENA1 TRUE ORAL COMBO PACK	3	
PRENAISSANCE ORAL CAPSULE	3	
PRENAISSANCE PLUS ORAL CAPSULE	3	
PRENATA ORAL TABLET,CHEWABLE	3	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
PRENATAL 19 ORAL TABLET,CHEWABLE	3	
prenatal low iron oral tablet	1 or 1a*	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET	2	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
PRENATAL PLUS ORAL TABLET	2	

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

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Drug Name	Tier	Notes
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL-U ORAL CAPSULE	2	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ELITE ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE	3	
PROVIDA DHA ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
R-NATAL OB ORAL CAPSULE	3	

Drug Name	Tier	Notes
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
SE-NATAL 19 (WITH DOCUSATE) ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET,CHEWABLE	2	
TARON-C DHA ORAL CAPSULE	3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE	3	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
TRISTART DHA ORAL CAPSULE	3	
TRIVEEN-DUO DHA ORAL COMBO PACK	2	
trust natal dha oral combo pack	1 or 1b*	
VINATE CARE ORAL TABLET,CHEWABLE	2	
VINATE DHA RF ORAL CAPSULE	3	
VINATE II ORAL TABLET	2	
VINATE M ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
VIRT-ADVANCE ORAL TABLET	3	
VIRT-C DHA ORAL CAPSULE	3	
VIRT-NATE DHA ORAL CAPSULE	3	
VIRT-PN DHA ORAL CAPSULE	3	

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

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Drug Name	Tier	Notes
VIRT-PN PLUS ORAL CAPSULE	3	
VIRTPREX ORAL CAPSULE	3	
VIRT-SELECT ORAL CAPSULE	3	
VIRT-VITE GT ORAL TABLET	3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
VP-CH PLUS ORAL CAPSULE	3	
VP-CH-PNV ORAL CAPSULE	3	
VP-PNV-DHA ORAL CAPSULE	3	
ZATEAN-PN DHA ORAL CAPSULE	3	
ZATEAN-PN PLUS ORAL CAPSULE	3	
zingiber oral tablet	1 or 1a*	

Drug Name	Tier	Notes
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	3	ST; QL
ABILIFY ORAL TABLET	3	ST; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDYI ORAL TABLET	3	PA; QL
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	3	PA; QL
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	
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*	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	ST; DO; QL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; QL
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet	1 or 1b*	
aripiprazole oral tablet,disintegrating	1 or 1b*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING</b>	3	
<b>ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING</b>	3	
armodafinil oral tablet	1 or 1b*	PA; QL
<b>ATIVAN ORAL TABLET</b>	3	
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*	
<b>BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG</b>	3	ST; QL
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*	
buspirone oral tablet	1 or 1b*	
<b>CELEXA ORAL TABLET 10 MG, 20 MG</b>	3	ST; DO; QL
<b>CELEXA ORAL TABLET 40 MG</b>	3	ST; QL
chlordiazepoxide hcl oral capsule	1 or 1b*	
<b>CHLORPROMAZINE INJECTION SOLUTION</b>	3	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	
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*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
clozapine oral tablet	1 or 1b*	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1 or 1b*	
<b>CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG</b>	3	
<b>CLOZARIL ORAL TABLET</b>	2	
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 24HR</b>	3	PA; QL
<b>COTEMPLA XR-ODT ORAL TABLET,DISINTEGRATING BIPHASE 24H</b>	3	PA; QL
<b>CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG</b>	3	PA; QL
<b>CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG</b>	3	PA; DO; QL
<b>DAYTRANA TRANSDERMAL PATCH 24 HOUR</b>	3	PA; QL
desipramine oral tablet	1 or 1b*	
<b>DESVENLAFAZINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>	3	ST; QL
<b>DESVENLAFAZINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG</b>	3	ST; DO; QL
<b>DESVENLAFAZINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG</b>	3	ST; QL
<b>DESVENLAFAZINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG</b>	3	ST; DO; QL
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

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
dexamethylphenidate oral tablet	1 or 1b*	PA; QL	<b>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK</b>	3	ST; QL
diazepam injection solution	1 or 1a*		<b>FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR</b>	3	ST; QL
diazepam injection syringe	1 or 1a*		fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO
diazepam intensol oral concentrate	1 or 1a*		fluoxetine oral capsule 40 mg	1 or 1b*	
diazepam oral concentrate	1 or 1a*		fluoxetine oral capsule,delayed release(dr/ec)	1 or 1b*	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1 or 1a*		fluoxetine oral solution	1 or 1b*	
diazepam oral tablet	1 or 1a*		fluoxetine oral tablet 10 mg	1 or 1b*	DO
doxepin oral capsule	1 or 1b*		fluoxetine oral tablet 20 mg, 60 mg	1 or 1b*	
doxepin oral concentrate	1 or 1b*		fluphenazine decanoate injection solution	1 or 1b*	
droperidol injection solution	1 or 1b*		fluphenazine hcl injection solution	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 20 mg	1 or 1b*	PA; QL	fluphenazine hcl oral concentrate	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 30 mg	1 or 1b*	DO	fluphenazine hcl oral elixir	1 or 1b*	
duloxetine oral capsule,delayed release(dr/ec) 40 mg, 60 mg	1 or 1b*		fluphenazine hcl oral tablet	1 or 1b*	
<b>EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG</b>	3	ST; QL	fluvoxamine oral capsule,extended release 24hr	1 or 1b*	
<b>EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG, 75 MG</b>	3	ST; DO; QL	fluvoxamine oral tablet 100 mg	1 or 1b*	
<b>EMSAM TRANSDERMAL PATCH 24 HOUR</b>	3		fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO
<b>EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR</b>	3		<b>FOCALIN ORAL TABLET</b>	3	PA; QL
escitalopram oxalate oral solution	1 or 1b*		<b>FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50</b>	3	PA; QL
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO	<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	ST; QL
escitalopram oxalate oral tablet 20 mg	1 or 1b*		<b>GEODON INTRAMUSCULAR RECON SOLN</b>	2	
<b>FANAPT ORAL TABLET</b>	3	ST; QL	<b>GEODON ORAL CAPSULE</b>	3	ST; QL
<b>FANAPT ORAL TABLETS,DOSE PACK</b>	3	ST; QL	guanfacine oral tablet extended release 24 hr	1 or 1b*	PA; QL
<b>FAZACLO ORAL TABLET,DISINTEGRATING</b>	2		<b>HALDOL DECANOATE INTRAMUSCULAR SOLUTION</b>	3	

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

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Drug Name	Tier	Notes
<b>HALDOL INJECTION SOLUTION</b>	3	
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*	
<b>INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	PA; QL
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24HR</b>	3	ST; QL
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE</b>	3	
<b>INVEGA TRINZA INTRAMUSCULAR SYRINGE</b>	3	
<b>JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK</b>	3	PA; QL
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR</b>	3	PA; QL
<b>LATUDA ORAL TABLET</b>	3	
<b>LEXAPRO ORAL TABLET 10 MG, 5 MG</b>	3	ST; DO; QL
<b>LEXAPRO ORAL TABLET 20 MG</b>	3	ST; QL
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
<b>LITHIUM CITRATE ORAL SOLUTION 8 MEQ/5 ML</b>	2	
<b>LITHOBID ORAL TABLET EXTENDED RELEASE</b>	2	
lorazepam intensol oral concentrate	1 or 1b*	

Drug Name	Tier	Notes
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*	
<b>MARPLAN ORAL TABLET</b>	3	
meprobamate oral tablet	1 or 1b*	
metadate er oral tablet extended release	1 or 1b*	PA; QL
<b>METHYLIN ORAL SOLUTION</b>	3	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
<b>METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG</b>	3	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	1 or 1b*	PA; DO; QL
modafinil oral tablet 200 mg	1 or 1b*	PA; QL
molindone oral tablet	1 or 1b*	
<b>NARDIL ORAL TABLET</b>	3	
nefazodone oral tablet	1 or 1b*	
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	3	
nortriptyline oral capsule	1 or 1b*	
nortriptyline oral solution	1 or 1b*	
<b>NUPLAZID ORAL CAPSULE</b>	3	PA; QL; SP
<b>NUPLAZID ORAL TABLET 10 MG</b>	3	PA; QL; SP
<b>NUVIGIL ORAL TABLET</b>	3	PA; QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
olanzapine intramuscular recon soln	1 or 1b*	
olanzapine oral tablet	1 or 1b*	
olanzapine oral tablet,disintegrating	1 or 1b*	
olanzapine-fluoxetine oral capsule	1 or 1b*	
<b>ORAP ORAL TABLET</b>	<b>3</b>	
oxazepam oral capsule	1 or 1b*	
paliperidone oral tablet extended release 24hr	1 or 1b*	
<b>PAMELOR ORAL CAPSULE</b>	<b>3</b>	
<b>PARNATE ORAL TABLET</b>	<b>3</b>	
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*	
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG</b>	<b>3</b>	ST; DO; QL
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG</b>	<b>3</b>	ST; QL
<b>PAXIL ORAL SUSPENSION</b>	<b>3</b>	ST; QL
<b>PAXIL ORAL TABLET 10 MG, 20 MG</b>	<b>3</b>	ST; DO; QL
<b>PAXIL ORAL TABLET 30 MG, 40 MG</b>	<b>3</b>	ST; QL
perphenazine oral tablet	1 or 1b*	
perphenazine-amitriptyline oral tablet	1 or 1b*	
<b>PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT</b>	<b>3</b>	
<b>PEXEVA ORAL TABLET 10 MG, 20 MG</b>	<b>3</b>	ST; DO; QL
<b>PEXEVA ORAL TABLET 30 MG, 40 MG</b>	<b>3</b>	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
phenelzine oral tablet	1 or 1b*	
pimozide oral tablet	1 or 1b*	
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG</b>	<b>3</b>	ST; QL
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG</b>	<b>3</b>	ST; DO; QL
protriptyline oral tablet	1 or 1b*	
<b>PROVIGIL ORAL TABLET 100 MG</b>	<b>3</b>	PA; DO; QL
<b>PROVIGIL ORAL TABLET 200 MG</b>	<b>3</b>	PA; QL
<b>PROZAC ORAL CAPSULE 10 MG, 20 MG</b>	<b>3</b>	ST; DO; QL
<b>PROZAC ORAL CAPSULE 40 MG</b>	<b>3</b>	ST; QL
quetiapine oral tablet	1 or 1b*	
quetiapine oral tablet extended release 24 hr	1 or 1b*	
<b>QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR</b>	<b>3</b>	PA; QL
<b>QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON</b>	<b>3</b>	PA; QL
<b>RELEXXII ORAL TABLET EXTENDED RELEASE 24HR</b>	<b>3</b>	PA; QL
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	<b>3</b>	
<b>REMERON SOLTAB ORAL TABLET,DISINTEGRATING</b>	<b>3</b>	
<b>REXULTI ORAL TABLET</b>	<b>3</b>	ST; QL
<b>RISPERDAL CONSTA INTRAMUSCULAR SYRINGE</b>	<b>2</b>	
<b>RISPERDAL ORAL SOLUTION</b>	<b>3</b>	ST; QL
<b>RISPERDAL ORAL TABLET</b>	<b>3</b>	ST; QL
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet,disintegrating	1 or 1b*	

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

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Drug Name	Tier	Notes
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET	3	PA; QL
SAPHRIS SUBLINGUAL TABLET	3	ST; QL
SARAFEM ORAL TABLET 10 MG	3	DO
SARAFEM ORAL TABLET 20 MG	3	
SEROQUEL ORAL TABLET	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
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
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	3	PA; QL
STRATTERA ORAL CAPSULE	3	PA; QL
SUNOSI ORAL TABLET 150 MG	3	PA; QL
SUNOSI ORAL TABLET 75 MG	3	PA; DO; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
tranylcypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VALIUM ORAL TABLET	3	

Drug Name	Tier	Notes
venlafaxine oral capsule,extended release 24hr 150 mg	1 or 1b*	
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine oral tablet	1 or 1b*	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg	1 or 1b*	
venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg	1 or 1b*	DO
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
VIIBRYD ORAL TABLET 40 MG	3	ST; QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL
VRAYLAR ORAL CAPSULE	3	ST; QL
VRAYLAR ORAL CAPSULE,DOSE PACK	3	ST; QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
VYVANSE ORAL CAPSULE	2	PA; QL
VYVANSE ORAL TABLET,CHEWABLE	2	PA; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	ST; DO; QL
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	ST; QL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
ziprasidone hcl oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO; QL
ZULRESSO INTRAVENOUS SOLUTION	3	PA; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	ST; QL
<b>SEDATIVE/HYPNOTICS</b>		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
AMYTAL INJECTION RECON SOLN	3	
ATIVAN INJECTION SOLUTION	3	
BELSOMRA ORAL TABLET	3	ST; QL
DEXMEDETOMIDINE IN 0.9 % NACL INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML)	3	
dexmedetomidine in 0.9 % nacl intravenous solution 80 mcg/20 ml (4 mcg/ml)	1 or 1b*	
DEXMEDETOMIDINE IN DEXTROSE 5% INTRAVENOUS SOLUTION	3	
DEXMEDETOMIDINE INTRAVENOUS SOLUTION	3	
DORAL ORAL TABLET	3	

Drug Name	Tier	Notes
EDLUAR SUBLINGUAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	
flurazepam oral capsule	1 or 1b*	
HALCION ORAL TABLET 0.25 MG	3	
HETLIOZ ORAL CAPSULE	3	PA; QL; LD; SP
INTERMEZZO SUBLINGUAL TABLET	3	ST; QL
KETAMINE SUBLINGUAL TROCHE	3	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
LUNESTA ORAL TABLET	3	ST; QL
midazolam oral syrup 2 mg/ml	1 or 1b*	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	3	
NEMBUTAL SODIUM INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution 130 mg/ml	1 or 1b*	
PHENOBARBITAL SODIUM INJECTION SOLUTION 65 MG/ML	3	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION	3	
QUAZEPAM ORAL TABLET	3	
ramelteon oral tablet	1 or 1b*	ST; QL
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	ST; QL
SECONAL SODIUM ORAL CAPSULE	3	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SILENOR ORAL TABLET</b>	3	ST; QL
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
<b>XYREM ORAL SOLUTION</b>	3	PA; QL; LD; SP
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	
zolpidem oral tablet,ext release multiphase	1 or 1b*	ST; QL
zolpidem sublingual tablet	1 or 1b*	ST; QL
<b>ZOLPIMIST ORAL SPRAY,NON-AEROSOL</b>	3	ST; QL
<b>SKIN PREPS</b>		
<b>ABSORICA ORAL CAPSULE</b>	3	PA; QL
<b>ACANYA TOPICAL GEL WITH PUMP</b>	3	ST; QL
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	1 or 1b*	
<b>ACZONE TOPICAL GEL</b>	3	ST; QL
<b>ACZONE TOPICAL GEL WITH PUMP</b>	3	ST; QL
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
<b>ADAPALENE TOPICAL LOTION</b>	3	PA; QL
<b>ADAPALENE TOPICAL SOLUTION</b>	3	PA; QL
adapalene topical swab	1 or 1b*	PA; QL
adapalene-benzoyl peroxide topical gel with pump	1 or 1b*	
ala-cort topical cream 1 %	1 or 1a*	
<b>ALA-SCALP TOPICAL LOTION</b>	3	ST; QL
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
<b>ALDARA TOPICAL CREAM IN PACKET</b>	3	ST; QL
<b>ALTABAX TOPICAL OINTMENT</b>	2	
<b>ALTRENO TOPICAL LOTION</b>	3	PA; QL
amcinonide topical cream	3	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
amcinonide topical lotion	3	ST; QL
amcinonide topical ointment	3	ST; QL
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amnesteem oral capsule	2	PA; QL
<b>AMPHADASE INJECTION SOLUTION</b>	3	
<b>ANALPRAM-HC TOPICAL LOTION</b>	3	
<b>ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR</b>	3	
apexicon e topical cream	3	ST; QL
aqua care sodium chloride irrigation solution	1 or 1b*	
aqua care sterile water irrigation solution	1 or 1b*	
<b>ARTISS TOPICAL SYRINGE</b>	3	
<b>ATOPADERM TOPICAL CREAM</b>	3	
<b>ATOPICLAIR TOPICAL CREAM</b>	3	
<b>ATRALIN TOPICAL GEL</b>	3	PA; QL
<b>ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL</b>	3	
<b>AVAGE TOPICAL CREAM</b>	3	PA; QL
avita topical cream	1 or 1b*	PA; QL
<b>AVITA TOPICAL GEL</b>	3	PA; QL
<b>AVO CREAM TOPICAL EMULSION</b>	3	
azelaic acid topical gel	1 or 1b*	
<b>AZELEX TOPICAL CREAM</b>	3	PA; QL
<b>BEAU RX TOPICAL GEL</b>	3	
<b>BENZACLIN PUMP TOPICAL GEL WITH PUMP</b>	3	ST; QL
<b>BENZACLIN TOPICAL GEL</b>	3	ST; QL
beser topical lotion	3	ST; QL
betamethasone dipropionate topical cream	3	ST; QL

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
betamethasone dipropionate topical lotion	3	ST; QL
betamethasone dipropionate topical ointment	3	ST; QL
betamethasone valerate topical cream	3	ST; QL
betamethasone valerate topical foam	3	ST; QL
betamethasone valerate topical lotion	3	ST; QL
betamethasone valerate topical ointment	3	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*	
<b>BIAFINE EMULSION TOPICAL EMULSION</b>	3	
bimatoprost base of the eyelashes drops with applicator	1 or 1b*	
<b>BIONECT TOPICAL CREAM</b>	3	
<b>BIONECT TOPICAL FOAM</b>	3	
<b>BIONECT TOPICAL GEL</b>	3	
blanche topical cream	1 or 1b*	
<b>BPO TOPICAL GEL</b>	3	PA; QL
<b>BRYHALI TOPICAL LOTION</b>	3	ST; 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*	
<b>CANTHARIDIN IN ACETONE TOPICAL SOLUTION</b>	3	
<b>CAPEX TOPICAL SHAMPOO</b>	3	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CERAMAX TOPICAL CREAM</b>	3	
<b>CERAMAX TOPICAL LOTION</b>	3	
claravis oral capsule	2	PA; QL
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*	
<b>CLOBEX TOPICAL LOTION</b>	3	ST; QL
<b>CLOBEX TOPICAL SHAMPOO</b>	3	ST; QL
<b>CLOBEX TOPICAL SPRAY,NON-AEROSOL</b>	3	ST; QL
<b>CLOCORTOLONE PIVALATE TOPICAL CREAM</b>	3	ST; QL
clodan topical shampoo	1 or 1b*	
<b>CLODERM TOPICAL CREAM</b>	3	ST; QL
<b>COAL TAR TOPICAL SOLUTION</b>	3	
<b>COLLATYL TOPICAL GEL</b>	3	
<b>CONDYLOX TOPICAL GEL</b>	3	
<b>CORDRAN TAPE LARGE ROLL TOPICAL TAPE</b>	3	ST; QL
<b>CORDRAN TOPICAL CREAM</b>	3	ST; QL

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>CORDRAN TOPICAL LOTION</b>	3	ST; QL
<b>CORDRAN TOPICAL OINTMENT</b>	3	ST; QL
cormax scalp solution	1 or 1b*	
<b>COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
<b>COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL; SP
<b>COSENTYX PEN SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL; SP
<b>COSENTYX SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
<b>CUTIVATE TOPICAL CREAM</b>	3	ST; QL
<b>CUTIVATE TOPICAL LOTION</b>	3	ST; QL
dapsone topical gel	1 or 1b*	ST; QL
<b>DELUO TOPICAL SPRAY, NON-AEROSOL</b>	3	
<b>DERMA-SMOOTH/FS BODY OIL TOPICAL OIL</b>	3	ST; QL
<b>DERMA-SMOOTH/FS SCALP OIL SCALP OIL</b>	3	ST; QL
<b>DERMATOP TOPICAL OINTMENT</b>	3	ST; QL
desonide topical cream	3	ST; QL
desonide topical lotion	3	ST; QL
desonide topical ointment	3	ST; QL
<b>DESOWEN TOPICAL CREAM</b>	3	ST; QL
<b>DESOWEN TOPICAL LOTION</b>	3	ST; QL
desoximetasone topical cream	3	ST; QL
desoximetasone topical gel	3	ST; QL
desoximetasone topical ointment	3	ST; QL
desoximetasone topical spray, non-aerosol	3	ST; QL
<b>DEXERYL TOPICAL CREAM</b>	3	
diclofenac sodium topical gel 1 %	1 or 1b*	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM</b>	3	
<b>DIFFERIN TOPICAL CREAM</b>	3	PA; QL
<b>DIFFERIN TOPICAL GEL</b>	3	PA; QL
<b>DIFFERIN TOPICAL GEL WITH PUMP</b>	3	PA; QL
<b>DIFFERIN TOPICAL LOTION</b>	3	PA; QL
diflorasone topical cream	3	ST; QL
diflorasone topical ointment	3	ST; QL
<b>DIPROLENE TOPICAL OINTMENT</b>	3	ST; QL
<b>DOVONEX TOPICAL CREAM</b>	3	
doxepin topical cream	1 or 1b*	
<b>DUAC TOPICAL GEL</b>	3	ST; QL
<b>DUOBRII TOPICAL LOTION</b>	3	PA; QL
<b>ELETONE TOPICAL CREAM</b>	3	
<b>ELOCON TOPICAL CREAM</b>	3	ST; QL
<b>EMULSION SB TOPICAL EMULSION</b>	3	
<b>ENSTILAR TOPICAL FOAM</b>	3	
<b>ENTTY TOPICAL SPRAY, NON-AEROSOL</b>	3	
<b>EPICERAM TOPICAL EMULSION, EXTENDED RELEASE</b>	3	
<b>EPICYN TOPICAL SPRAY, NON-AEROSOL</b>	3	
<b>EPIDUO FORTE TOPICAL GEL WITH PUMP</b>	3	PA; QL
<b>EPIDUO TOPICAL GEL WITH PUMP</b>	3	PA; QL
<b>EPIFOAM TOPICAL FOAM</b>	3	
<b>ESKATA TOPICAL SOLUTION WITH APPLICATOR</b>	3	
<b>EUCRISA TOPICAL OINTMENT</b>	3	ST; QL

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>FABIOR TOPICAL FOAM</b>	3	ST; QL	<b>HPR PLUS TOPICAL CREAM</b>	3	
<b>FINACEA TOPICAL FOAM</b>	2		<b>HPR PLUS TOPICAL FOAM</b>	3	
<b>FINACEA TOPICAL GEL</b>	3		<b>HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM</b>	3	
fluocinolone and shower cap scalp oil	3	ST; QL	<b>HPR TOPICAL FOAM</b>	3	
fluocinolone topical cream	3	ST; QL	<b>HYCLODEX TOPICAL SPRAY,NON-AEROSOL</b>	3	
fluocinolone topical oil	3	ST; QL	<b>HYDRO 40 TOPICAL FOAM</b>	3	
fluocinolone topical ointment	3	ST; QL	hydrocortisone butyrate topical cream	3	ST; QL
fluocinolone topical solution	3	ST; QL	hydrocortisone butyrate topical lotion	3	ST; QL
fluocinonide topical cream	1 or 1b*		hydrocortisone butyrate topical ointment	3	ST; QL
fluocinonide topical gel	1 or 1b*	ST; QL	hydrocortisone butyrate topical solution	3	ST; QL
fluocinonide topical ointment	1 or 1b*		hydrocortisone butyr-emollient topical cream	3	ST; QL
fluocinonide topical solution	1 or 1b*		hydrocortisone topical cream 1 %, 2.5 %	1 or 1a*	
fluocinonide-e topical cream	1 or 1b*		hydrocortisone topical cream with perineal applicator	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*		hydrocortisone topical lotion 2.5 %	1 or 1a*	
flurandrenolide topical cream	3	ST; QL	hydrocortisone topical ointment 1 %, 2.5 %	1 or 1a*	
flurandrenolide topical lotion	3	ST; QL	hydrocortisone valerate topical cream	3	ST; QL
flurandrenolide topical ointment	3	ST; QL	hydrocortisone valerate topical ointment	3	ST; QL
fluticasone propionate topical cream	3	ST; QL	hydrogen peroxide solution	1 or 1b*	
fluticasone propionate topical lotion	3	ST; QL	<b>HYGEL TOPICAL GEL</b>	3	
fluticasone propionate topical ointment	3	ST; QL	<b>HYLATOPIC TOPICAL FOAM</b>	3	
<b>GENADUR TOPICAL LIQUID</b>	3		<b>HYLATOPICPLUS TOPICAL CREAM</b>	3	
<b>GUAIACOL LIQUID</b>	3		<b>HYLATOPICPLUS TOPICAL FOAM</b>	3	
halcinonide topical cream	3	ST; QL	<b>HYLATOPICPLUS TOPICAL LOTION</b>	3	
halobetasol propionate topical cream	1 or 1b*		<b>IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP</b>	3	ST; QL
<b>HALOBETASOL PROPIONATE TOPICAL FOAM</b>	3	ST; QL			
halobetasol propionate topical ointment	1 or 1b*				
<b>HALOG TOPICAL CREAM</b>	3	ST; QL			
<b>HALOG TOPICAL OINTMENT</b>	3	ST; QL			
<b>HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL</b>	3				

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>	<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
imiquimod topical cream in packet	1 or 1b*		<b>MEDIHONEY (HONEY) TOPICAL PASTE</b>	2	
<b>IMPOYZ TOPICAL CREAM</b>	3	ST; QL	methoxsalen oral capsule,liqd-filled,rapid rel	1 or 1b*	SP
<b>IODINE-SODIUM IODIDE TOPICAL TINCTURE 2 %</b>	2		<b>METHYL SALICYLATE OIL</b>	3	
<b>IODOFLEX TOPICAL PADS, MEDICATED</b>	3		<b>METHYL SALICYLATE TOPICAL LIQUID</b>	3	
<b>IODOSORB TOPICAL GEL</b>	3		<b>METROCREAM TOPICAL CREAM</b>	3	ST; QL
isotretinoin oral capsule	2	PA; QL	<b>METROGEL TOPICAL GEL 1 %</b>	3	ST; QL
<b>KENALOG TOPICAL AEROSOL</b>	3	ST; QL	<b>METROGEL TOPICAL GEL WITH PUMP</b>	3	ST; QL
<b>KERAFOAM TOPICAL FOAM</b>	3		<b>METROLOTION TOPICAL LOTION</b>	3	ST; QL
<b>KLARON TOPICAL SUSPENSION</b>	3		metronidazole topical cream	1 or 1b*	
lactated ringers irrigation solution	1 or 1b*		metronidazole topical gel	1 or 1b*	
<b>LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR</b>	3		metronidazole topical gel with pump	1 or 1b*	
<b>LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL</b>	3		metronidazole topical lotion	1 or 1b*	
<b>LEVICYN ANTIPRURITIC TOPICAL GEL</b>	3		<b>MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR</b>	3	
<b>LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL</b>	3		<b>MICROCYN TOPICAL SPRAY, NON-AEROSOL</b>	3	
<b>LOCOID LIPOCREAM TOPICAL CREAM</b>	3	ST; QL	<b>MIMYX TOPICAL CREAM</b>	3	
<b>LOCOID TOPICAL CREAM</b>	3	ST; QL	<b>MIRVASO TOPICAL GEL</b>	3	
<b>LOCOID TOPICAL SOLUTION</b>	3	ST; QL	<b>MIRVASO TOPICAL GEL WITH PUMP</b>	3	
<b>LOUTREX TOPICAL CREAM</b>	3		mometasone topical cream	1 or 1b*	
<b>LOYON TOPICAL SPRAY, NON-AEROSOL</b>	3		mometasone topical ointment	1 or 1b*	
lugols topical solution	1 or 1b*		mometasone topical solution	1 or 1b*	
<b>LUXAMEND TOPICAL CREAM</b>	3		myorisan oral capsule	2	PA; QL
<b>LUXIQ TOPICAL FOAM</b>	3	ST; QL	<b>NEOCERA TOPICAL CREAM</b>	3	
<b>MEDIHONEY (HONEY) TOPICAL GEL</b>	2		neomycin-polymyxin b gu irrigation solution	1 or 1b*	

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

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
NIVATOPIC PLUS TOPICAL CREAM	3	
nolix topical cream	3	ST; QL
nolix topical lotion	3	ST; QL
NORITATE TOPICAL CREAM	3	ST; QL
NUDERMRXPAK TOPICAL KIT	3	
NUTRASEB TOPICAL CREAM	3	
NUVAIL TOPICAL NAIL FILM SOLUTION	3	
OLUX TOPICAL FOAM	3	ST; QL
OLUX-E TOPICAL FOAM	3	ST; QL
ONEXTON TOPICAL GEL WITH PUMP	2	
OVACE TOPICAL CLEANSER	3	
OXSORALEN ULTRA ORAL CAPSULE,LIQD- FILLED,RAPID REL	3	SP
PANDEL TOPICAL CREAM	3	ST; QL
PENLEN TOPICAL SPRAY,NON-AEROSOL	3	
PHARMABASE BARRIER TOPICAL OINTMENT	3	
PHENOL LIQUID	3	
PHLAG SPRAY TOPICAL SPRAY,NON- AEROSOL	3	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
podofilox topical solution	1 or 1b*	
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	PA; QL
PR CREAM TOPICAL CREAM	3	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL LOTION	2	
prednicarbate topical cream	3	ST; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
prednicarbate topical ointment	3	ST; QL
PRESERA TOPICAL FOAM	3	
PROCTOCORT TOPICAL CREAM	3	
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*	
PROMISEB TOPICAL CREAM	3	
PROTYL AG TOPICAL GEL	3	
PRUCLAIR TOPICAL CREAM	3	
PRUDOXIN TOPICAL CREAM	3	
PRUMYX TOPICAL CREAM	3	
PRUTECT TOPICAL EMULSION	3	
PSORCON TOPICAL CREAM	3	ST; QL
QBREXZA TOPICAL TOWELETTE	3	PA; QL
RECEDO TOPICAL GEL	3	
refissa topical cream	1 or 1b*	PA; QL
REGRANEX TOPICAL GEL	3	
RENOVA TOPICAL CREAM 0.02 %	3	PA; QL
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP	3	PA; QL
RETIN-A MICRO TOPICAL GEL	3	PA; QL
RETIN-A TOPICAL CREAM	3	PA; QL
RETIN-A TOPICAL GEL	3	PA; QL
RHOFADE TOPICAL CREAM	3	
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
rosadan topical gel	1 or 1b*	
<b>SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER</b>	2	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical liquid 26 %	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
<b>SALKERA TOPICAL FOAM</b>	3	
<b>SALVAX DUO PLUS TOPICAL FOAM</b>	3	
<b>SALVAX TOPICAL FOAM</b>	3	
<b>SANTYL TOPICAL OINTMENT</b>	3	
scalacort topical lotion	1 or 1a*	
<b>SCARCIN GEL TOPICAL GEL</b>	3	
<b>SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON</b>	3	
<b>SCARSILK GEL TOPICAL GEL</b>	3	
<b>SEBUDERM TOPICAL GEL</b>	3	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %	1 or 1a*	
<b>SILIPAC TOPICAL KIT</b>	3	
<b>SILIQ SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
<b>SILVRSTAT TOPICAL GEL</b>	3	
sodium chloride irrigation solution	1 or 1b*	
<b>SOLOX GEL TOPICAL GEL</b>	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>SONAFINE TOPICAL EMULSION</b>	3	
<b>SOOLANTRA TOPICAL CREAM</b>	3	
<b>SORBITOL IRRIGATION SOLUTION</b>	3	
<b>SORBITOL-MANNITOL TRANSURETHRAL SOLUTION</b>	3	
<b>SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG</b>	3	
<b>SORILUX TOPICAL FOAM</b>	3	
<b>STRONG IODINE TOPICAL SOLUTION</b>	3	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
sulfacetamide sodium topical cleanser	1 or 1b*	
sulfacetamide sodium topical cleanser, gel	1 or 1b*	
sulfacetamide sodium topical shampoo	1 or 1b*	
<b>SURGISEAL STYLUS TOPICAL LIQUID</b>	3	
<b>SURGISEAL TEARDROP APPLICATOR TOPICAL LIQUID</b>	3	
<b>SURGISEAL TWIST TOPICAL LIQUID</b>	3	
<b>SYNALAR CREAM KIT TOPICAL CREAM</b>	3	ST; QL
<b>SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM</b>	3	ST; QL
<b>SYNALAR TOPICAL CREAM</b>	3	ST; QL
<b>SYNALAR TOPICAL OINTMENT</b>	3	ST; QL
<b>SYNALAR TOPICAL SOLUTION</b>	3	ST; QL
<b>TACLONEX TOPICAL OINTMENT</b>	3	
<b>TACLONEX TOPICAL SUSPENSION</b>	3	

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<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<b>TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR</b>	3	PA; QL; SP
<b>TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR</b>	3	PA; QL; SP
<b>TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR</b>	3	PA; QL; SP
<b>TALTZ SYRINGE SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
tazarotene topical cream	1 or 1b*	
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	2	
<b>TAZORAC TOPICAL CREAM 0.1 %</b>	3	
<b>TAZORAC TOPICAL GEL</b>	2	
<b>TEMOVATE TOPICAL CREAM</b>	3	ST; QL
<b>TEMOVATE TOPICAL OINTMENT</b>	3	ST; QL
<b>TETRIX TOPICAL CREAM</b>	3	
<b>TEXACORT TOPICAL SOLUTION</b>	3	ST; QL
<b>THERAPEVO TOPICAL GEL</b>	3	
<b>TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT</b>	3	
<b>TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE</b>	3	
tis-u-sol pentalyte irrigation irrigation solution	1 or 1b*	
<b>TOPICORT TOPICAL CREAM</b>	3	ST; QL
<b>TOPICORT TOPICAL GEL</b>	3	ST; QL
<b>TOPICORT TOPICAL OINTMENT</b>	3	ST; QL
<b>TOPICORT TOPICAL SPRAY, NON-AEROSOL</b>	3	ST; QL
tretinoin (emollient) topical cream	1 or 1b*	PA; QL

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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
<b>TRETIN-X TOPICAL CREAM 0.075 %</b>	3	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*	
<b>TRIANEX TOPICAL OINTMENT</b>	3	ST; QL
<b>TRICHLOROACETIC ACID TOPICAL RECON SOLN 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 85 %, 90 %</b>	3	
triderm topical cream 0.1 %	1 or 1a*	
triderm topical cream 0.5 %	1 or 1a*	ST; QL
<b>TRI-LUMA TOPICAL CREAM</b>	3	
<b>ULTRAVATE TOPICAL LOTION</b>	3	ST; QL
<b>UREA NAIL STICK TOPICAL SOLUTION</b>	3	
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*	
<b>UREA TOPICAL LOTION 40 %</b>	3	
<b>VANIQA TOPICAL CREAM</b>	3	
<b>VANOS TOPICAL CREAM</b>	3	ST; QL
<b>VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET</b>	3	
<b>VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION</b>	3	

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

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Drug Name	Tier	Notes
VECTICAL TOPICAL OINTMENT	3	
VELTIN TOPICAL GEL	3	ST; QL
VITRASE INJECTION SOLUTION	3	
VOLTAREN TOPICAL GEL	3	ST; QL
water for irrigation, sterile irrigation solution	1 or 1b*	
WINTERGREEN OIL OIL	2	
XCLAIR TOPICAL CREAM	3	
zenatane oral capsule	2	PA; QL
ZIANA TOPICAL GEL	3	ST; QL
zinc oxide topical ointment 20 %	1 or 1b*	
ZINC OXIDE TOPICAL PASTE	2	
ZONALON TOPICAL CREAM	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	ST; QL
<b>SMOKING DETERRENTS</b>		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL; \$0
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	PA; QL; \$0
CHANTIX ORAL TABLET	3	PA; QL; \$0
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	PA; QL; \$0
NICOTROL INHALATION CARTRIDGE	3	PA; QL; \$0
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	PA; QL; \$0
<b>THYROID PREPS</b>		
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	

Drug Name	Tier	Notes
EUTHYROX ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
levothyroxine intravenous recon soln 100 mcg, 500 mcg	1 or 1a*	
LEVOOTHYROXINE INTRAVENOUS RECON SOLN 200 MCG	3	
LEVOOTHYROXINE INTRAVENOUS SOLUTION	3	
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	3	
np thyroid oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
SYNTHROID ORAL TABLET	2	
TAPAZOLE ORAL TABLET	3	
THYROGEN INTRAMUSCULAR RECON SOLN	3	LD; SP
thyroid (pork) oral tablet	1 or 1a*	
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	

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Drug Name	Tier	Notes
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3	
WP THYROID ORAL TABLET	3	
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet,delayed release (dr/ec)	1 or 1b*	
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine intravenous solution	1 or 1b*	
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; QL; SP
alendronate oral solution	1 or 1b*	
alendronate oral tablet	1 or 1b*	
alfuzosin oral tablet extended release 24 hr	1 or 1b*	
ALLER EX-VENOM-MIX VESPID PROT SUBCUTANEOUS RECON SOLN	3	
ALLER EX-VENOM-WHT HORNET PROT INJECTION RECON SOLN 550 MCG	3	
ALLER EX-VENOM-YLW HORNET PROT INJECTION RECON SOLN 550 MCG	3	
ALLERGEN EXT-VENOM-HONEY BEE INJECTION RECON SOLN 550 MCG	3	
ALLERGEN EX-VENOM-WASP PROTEIN INJECTION RECON SOLN 550 MCG	3	
amifostine crystalline intravenous recon soln	1 or 1b*	SP

Drug Name	Tier	Notes
ANTABUSE ORAL TABLET	3	
APLIGRAF TOPICAL DISK	3	
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	3	
ARALAST NP INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
ARCALYST SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AVODART ORAL CAPSULE	3	
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	PA; QL
BALSAM PERU-CASTOR OIL TOPICAL OINTMENT	3	
BENLYSTA INTRAVENOUS RECON SOLN	3	PA; QL; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
BERINERT INTRAVENOUS KIT	3	PA; QL; LD
BINOSTO ORAL TABLET, EFFERVESCENT	3	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
BONIVA INTRAVENOUS SYRINGE	3	
BONIVA ORAL TABLET	3	ST; QL
BPCO TOPICAL OINTMENT	3	

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Drug Name	Tier	Notes
BRIDION INTRAVENOUS SOLUTION	3	
BRISDELLE ORAL CAPSULE	3	
BUNAVAIL BUCCAL FILM	3	QL
buprenorphine hcl sublingual tablet	1 or 1b*	QL
buprenorphine-naloxone sublingual film	1 or 1b*	QL
buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
BUTYLATED HYDROXYTOLUENE POWDER	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	PA; QL
CAPHOSOL MUCOUS MEMBRANE SOLUTION	3	
CARBAGLU ORAL TABLET, DISPERSIBLE	3	PA; QL; LD
CARNITOR (SUGAR- FREE) ORAL SOLUTION	3	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	PA; QL
CAVERJECT INTRACAVERNOSAL SYRINGE	3	PA; QL
CELLULOSE (BULK) POWDER	3	
CERDELGA ORAL CAPSULE	3	PA; QL; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; QL; SP
CHEMET ORAL CAPSULE	3	PA; QL

Drug Name	Tier	Notes
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*	
CIALIS ORAL TABLET	3	PA; QL
cinacalcet oral tablet	1 or 1b*	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
CRYOSERV SOLUTION	3	
CUROSURF INTRATRACHEAL SUSPENSION	3	
CYANOKIT INTRAVENOUS RECON SOLN	3	
CYSTADANE ORAL POWDER	3	LD
CYSTAGON ORAL CAPSULE	3	LD
darifenacin oral tablet extended release 24 hr	1 or 1b*	
DEBACTEROL MUCOUS MEMBRANE SOLUTION	3	
DEBACTEROL MUCOUS MEMBRANE SWAB	3	
deferasirox oral tablet, dispersible	1 or 1b*	PA; QL; SP
deferoxamine injection recon soln	1 or 1b*	PA; QL; SP
DERMAGRAFT TOPICAL SHEET	3	
DERMULCERA TOPICAL OINTMENT	3	
DESFERAL INJECTION RECON SOLN	3	PA; QL; SP
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; QL
DETROL ORAL TABLET	3	ST; QL
dexrazoxane hcl intravenous recon soln	1 or 1b*	SP
DIGIFAB INTRAVENOUS RECON SOLN	3	
DILUENT FOR EPOPROSTENOL/FLOL A INTRAVENOUS SOLUTION	3	LD

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Drug Name	Tier	Notes
DILUENT FOR TREPROSTINIL (GLY) INTRAVENOUS SOLUTION	3	
disulfiram oral tablet	1 or 1b*	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST; QL
doxercalciferol intravenous solution	1 or 1b*	PA; QL
doxercalciferol oral capsule	1 or 1b*	PA; QL
doxycycline hydiate oral tablet 20 mg	1 or 1b*	
DUODOTE INTRAMUSCULAR PEN INJECTOR	3	
dutasteride oral capsule	1 or 1b*	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	
EDEX INTRACAVERNOSAL KIT	3	PA; QL
ELAPRASE INTRAVENOUS SOLUTION	3	PA; QL
ELELYSO INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
ELLIOTTS B (PF) INTRATHECAL SOLUTION	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
ENDOFORM FENESTRATED TOPICAL SHEET	3	
ENDOFORM TOPICAL SHEET 2 X 2 ", 4 X 5 "	3	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3	
ESBRIET ORAL CAPSULE	3	PA; QL; LD; SP
ESBRIET ORAL TABLET	3	PA; QL; LD; SP
ETHYL ACETATE LIQUID	3	
ETHYOL INTRAVENOUS RECON SOLN	3	QL; SP

Drug Name	Tier	Notes
etidronate disodium oral tablet	1 or 1b*	
EUCALYPTUS FLAVOR OIL	3	
EVENITY SUBCUTANEOUS SYRINGE	3	PA; QL; SP
EVISTA ORAL TABLET	3	
EXJADE ORAL TABLET, DISPERSIBLE	3	PA; QL; SP
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; QL; LD
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; QL; SP
FERRIPROX ORAL SOLUTION	3	PA; QL; LD
FERRIPROX ORAL TABLET 1,000 MG	3	PA; QL
FERRIPROX ORAL TABLET 500 MG	3	PA; QL; LD
finasteride oral tablet	1 or 1b*	
FIRAZYR SUBCUTANEOUS SYRINGE	3	PA; QL; SP
flavoxate oral tablet	1 or 1b*	
FLOMAX ORAL CAPSULE	3	
flumazenil intravenous solution	1 or 1b*	
fomepizole intravenous solution	1 or 1b*	
FORTEO SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
FOSAMAX ORAL TABLET 70 MG	3	
FOSAMAX PLUS D ORAL TABLET	2	
FUSILEV INTRAVENOUS RECON SOLN	3	PA; QL
GALAFOLD ORAL CAPSULE	3	PA; QL; SP
GALZIN ORAL CAPSULE	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	

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

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Drug Name	Tier	Notes
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; QL
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; QL
GELX MUCOUS MEMBRANE GEL	3	
GLASSIA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
HAEGARDA SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
HECTOROL INTRAVENOUS SOLUTION	3	PA; QL
HYDROXYPROPYL CELLULOSE POWDER	3	
HYLENEX INJECTION SOLUTION	3	
HYPERSAL INHALATION SOLUTION FOR NEBULIZATION	3	
HYPROMELLOSE POWDER	3	
ibandronate intravenous solution	1 or 1b*	
ibandronate intravenous syringe	1 or 1b*	
ibandronate oral tablet	1 or 1b*	ST; QL
icatibant subcutaneous syringe	1 or 1b*	PA; QL; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
INDICLOR SOLUTION	3	
INFASURF INTRATRACHEAL SUSPENSION	3	
ISOPROPYL ALCOHOL SOLUTION 70 %	3	
isopropyl alcohol solution 91 %, 99 %	1 or 1b*	
JADENU ORAL TABLET	3	PA; QL; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET	3	PA; QL; SP

Drug Name	Tier	Notes
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
KALYDECO ORAL GRANULES IN PACKET 25 MG	3	PA; QL; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	3	PA; QL; LD; SP
KALYDECO ORAL TABLET	3	PA; QL; LD; SP
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
KERAMATRIX TOPICAL SHEET	3	
KEVEYIS ORAL TABLET	3	PA; QL; LD
KHAPZORY INTRAVENOUS RECON SOLN	3	SP
KUVAN ORAL POWDER IN PACKET	2	PA; QL; LD; SP
KUVAN ORAL TABLET,SOLUBLE	2	PA; QL; LD; SP
leucovorin calcium injection recon soln	1 or 1b*	
leucovorin calcium injection solution 10 mg/ml	1 or 1b*	SP
leucovorin calcium oral tablet	1 or 1b*	
levocarnitine (with sugar) oral solution	1 or 1b*	
levocarnitine oral tablet	1 or 1b*	
levoleucovorin calcium intravenous recon soln 50 mg	1 or 1b*	PA; QL
levoleucovorin calcium intravenous solution	1 or 1b*	
LUCEMYRA ORAL TABLET	3	
LUMIZYME INTRAVENOUS RECON SOLN	3	PA; QL; SP
LUTATHERA INTRAVENOUS SOLUTION	3	PA; QL

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

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Drug Name	Tier	Notes
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; DO; QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL
MEGACE ES ORAL SUSPENSION	3	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	
MEPSEVII INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
mesna intravenous solution	1 or 1b*	PA; QL
MESNEX INTRAVENOUS SOLUTION	3	PA; QL
MESNEX ORAL TABLET	2	PA; QL
METASTRON INTRAVENOUS SOLUTION	3	
METHOCEL E 4 M POWDER	3	
methylene blue (antidote) intravenous solution	1 or 1b*	
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1 or 1b*	
miglustat oral capsule	1 or 1b*	PA; QL; SP
MUGARD MUCOUS MEMBRANE SOLUTION	3	
MURI-LUBE OIL	3	
MUSE INTRA-URETHRAL SUPPOSITORY	3	PA; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
nebusal inhalation solution for nebulization 3 %	1 or 1b*	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	

Drug Name	Tier	Notes
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
NEXAVIR INJECTION SOLUTION	3	
NITHIODOTE INTRAVENOUS SOLUTION	3	
NITYR ORAL TABLET	3	PA; QL; LD; SP
NUMOISYN MUCOUS MEMBRANE LIQUID	3	
NUMOISYN MUCOUS MEMBRANE LOZENGE	3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT	3	
OFEV ORAL CAPSULE	3	PA; QL; LD; SP
ONPATTRO INTRAVENOUS SOLUTION	3	PA; QL
oralone dental paste	1 or 1b*	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
ORFADIN ORAL CAPSULE	3	PA; QL; LD
ORFADIN ORAL SUSPENSION	3	PA; QL; LD
ORKAMBI ORAL GRANULES IN PACKET	3	PA; QL; SP
ORKAMBI ORAL TABLET	3	PA; QL; LD; SP
OSPHENA ORAL TABLET	3	PA; QL
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
pamidronate intravenous recon soln	1 or 1b*	SP
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)	1 or 1b*	SP

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

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Drug Name	Tier	Notes
PAMIDRONATE INTRAVENOUS SOLUTION 60 MG/10 ML (6 MG/ML)	3	SP
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	
PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	
PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	PA; QL
paricalcitol intravenous solution	1 or 1b*	PA; QL
paricalcitol oral capsule	1 or 1b*	PA; QL
paroex oral rinse mucous membrane mouthwash	1 or 1a*	
paroxetine mesylate(menop.sym) oral capsule	1 or 1b*	
PARSABIV INTRAVENOUS SOLUTION	3	PA; QL
PENTETATE CALCIUM TRISODIUM INTRAVENOUS SOLUTION	3	
PENTETATE ZINC TRISODIUM INTRAVENOUS SOLUTION	3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
periogard mucous membrane mouthwash	1 or 1a*	
PH 12 DILUENT FOR FLOLAN INTRAVENOUS SOLUTION	3	LD
POLYSORBATE 80 SOLUTION	3	
PRALIDOXIME INTRAMUSCULAR PEN INJECTOR	3	

Drug Name	Tier	Notes
PROBUPHINE SUBDERMAL IMPLANT	3	PA; QL
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL; LD; SP
PROLASTIN-C INTRAVENOUS RECON SOLN	3	PA; QL; LD
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; QL; LD
PROLIA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PROPECIA ORAL TABLET	3	
PROSCAR ORAL TABLET	3	
PROTHELIAL MUCOUS MEMBRANE PASTE	3	
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	
PROVAYBLUE INTRAVENOUS SOLUTION	3	
pulmosal inhalation solution for nebulization	1 or 1b*	
PULMOZYME INHALATION SOLUTION	3	SP
Q-CARE RX Q2 KIT	3	
Q-CARE RX Q4 KIT	3	
QUADRAMET INTRAVENOUS SOLUTION	3	
RADIOGARDASE ORAL CAPSULE	3	
raloxifene oral tablet	1 or 1b*	\$0
RAPAFLO ORAL CAPSULE	3	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL
RECLAST INTRAVENOUS PIGGYBACK	3	PA; QL; SP
REVCovi INTRAMUSCULAR SOLUTION	3	PA; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
risedronate oral tablet	1 or 1b*		sterile water for injection injection solution	1 or 1b*	
risedronate oral tablet,delayed release (dr/ec)	1 or 1b*		<b>STERITALC INTRAPLEURAL AEROSOL POWDER</b>	3	
<b>RUCONEST INTRAVENOUS RECON SOLN</b>	3	PA; QL; LD; SP	<b>STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION</b>	3	
<b>SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET</b>	3		<b>STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML</b>	3	PA; QL
<b>SAVELLA ORAL TABLET</b>	2		<b>STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML</b>	3	PA; QL; LD
<b>SAVELLA ORAL TABLETS,DOSE PACK</b>	2		<b>SUBLCALE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE</b>	3	LD; SP
<b>SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER</b>	3		<b>SUBOXONE SUBLINGUAL FILM</b>	3	QL
<b>SENSIPAR ORAL TABLET</b>	3	PA; QL	<b>SURFAXIN INTRATRACHEAL SUSPENSION</b>	3	
sildenafil oral tablet	1 or 1b*	PA; QL	<b>SURVANTA INTRATRACHEAL SUSPENSION</b>	3	
silodosin oral capsule	1 or 1b*		<b>SYMDEKO ORAL TABLETS, SEQUENTIAL</b>	3	PA; QL; SP
sodium chlor 0.9% bacteriostat injection solution	1 or 1b*		<b>SYPRINE ORAL CAPSULE</b>	3	PA; QL; SP
sodium chloride inhalation solution for nebulization	1 or 1b*		tadalafil oral tablet	1 or 1b*	PA; QL
<b>SODIUM NITRITE INTRAVENOUS SOLUTION</b>	3		tamsulosin oral capsule	1 or 1b*	
<b>SODIUM SUCCINATE POWDER</b>	3		<b>TAVALISSE ORAL TABLET</b>	3	PA; QL
<b>SODIUM THIOSULFATE IN WATER INTRAVENOUS SOLUTION</b>	3		<b>TEGSEDI SUBCUTANEOUS SYRINGE</b>	3	PA; QL; SP
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*		<b>THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)</b>	3	PA; QL
solifenacin oral tablet	1 or 1b*		<b>THIOLA ORAL TABLET</b>	3	PA; QL
<b>SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG</b>	3	PA; QL; SP	tolterodine oral capsule,extended release 24hr	1 or 1b*	
<b>SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG</b>	3	PA; QL; LD; SP	tolterodine oral tablet	1 or 1b*	
<b>SORBITOL SOLUTION 70 %</b>	3		<b>TOTECT INTRAVENOUS RECON SOLN 500 MG</b>	3	SP
<b>STERILE TALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION</b>	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3		water for injection, sterile injection solution	1 or 1b*	
triamcinolone acetonide dental paste	1 or 1b*		water for injection, sterile intravenous parenteral solution	1 or 1b*	
trientine oral capsule	1 or 1b*	PA; QL; SP	XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY	3	
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	3		XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
trospium oral capsule,extended release 24hr	1 or 1b*		XIAFLEX INJECTION RECON SOLN	3	PA; QL; LD
trospium oral tablet	1 or 1b*		XOFIGO INTRAVENOUS SOLUTION	3	PA; QL
TYBOST ORAL TABLET	3		YELLOW JACKET VENOM INJECTION RECON SOLN	3	
TYSABRI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	ZAVESCA ORAL CAPSULE	3	PA; QL; LD; SP
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3		ZEMAIRA INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
vardenafil oral tablet	1 or 1b*	PA; QL	ZEMPLAR INTRAVENOUS SOLUTION	3	PA; QL
vardenafil oral tablet,disintegrating	1 or 1b*	PA; QL	ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA; QL
VESICARE ORAL TABLET	3	ST; QL	ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	SP
VIAGRA ORAL TABLET	3	PA; QL	zoledronic acid intravenous recon soln	1 or 1b*	PA; QL; SP
VIMIZIM INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	zoledronic acid intravenous solution	1 or 1b*	PA; QL; SP
VISTOGARD ORAL GRANULES IN PACKET	3	PA; QL; LD	zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1 or 1b*	PA; QL; SP
VISUDYNE INTRAVENOUS RECON SOLN	3	SP	zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1 or 1b*	SP
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	SP	ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	3	SP
VORAXAZE INTRAVENOUS RECON SOLN	3		ZUBSOLV SUBLINGUAL TABLET	3	QL
VPRIV INTRAVENOUS RECON SOLN	3	PA; QL; SP	VITAMINS		
VYNDAMAX ORAL CAPSULE	3	PA; QL	AQUASOL A INTRAMUSCULAR SOLUTION	3	
VYndaQEL ORAL CAPSULE	3	PA; QL; SP			
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.

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Drug Name	Tier	Notes
<b>ASCOR INTRAVENOUS SOLUTION</b>	3	
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	1 or 1b*	PA; QL
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
<b>DRISDOL ORAL CAPSULE</b>	3	
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*	
<b>INFUVITE ADULT INTRAVENOUS SOLUTION</b>	3	
<b>INFUVITE PEDIATRIC INTRAVENOUS SOLUTION</b>	3	
<b>M.V.I. ADULT INTRAVENOUS SOLUTION</b>	3	
<b>M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN</b>	3	
<b>M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION</b>	3	
<b>MEPHYTON ORAL TABLET</b>	3	
<b>NASCOBAL NASAL SPRAY, NON-AEROSOL</b>	3	
niacin oral tablet 500 mg	1 or 1b*	
phytonadione (vitamin k1) injection solution	1 or 1b*	
<b>PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE</b>	3	
phytonadione (vitamin k1) oral tablet 5 mg	1 or 1b*	
pyridoxine (vitamin b6) injection solution	1 or 1b*	

Drug Name	Tier	Notes
<b>ROCALTROL ORAL CAPSULE</b>	3	PA; QL
<b>ROCALTROL ORAL SOLUTION</b>	3	PA; QL
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*	

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La mayoría de los planes incluyen nuestro práctico programa de envío a domicilio sin costos adicionales para el afiliado. Puedes obtener más información en [empireblue.com](http://empireblue.com) o llamando al 866-297-0984.

## **Para obtener información sobre tu beneficio de farmacia, inicia sesión en [empireblue.com](http://empireblue.com).**

Encontrarás la lista de medicamentos y los detalles más actualizados sobre tus beneficios. Si tienes alguna pregunta, estamos aquí para ayudarte.

Llámanos al número de Servicios para Afiliados que aparece en tu tarjeta de identificación.

Usuarios con problemas de habla o audición (TDD/TTY):

Llamar al 1-800-221-6915, de lunes a viernes, de 8:30 a. m. a 5 p. m., hora del Este.



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# Get help in your language

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

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

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

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

## Tagalog

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

## Russian

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

## Arabic

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

## Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն։  
Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված  
համարով։ (TTY/TDD: 711)

## Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت  
کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده  
است، تماس بگیرید. (TTY/TDD: 711)

## French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

#### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

#### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiama il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

#### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

#### Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahóótí' t'áá ni nizaad k'ehjí niká a'doowoít'áá jiik'e. Naaltsoos bee atah nílinígíí bee néého'dólzingo nanitínígíí bccésh bee hane'i bikáá' áají' hodíílnih. Naaltsoos bee atah nílinígíí bee néého'dólzingo nanitínígíí bccésh bee hane'i bikáá' áají' hodíílnih. (TTY/TDD: 711)

#### **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.