

Essential Drug List

Drug list — Four Tier Drug Plan

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

Here are a few things to remember about the list:

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

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

Essential Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

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

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

Here are a few things to think about:

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

Who decides what drugs are on the list?

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

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

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

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

Online Pharmacy Resources

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

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

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

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

Does my plan cover preventive drugs?

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

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

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

KEY

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

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

Generic drugs are in lower case, plain type.

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

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

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

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

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

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

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

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

Essential Drug List

Four-Tier

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3
AMINOGLYCOSIDES	4
ANALGESICS - ANTI-INFLAMMATORY	4
ANALGESICS - NONNARCOTIC	6
ANALGESICS - OPIOID	8
ANDROGENS-ANABOLIC	10
ANORECTAL AND RELATED PRODUCTS	10
ANTHELMINTICS	10
ANTIANGINAL AGENTS	10
ANTIANKXIETY AGENTS	11
ANTIARRHYTHMICS	11
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	12
ANTICOAGULANTS	13
ANTICONVULSANTS	14
ANTIDEPRESSANTS	15
ANTIDIABETICS	16
ANTIDIARRHEAL/PROBIOTIC AGENTS	19
ANTIDOTES AND SPECIFIC ANTAGONISTS	19
ANTIEMETICS	19
ANTIFUNGALS	20
ANTIHISTAMINES	20
ANTIHYPERLIPIDEMICS	20
ANTIHYPERTENSIVES	21
ANTI-INFECTIVE AGENTS - MISC.	24
ANTIMALARIALS	25
ANTIMYASTHENIC/CHOLINERGIC AGENTS	25
ANTIMYCOBACTERIAL AGENTS	25
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	25
ANTIPARKINSON AND RELATED THERAPY AGENTS	28
ANTIPSYCHOTICS/ANTIMANIC AGENTS	28
ANTIVIRALS	30
BETA BLOCKERS	32
CALCIUM CHANNEL BLOCKERS	32
CARDIOTONICS	33
CARDIOVASCULAR AGENTS - MISC.	33
CEPHALOSPORINS	34
CONTRACEPTIVES	35
CORTICOSTEROIDS	38
COUGH/COLD/ALLERGY	39
DERMATOLOGICALS	39
DIAGNOSTIC PRODUCTS	44
DIGESTIVE AIDS	44
DIURETICS	44
ENDOCRINE AND METABOLIC AGENTS - MISC.	45
ESTROGENS	47
FLUOROQUINOLONES	47
GASTROINTESTINAL AGENTS - MISC.	47
GENERAL ANESTHETICS	49
GENTOURINARY AGENTS - MISCELLANEOUS	49
GOUT AGENTS	49
HEMATOLOGICAL AGENTS - MISC.	49
HEMATOPOIETIC AGENTS	50
HEMOSTATICS	51
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	52
LAXATIVES	52
LOCAL ANESTHETICS-PARENTERAL	54
MACROLIDES	54
MEDICAL DEVICES AND SUPPLIES	55

MIGRAINE PRODUCTS	61
MINERALS & ELECTROLYTES	62
MISCELLANEOUS THERAPEUTIC CLASSES	63
MOUTH/THROAT/DENTAL AGENTS	64
MULTIVITAMINS	65
MUSCULOSKELETAL THERAPY AGENTS	68
NASAL AGENTS - SYSTEMIC AND TOPICAL	68
NEUROMUSCULAR AGENTS	68
NUTRIENTS	69
OPHTHALMIC AGENTS	69
OTIC AGENTS	71
OXYTOCICS	72
PASSIVE IMMUNIZING AND TREATMENT AGENTS	72
PENICILLINS	72
PROGESTINS	73
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	73
RESPIRATORY AGENTS - MISC.	76
TETRACYCLINES	76
THYROID AGENTS	77
TOXOIDS	77
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	77
URINARY ANTISPASMODICS	78
VACCINES	79
VAGINAL AND RELATED PRODUCTS	80
VASOPRESSORS	81
VITAMINS	81

Four-Tier

CURRENT AS OF 1/1/2021

Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA; DO; QL
guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg	1 or 1b*	PA; QL
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1 or 1b*	PA; DO; QL
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL
*AMPHETAMINE MIXTURES***		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA; DO; QL
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA; DO; QL
amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL
*AMPHETAMINES***		
amphetamine er oral suspension extended release	1 or 1b*	
amphetamine sulfate oral tablet 10 mg	1 or 1b*	

Drug Name	Tier	Notes
amphetamine sulfate oral tablet 5 mg	1 or 1b*	DO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA; DO; QL
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 10 mg	1 or 1b*	PA; QL
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA; DO; QL
procentra oral solution	1 or 1b*	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	2	PA; DO; QL
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL
VYVANSE ORAL TABLET CHEWABLE	2	PA; QL
zenedi oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg	1 or 1b*	PA; QL
zenedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
*ANALEPTICS***		
caffeine citrate intravenous solution	2	CTT1
caffeine citrate oral solution	2	CTT1
*ANOREXIANTS NON-AMPHETAMINE***		
benzphetamine hcl oral tablet 25 mg	1 or 1b*	
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA; QL
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
diethylpropion hcl oral tablet	1 or 1b*	PA; QL
phendimetrazine tartrate er oral capsule extended release 24 hour	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine hcl oral capsule	1 or 1b*	PA; QL
phentermine hcl oral tablet	1 or 1b*	PA; QL

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

Drug Name	Tier	Notes
*STIMULANTS - MISC.***		
armodafinil oral tablet	2	PA; QL; CTT1
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1 or 1b*	PA; DO; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
metadate er oral tablet extended release 20 mg	1 or 1b*	PA; QL
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (1a) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er (1a) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg	1 or 1b*	PA; DO; QL
methylphenidate hcl er oral tablet extended release 20 mg, 36 mg, 54 mg	1 or 1b*	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA; DO; QL

Drug Name	Tier	Notes
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 100 mg	2	PA; DO; QL; CTT1
modafinil oral tablet 200 mg	2	PA; QL; CTT1
AMINOGLYCOSIDES		
*AMINOGLYCOSIDES**		
*		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	2	CTT1
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	2	CTT1
gentamicin sulfate injection solution	2	CTT1
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
tobramycin inhalation nebulization solution	4	SP
tobramycin sulfate injection solution	2	CTT1
tobramycin sulfate injection solution reconstituted	2	CTT1
ANALGESICS - ANTI-INFLAMMATORY		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL; SP
XELJANZ ORAL TABLET	4	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	4	PA; QL; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	4	PA; QL
*ANTIRHEUMATIC ANTIMETABOLITES***		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; QL; SP
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; QL; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; QL; SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; QL; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; QL; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP

Drug Name	Tier	Notes
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS***		
celecoxib oral capsule	2	ST; QL; CTT1
*GOLD COMPOUNDS***		
RIDAURA ORAL CAPSULE	2	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS***		
diclofenac-misoprostol oral tablet delayed release	2	ST; QL; CTT1
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***		
diclofenac potassium oral tablet	1 or 1b*	
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	
diclofenac sodium oral tablet delayed release	1 or 1b*	
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour	1 or 1b*	
etodolac oral capsule	1 or 1b*	
etodolac oral tablet	1 or 1b*	
fenoprofen calcium oral tablet	1 or 1b*	
flurbiprofen oral tablet	1 or 1b*	
ibu oral tablet	1 or 1a*	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1 or 1a*	
indomethacin er oral capsule extended release	1 or 1b*	
indomethacin oral capsule 25 mg, 50 mg	1 or 1b*	
indomethacin sodium intravenous solution reconstituted	2	CTT1
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	
ketoprofen oral capsule 50 mg, 75 mg	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
ketorolac tromethamine injection solution 15 mg/ml	2	QL; CTT1
ketorolac tromethamine oral tablet	1 or 1a*	QL
meclofenamate sodium oral capsule	1 or 1b*	
mefenamic acid oral capsule	1 or 1b*	
meloxicam oral tablet	1 or 1b*	
nabumetone oral tablet	1 or 1b*	
naproxen oral suspension	1 or 1b*	
naproxen oral tablet	1 or 1b*	
naproxen oral tablet delayed release 375 mg	1 or 1b*	
naproxen sodium oral tablet 275 mg, 550 mg	1 or 1b*	
oxaprozin oral tablet	1 or 1b*	
piroxicam oral capsule	1 or 1b*	
relafen oral tablet	1 or 1b*	
sulindac oral tablet	1 or 1b*	
tolmetin sodium oral capsule	2	CTT1
tolmetin sodium oral tablet 600 mg	2	CTT1
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
OTEZLA ORAL TABLET	4	PA; QL; SP
OTEZLA ORAL TABLET THERAPY PACK	4	PA; QL; SP
*PYRIMIDINE SYNTHESIS INHIBITORS***		
leflunomide oral tablet	2	CTT1
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL; SP

Drug Name	Tier	Notes
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
ANALGESICS - NONNARCOTIC		
*ANALGESICS OTHER***		
clonidine hcl (analgesia) epidural solution	1 or 1b*	
*ANALGESICS- SEDATIVES***		
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-apap-caffeine oral capsule	1 or 1b*	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1 or 1b*	
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
tencon oral tablet 50-325 mg	1 or 1b*	
zebutal oral capsule 50-325-40 mg	2	CTT1
*SALICYLATE COMBINATIONS***		
eq buffered aspirin oral tablet	1 or 1b*	OTC; \$0
ra tri-buffered aspirin oral tablet	1 or 1b*	OTC; \$0
sm aspirin tri-buffered oral tablet	1 or 1b*	OTC; \$0
tri-buffered aspirin oral tablet 325 mg	1 or 1b*	OTC; \$0
*SALICYLATES***		
adult aspirin regimen oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin 81 oral tablet chewable	1 or 1a*	OTC; \$0
aspirin 81 oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; \$0
aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin adult oral tablet	1 or 1a*	OTC; \$0
aspirin childrens oral tablet chewable	1 or 1a*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
aspirin ec adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
aspirin low strength oral tablet chewable	1 or 1a*	OTC; \$0
aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
aspirin oral tablet chewable	1 or 1a*	OTC; \$0
aspirin oral tablet delayed release 325 mg, 81 mg	1 or 1a*	OTC; \$0
aspir-low oral tablet delayed release	1 or 1a*	OTC; \$0
aspirtab oral tablet delayed release	1 or 1a*	OTC; \$0
bayer advanced aspirin reg st oral tablet	1 or 1a*	OTC; \$0
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
bayer aspirin oral tablet	1 or 1a*	OTC; \$0
bayer aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
bayer low dose oral tablet chewable	1 or 1a*	OTC; \$0
bayer low dose oral tablet delayed release	1 or 1a*	OTC; \$0
childrens aspirin low strength oral tablet chewable	1 or 1a*	OTC; \$0
childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; \$0
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
cvs aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
ecotrin oral tablet delayed release	1 or 1a*	OTC; \$0
ecpirin oral tablet delayed release	1 or 1a*	OTC; \$0
eq adult aspirin low strength oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin adult low dose oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eq aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
eq aspirin oral tablet	1 or 1a*	OTC; \$0
eq aspirin oral tablet delayed release 325 mg	1 or 1a*	OTC; \$0
eq childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
eql aspirin ec oral tablet delayed release 325 mg	1 or 1a*	OTC; \$0
eql aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
eql aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
gnp adult aspirin low strength oral tablet chewable	1 or 1a*	OTC; \$0
gnp aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
gnp aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
gnp aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense aspirin adult low st oral tablet chewable	1 or 1a*	OTC; \$0
goodsense aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense aspirin oral tablet	1 or 1a*	OTC; \$0
goodsense aspirin oral tablet chewable	1 or 1a*	OTC; \$0
goodsense aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
h-e-b aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
hm aspirin ec low dose oral tablet delayed release	1 or 1a*	OTC; \$0
hm aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
hm aspirin oral tablet	1 or 1a*	OTC; \$0
hm aspirin oral tablet chewable	1 or 1a*	OTC; \$0
hm aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
kls aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
kls aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
kp aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
meijer aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
miniprin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
mm aspirin oral tablet	1 or 1a*	OTC; \$0
px aspirin oral tablet	1 or 1a*	OTC; \$0
px aspirin oral tablet chewable	1 or 1a*	OTC; \$0
px enteric aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
qc aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
qc aspirin low dose oral tablet delayed release	1 or 1a*	OTC; \$0
qc aspirin oral tablet	1 or 1a*	OTC; \$0
qc aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
qc childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
qc enteric aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin adult low dose oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin childrens oral tablet chewable	1 or 1a*	OTC; \$0
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
ra aspirin oral tablet 325 mg	1 or 1a*	OTC; \$0
ra childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
ra pain relief aspirin oral tablet	1 or 1a*	OTC; \$0
salsalate oral tablet	2	CTT1
sb aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sb aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
sb aspirin oral tablet	1 or 1a*	OTC; \$0
sb aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
sb childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
sb low dose asa ec oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin adult low strength oral tablet chewable	1 or 1a*	OTC; \$0
sm aspirin adult low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin ec low strength oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin ec oral tablet delayed release	1 or 1a*	OTC; \$0
sm aspirin low dose oral tablet chewable	1 or 1a*	OTC; \$0
sm aspirin oral tablet	1 or 1a*	OTC; \$0
sm childrens aspirin oral tablet chewable	1 or 1a*	OTC; \$0
st joseph aspirin oral tablet delayed release	1 or 1a*	OTC; \$0
st joseph low dose oral tablet chewable	1 or 1a*	OTC; \$0
st joseph low dose oral tablet delayed release	1 or 1a*	OTC; \$0
ANALGESICS - OPIOID		
*CODEINE COMBINATIONS***		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL
acetaminophen-codeine oral solution	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ascomp-codeine oral capsule	1 or 1b*	QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
butalbital-apap-caff-cod oral capsule	1 or 1b*	QL
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL
*DIHYDROCODEINE COMBINATIONS***		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1 or 1b*	QL
trezix oral capsule 320.5-30-16 mg	1 or 1b*	QL
*HYDROCODONE COMBINATIONS***		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1 or 1b*	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL
*OPIOID AGONISTS***		
codeine sulfate oral tablet 30 mg	2	QL; CTT1
duramorph injection solution	1 or 1b*	QL
fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL; CTT1
fentanyl citrate buccal tablet	2	PA; QL; CTT1
fentanyl transdermal patch 72 hour	2	PA; QL; CTT1
hydromorphone hcl er oral tablet extended release 24 hour	2	PA; QL; CTT1
hydromorphone hcl injection solution 4 mg/ml	1 or 1b*	QL
hydromorphone hcl oral liquid	1 or 1b*	QL
hydromorphone hcl oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml	1 or 1b*	QL
levorphanol tartrate oral tablet	2	PA; QL; CTT1
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine hcl oral solution	1 or 1b*	QL
meperidine hcl oral tablet 50 mg	1 or 1b*	QL
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL
methadone hcl oral concentrate	1 or 1b*	PA; QL
methadone hcl oral solution	1 or 1b*	PA; QL
methadone hcl oral tablet	1 or 1b*	PA; QL
methadone hcl oral tablet soluble	1 or 1b*	PA; QL
methadose oral tablet soluble	1 or 1b*	PA; QL
mitigo injection solution	2	QL; CTT1
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1 or 1b*	QL
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
morphine sulfate er beads oral capsule extended release 24 hour	2	PA; QL; CTT1
morphine sulfate er oral capsule extended release 24 hour	2	PA; QL; CTT1
morphine sulfate er oral tablet extended release	2	PA; QL; CTT1
morphine sulfate oral solution	1 or 1b*	QL
morphine sulfate oral tablet	1 or 1b*	QL
oxycodone hcl oral capsule	2	QL; CTT1
oxycodone hcl oral concentrate 100 mg/5ml	2	QL; CTT1
oxycodone hcl oral solution	2	QL; CTT1
oxycodone hcl oral tablet	2	QL; CTT1
oxymorphone hcl er oral tablet extended release 12 hour	2	PA; QL; CTT1
oxymorphone hcl oral tablet	2	QL; CTT1
remifentanyl hcl intravenous solution reconstituted	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	PA; QL; CTT1
tramadol hcl er oral capsule extended release 24 hour	2	PA; QL; CTT1
tramadol hcl er oral tablet extended release 24 hour	2	PA; QL; CTT1
tramadol hcl oral tablet	1 or 1b*	QL
*OPIOID COMBINATIONS***		
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
oxycodone-aspirin oral tablet 4.8355-325 mg	1 or 1b*	QL
*OPIOID PARTIAL AGONISTS***		
buprenorphine hcl injection solution 0.3 mg/ml	2	QL; CTT1
buprenorphine hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual film	1 or 1b*	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1 or 1b*	QL
buprenorphine transdermal patch weekly	2	PA; QL; CTT1
butorphanol tartrate injection solution	2	QL; CTT1
butorphanol tartrate nasal solution	1 or 1b*	QL
nalbuphine hcl injection solution	2	CTT1
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL
*TRAMADOL COMBINATIONS***		
tramadol-acetaminophen oral tablet	1 or 1b*	QL
ANDROGENS- ANABOLIC		
*ANABOLIC STERIODS***		
oxandrolone oral tablet	2	PA; QL; CTT1

Drug Name	Tier	Notes
*ANDROGENS***		
danazol oral capsule	2	CTT1
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1 or 1b*	PA; QL
testosterone enanthate intramuscular solution	1 or 1b*	PA; QL
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA; QL; CTT1
testosterone transdermal solution	2	PA; QL; CTT1
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STERIODS***		
hydrocortisone rectal enema	1 or 1b*	
*RECTAL ANESTHETIC/STERIODS ***		
hydrocortisone ace- pramoxine external cream 1- 1 %	1 or 1b*	
*RECTAL STERIODS***		
hydrocortisone (perianal) external cream	1 or 1b*	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
ANTHELMINTICS		
*ANTHELMINTICS***		
albendazole oral tablet	1 or 1b*	PA; QL
ivermectin oral tablet	1 or 1b*	
praziquantel oral tablet	2	CTT1
ANTIANGINAL AGENTS		
*ANTIANGINALS- OTHER***		
ranolazine er oral tablet extended release 12 hour	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*NITRATES***		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1 or 1b*	
isosorbide dinitrate oral tablet 40 mg	2	CTT1
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
minitran transdermal patch 24 hour	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	2	CTT1
ANTIANGIETY AGENTS		
*ANTIANGIETY AGENTS - MISC.***		
bupropion hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	1 or 1b*	
*BENZODIAZEPINES***		
alprazolam er oral tablet extended release 24 hour	1 or 1b*	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet dispersible	1 or 1b*	
alprazolam xr oral tablet extended release 24 hour	1 or 1b*	

Drug Name	Tier	Notes
chlorthalidone hcl oral capsule	1 or 1b*	
clonazepam dipotassium oral tablet	1 or 1b*	
diazepam intensol oral concentrate	1 or 1a*	
diazepam oral concentrate	1 or 1a*	
diazepam oral solution 5 mg/5ml	1 or 1a*	
diazepam oral tablet	1 or 1a*	
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate 2 mg/ml	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
oxazepam oral capsule	2	CTT1
ANTIARRHYTHMICS		
*ANTIARRHYTHMICS - MISC.***		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A***		
disopyramide phosphate oral capsule	2	CTT1
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	2	
procainamide hcl injection solution	2	CTT1
quinidine gluconate er oral tablet extended release	2	CTT1
quinidine sulfate oral tablet	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B***		
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	1 or 1b*	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1 or 1b*	
mexiletine hcl oral capsule	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*ANTIARRHYTHMICS TYPE I-C***		
flecainide acetate oral tablet	2	CTT1
propafenone hcl er oral capsule extended release 12 hour	2	CTT1
propafenone hcl oral tablet	2	CTT1
*ANTIARRHYTHMICS TYPE III***		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet	1 or 1b*	
dofetilide oral capsule	4	
ibutilide fumarate intravenous solution	1 or 1b*	
pacrone oral tablet 100 mg, 200 mg, 400 mg	1 or 1b*	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*ADRENERGIC COMBINATIONS***		
ADVAIR HFA INHALATION AEROSOL	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
fluticasone-salmeterol inhalation aerosol powder breath activated	1 or 1b*	
ipratropium-albuterol inhalation solution	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	
SYMBICORT INHALATION AEROSOL	2	

Drug Name	Tier	Notes
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	
*ANTI- INFLAMMATORY AGENTS***		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
*BETA ADRENERGICS***		
albuterol sulfate er oral tablet extended release 12 hour	1 or 1b*	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1 or 1b*	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	CTT1
levalbuterol tartrate inhalation aerosol	1 or 1b*	
PERFORMIST INHALATION NEBULIZATION SOLUTION	2	
PROAIR HFA INHALATION AEROSOL SOLUTION	2	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*BRONCHODILATORS - ANTICHOLINERGICS***		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	
ipratropium bromide inhalation solution	1 or 1b*	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	
*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
montelukast sodium oral packet	1 or 1b*	
montelukast sodium oral tablet	1 or 1b*	
montelukast sodium oral tablet chewable	1 or 1b*	
zafirlukast oral tablet	1 or 1b*	
*STEROID INHALANTS***		
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
budesonide inhalation suspension	1 or 1b*	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
FLOVENT HFA INHALATION AEROSOL	2	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED	2	
*XANTHINE-EXPECTORANTS***		
difil-g forte oral liquid	1 or 1b*	
*XANTHINES***		
aminophylline intravenous solution	1 or 1b*	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Drug Name	Tier	Notes
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1 or 1b*	
theophylline er oral tablet extended release 24 hour	1 or 1b*	
theophylline oral solution	1 or 1b*	
ANTICOAGULANTS		
*COUMARIN ANTICOAGULANTS***		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL TABLET	2	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
*HEPARINS AND HEPARINOID-LIKE AGENTS***		
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	2	CTT1
heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%	2	CTT1
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	CTT1
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	2	CTT1
heparin sodium lock flush intravenous solution 100 unit/ml	2	CTT1
*LOW MOLECULAR WEIGHT HEPARINS***		
enoxaparin sodium injection solution	4	
enoxaparin sodium subcutaneous solution	4	

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

Effective 01/01/2021

Drug Name	Tier	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	4	QL
*SYNTHETIC HEPARINOID-LIKE AGENTS***		
fondaparinux sodium subcutaneous solution	4	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE***		
PRADAXA ORAL CAPSULE	3	
ANTICONSULSANTS		
*ANTICONSULSANTS - BENZODIAZEPINES***		
clobazam oral suspension	2	CTT1
clobazam oral tablet	2	CTT1
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet dispersible	1 or 1b*	
diazepam rectal gel	1 or 1b*	
*ANTICONSULSANTS - MISC.***		
carbamazepine er oral capsule extended release 12 hour	1 or 1b*	
carbamazepine er oral tablet extended release 12 hour	1 or 1b*	
carbamazepine oral suspension	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet chewable	1 or 1b*	
epitol oral tablet	1 or 1b*	
gabapentin oral capsule	2	CTT1
gabapentin oral solution	2	CTT1
gabapentin oral tablet	2	CTT1
lamotrigine er oral tablet extended release 24 hour	1 or 1b*	

Drug Name	Tier	Notes
lamotrigine oral kit 25 & 50 & 100 mg	1 or 1b*	
lamotrigine oral tablet	1 or 1b*	
lamotrigine oral tablet chewable	1 or 1b*	
lamotrigine oral tablet dispersible	1 or 1b*	
lamotrigine starter kit-blue oral kit	1 or 1b*	
lamotrigine starter kit-green oral kit	1 or 1b*	
lamotrigine starter kit-orange oral kit	1 or 1b*	
levetiracetam er oral tablet extended release 24 hour	2	CTT1
levetiracetam intravenous solution	2	CTT1
levetiracetam oral solution	2	CTT1
levetiracetam oral tablet	2	CTT1
oxcarbazepine oral suspension	1 or 1b*	
oxcarbazepine oral tablet	1 or 1b*	
pregabalin oral capsule	2	CTT1
pregabalin oral solution	2	CTT1
primidone oral tablet	1 or 1b*	
roweepra oral tablet 500 mg	2	CTT1
rufinamide oral suspension	2	CTT1
subvenite oral tablet	1 or 1b*	
subvenite starter kit-blue oral kit	1 or 1b*	
subvenite starter kit-green oral kit	1 or 1b*	
subvenite starter kit-orange oral kit	1 or 1b*	
topiramate er oral capsule er 24 hour sprinkle	1 or 1b*	ST; QL
topiramate oral capsule sprinkle	1 or 1b*	
topiramate oral tablet	1 or 1b*	
zonisamide oral capsule	2	CTT1
*CARBAMATES***		
felbamate oral suspension	2	CTT1
felbamate oral tablet	2	CTT1
*GABA MODULATORS***		
tiagabine hcl oral tablet	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
vigabatrin oral packet	4	LD; SP
vigabatrin oral tablet	4	LD; SP
vigadrone oral packet	4	LD
*HYDANTOINS***		
DILANTIN ORAL CAPSULE 30 MG	2	
fosphenytoin sodium injection solution	2	CTT1
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
*SUCCINIMIDES***		
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
*VALPROIC ACID***		
divalproex sodium er oral tablet extended release 24 hour	1 or 1b*	
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	
divalproex sodium oral tablet delayed release	1 or 1b*	
valproate sodium intravenous solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
valproic acid oral solution	1 or 1b*	
ANTIDEPRESSANTS		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)***		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
*ANTIDEPRESSANTS - MISC.***		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	

Drug Name	Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
maprotiline hcl oral tablet	1 or 1b*	
*MONOAMINE OXIDASE INHIBITORS (MAOIS)***		
phenelzine sulfate oral tablet	1 or 1b*	
tranylcypromine sulfate oral tablet	1 or 1b*	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
citalopram hydrobromide oral solution	1 or 1b*	
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	DO
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	
escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO
escitalopram oxalate oral tablet 20 mg	1 or 1b*	
fluoxetine hcl oral capsule 10 mg	1 or 1b*	DO
fluoxetine hcl oral capsule 20 mg, 40 mg	1 or 1b*	
fluoxetine hcl oral capsule delayed release	1 or 1b*	
fluoxetine hcl oral solution	1 or 1b*	
fluoxetine hcl oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl oral tablet 20 mg	1 or 1b*	
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	DO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
sertraline hcl oral concentrate	1 or 1b*	
sertraline hcl oral tablet 100 mg	1 or 1b*	
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
*SEROTONIN MODULATORS***		
nefazodone hcl oral tablet	1 or 1b*	
trazodone hcl oral tablet	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	DO
TRINTELLIX ORAL TABLET 20 MG	3	
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	DO
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	2	CTT1
duloxetine hcl oral capsule delayed release particles 30 mg	2	DO; CTT1
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	1 or 1b*	

Drug Name	Tier	Notes
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl oral tablet	1 or 1b*	
*TRICYCLIC AGENTS***		
amitriptyline hcl oral tablet	1 or 1a*	
amoxapine oral tablet	1 or 1b*	
clomipramine hcl oral capsule	1 or 1b*	
desipramine hcl oral tablet	2	CTT1
doxepin hcl oral capsule	1 or 1b*	
doxepin hcl oral concentrate	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
nortriptyline hcl oral capsule	1 or 1b*	
nortriptyline hcl oral solution	1 or 1b*	
protriptyline hcl oral tablet	2	CTT1
trimipramine maleate oral capsule	1 or 1b*	
ANTIDIABETICS		
*ALPHA-GLUCOSIDASE INHIBITORS***		
acarbose oral tablet	1 or 1b*	
miglitol oral tablet	1 or 1b*	
*ANTIDIABETIC - AMYLIN ANALOGS***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
*BIGUANIDES***		
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	generic Glucophage XR
metformin hcl oral solution	2	PA; QL; CTT1
metformin hcl oral tablet	1 or 1b*	
*DIABETIC OTHER***		
diazoxide oral suspension	2	CTT1
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	

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

Effective 01/01/2021

Drug Name	Tier	Notes
GLUCAGON EMERGENCY INJECTION KIT	2	
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS***		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS***		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS***		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL
*HUMAN INSULIN***		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	

Drug Name	Tier	Notes
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	OTC
HUMULIN N SUBCUTANEOUS SUSPENSION	2	OTC
HUMULIN R INJECTION SOLUTION	2	OTC
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	PA; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	

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

Effective 01/01/2021

Drug Name	Tier	Notes
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LEVEMIR SUBCUTANEOUS SOLUTION	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
TRESIBA SUBCUTANEOUS SOLUTION	2	ST; QL
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
RYBELSUS ORAL TABLET	2	ST; QL
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	ST; QL

Drug Name	Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	2	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL
*MEGLITINIDE ANALOGUES***		
nateglinide oral tablet	2	CTT1
repaglinide oral tablet	2	CTT1
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
FARXIGA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; QL
*SULFONYLUREA-BIGUANIDE COMBINATIONS***		
glipizide-metformin hcl oral tablet	1 or 1b*	ST; QL
glyburide-metformin oral tablet	1 or 1b*	ST; QL
*SULFONYLUREAS***		
glimepiride oral tablet	1 or 1b*	ST; QL
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST; QL
glipizide oral tablet	1 or 1a*	ST; QL
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST; QL
glyburide micronized oral tablet	1 or 1b*	ST; QL
glyburide oral tablet	1 or 1b*	ST; QL
tolbutamide oral tablet	2	ST; QL; CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS***		
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS***		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL
*THIAZOLIDINEDIONES ***		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*ANTIPERISTALTIC AGENTS***		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
loperamide hcl oral capsule	1 or 1b*	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*ANTIDOTES - CHELATING AGENTS***		
deferasirox granules oral packet	4	PA; QL; SP
deferasirox oral tablet 180 mg	4	SP
deferasirox oral tablet 360 mg, 90 mg	4	PA; QL; SP
deferasirox oral tablet soluble	4	PA; QL; SP
deferiprone oral tablet	4	PA; QL
*ANTIDOTES AND SPECIFIC ANTAGONISTS***		
acetylcysteine intravenous solution	2	CTT1
fomepizole intravenous solution 1.5 gm/1.5ml	1 or 1b*	
*BENZODIAZEPINE ANTAGONISTS***		
flumazenil intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
*OPIOID ANTAGONISTS***		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1 or 1b*	
naloxone hcl injection solution cartridge	1 or 1b*	
naloxone hcl injection solution prefilled syringe	1 or 1b*	
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID	2	
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	2	CTT1
granisetron hcl oral tablet	2	QL; CTT1
ondansetron hcl injection solution 40 mg/20ml	2	CTT1
ondansetron hcl oral solution	2	QL; CTT1
ondansetron hcl oral tablet	2	QL; CTT1
ondansetron oral tablet dispersible	2	QL; CTT1
palonosetron hcl intravenous solution prefilled syringe	2	PA; QL; CTT1
*ANTIEMETIC COMBINATIONS***		
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL
*ANTIEMETICS - ANTICHOLINERGIC***		
meclizine hcl oral tablet 12.5 mg, 25 mg	1 or 1a*	
meclizine hcl oral tablet chewable	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
trimethobenzamide hcl oral capsule	1 or 1b*	
*ANTIEMETICS - MISCELLANEOUS***		
dronabinol oral capsule	2	CTT1
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS***		
aprepitant oral capsule	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
fosaprepitant dimeglumine intravenous solution reconstituted	2	PA; QL; CTT1
ANTIFUNGALS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)***		
micafungin sodium intravenous solution reconstituted	2	CTT1
*ANTIFUNGALS***		
amphotericin b intravenous solution reconstituted	2	CTT1
flucytosine oral capsule	2	PA; QL; CTT1
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	
*IMIDAZOLES***		
ketoconazole oral tablet	1 or 1b*	
*TRIAZOLES***		
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1 or 1b*	
fluconazole oral suspension reconstituted	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
itraconazole oral capsule	2	PA; QL; CTT1
itraconazole oral solution	2	PA; QL; CTT1
posaconazole oral tablet delayed release	2	PA; QL; CTT1
voriconazole intravenous solution reconstituted	2	CTT1
voriconazole oral suspension reconstituted	2	PA; QL; CTT1
voriconazole oral tablet	2	PA; QL; CTT1
ANTIHIISTAMINES		
*ANTIHIISTAMINES - ALKYLAMINES***		
ryclora oral solution	1 or 1b*	

Drug Name	Tier	Notes
*ANTIHIISTAMINES - ETHANOLAMINES***		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet 4 mg	1 or 1b*	
clemastine fumarate oral tablet 2.68 mg	1 or 1b*	
diphenhydramine hcl injection solution	2	CTT1
RYVENT ORAL TABLET	1 or 1b*	
*ANTIHIISTAMINES - NON-SEDATING***		
desloratadine oral tablet	3	CTT1
desloratadine oral tablet dispersible	3	CTT1
*ANTIHIISTAMINES - PHENOTHIAZINES***		
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	
promethazine hcl oral syrup	1 or 1a*	
promethazine hcl oral tablet	1 or 1a*	
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	CTT1
promethegan rectal suppository	2	CTT1
*ANTIHIISTAMINES - PIPERIDINES***		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
ANTIHYPERLIPIDEMI CS		
*ANTIHYPERLIPIDEMI CS - MISC.***		
icosapent ethyl oral capsule	2	PA; QL; CTT1
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL
VASCEPA ORAL CAPSULE	2	PA; QL
*BILE ACID SEQUESTRANTS***		
cholestyramine light oral packet	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
cholestyramine light oral powder	2	CTT1
cholestyramine oral packet	2	CTT1
cholestyramine oral powder	2	CTT1
colesevelam hcl oral packet	2	CTT1
colesevelam hcl oral tablet	2	CTT1
colestipol hcl oral granules	1 or 1b*	
colestipol hcl oral packet	1 or 1b*	
colestipol hcl oral tablet	1 or 1b*	
prevalite oral packet	2	CTT1
prevalite oral powder	2	CTT1
*FIBRIC ACID DERIVATIVES***		
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate oral capsule	1 or 1b*	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg	1 or 1b*	
fenofibric acid oral capsule delayed release	1 or 1b*	
fenofibric acid oral tablet 35 mg	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
*HMG COA REDUCTASE INHIBITORS***		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	
fluvastatin sodium er oral tablet extended release 24 hour	1 or 1b*	\$0
fluvastatin sodium oral capsule	1 or 1b*	DO; \$0
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*	DO; \$0
pravastatin sodium oral tablet 80 mg	1 or 1b*	\$0
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	DO; CTT1; \$0
rosuvastatin calcium oral tablet 20 mg	2	DO; CTT1

Drug Name	Tier	Notes
rosuvastatin calcium oral tablet 40 mg	2	CTT1
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB***		
ezetimibe-simvastatin oral tablet	2	ST; QL; CTT1
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS***		
ezetimibe oral tablet	2	ST; QL; CTT1
*NICOTINIC ACID DERIVATIVES***		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL
niacin er (antihyperlipidemic) oral tablet extended release	1 or 1b*	ST; QL
niacor oral tablet	1 or 1b*	ST; QL
*PCSK9 INHIBITORS***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; QL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
*ANTIHYPERTENSIVES		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS***		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg	1 or 1b*	DO
trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE***		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	1 or 1b*	DO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	
captopril-hydrochlorothiazide oral tablet	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
fosinopril sodium-hctz oral tablet	1 or 1b*	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	DO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
*ACE INHIBITORS***		
benazepril hcl oral tablet	1 or 1a*	
captopril oral tablet	1 or 1b*	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous injectable	1 or 1b*	
fosinopril sodium oral tablet	1 or 1b*	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	DO
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	
moexipril hcl oral tablet	1 or 1b*	
perindopril erbumine oral tablet	1 or 1b*	
quinapril hcl oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ramipril oral capsule	1 or 1b*	
trandolapril oral tablet	1 or 1b*	
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB***		
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
*AGENTS FOR PHEOCHROMOCYTOM A***		
metirosine oral capsule	1 or 1b*	PA; QL
phenoxybenzamine hcl oral capsule	2	PA; QL; CTT1
phentolamine mesylate injection solution reconstituted	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB***		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
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
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***		
candesartan cilexetil-hctz oral tablet	1 or 1b*	
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	DO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***		
candesartan cilexetil oral tablet	1 or 1b*	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
losartan potassium oral tablet	1 or 1b*	
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg, 5 mg	1 or 1b*	
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
valsartan oral tablet	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES***		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO

Drug Name	Tier	Notes
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	
*ANTIADRENERGICS - CENTRALLY ACTING***		
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	2	CTT1
guanfacine hcl oral tablet	1 or 1b*	
methyl dopa oral tablet	1 or 1b*	
*ANTIADRENERGICS - PERIPHERALLY ACTING***		
doxazosin mesylate oral tablet	1 or 1b*	
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule	1 or 1b*	
*BETA BLOCKER & DIURETIC COMBINATIONS***		
atenolol-chlorthalidone oral tablet	1 or 1b*	
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
metoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
propranolol-hctz oral tablet	1 or 1b*	
*DIRECT RENIN INHIBITORS***		
aliskiren fumarate oral tablet 150 mg	2	DO; CTT1
aliskiren fumarate oral tablet 300 mg	2	CTT1
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)***		
eplerenone oral tablet	2	CTT1
*VASODILATORS***		
hydralazine hcl injection solution	2	CTT1
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
baciiim intramuscular solution reconstituted	2	CTT1
bacitracin intramuscular solution reconstituted	2	CTT1
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
pentamidine isethionate inhalation solution reconstituted	2	CTT1
pentamidine isethionate injection solution reconstituted	2	CTT1
tinidazole oral tablet	1 or 1b*	
trimethoprim oral tablet	1 or 1a*	
*ANTI-INFECTIVE MISC. - COMBINATIONS***		
sulfamethoxazole-trimethoprim intravenous solution	2	CTT1
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
*ANTIPROTOZOAL AGENTS***		
atovaquone oral suspension	2	CTT1
*CARBAPENEM COMBINATIONS***		
imipenem-cilastatin intravenous solution reconstituted	2	CTT1
*CARBAPENEMS***		
meropenem intravenous solution reconstituted	2	CTT1

Drug Name	Tier	Notes
*CHLORAMPHENICALS ***		
chloramphenicol sod succinate intravenous solution reconstituted	2	CTT1
*CYCLIC LIPOPEPTIDES***		
daptomycin intravenous solution reconstituted 500 mg	2	CTT1
*GLYCOPEPTIDES***		
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	2	CTT1
vancomycin hcl oral capsule	2	PA; QL; CTT1
*LEPROSTATICS***		
dapsone oral tablet	2	CTT1
*LINCOSAMIDES***		
clindamycin hcl oral capsule	1 or 1b*	
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
*MONOBACTAMS***		
aztreonam injection solution reconstituted	2	CTT1
*OXAZOLIDINONES***		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution 600 mg/300ml	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
*POLYMYXINS***		
colistimethate sodium (cba) injection solution reconstituted	2	CTT1
polymyxin b sulfate injection solution reconstituted	2	CTT1
*URINARY ANTI-INFECTIVES***		
fosfomycin tromethamine oral packet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
methenamine hippurate oral tablet	2	CTT1
nitrofurantoin macrocrystal oral capsule	1 or 1b*	
nitrofurantoin monohyd macro oral capsule	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*	
ANTIMALARIALS		
*ANTIMALARIAL COMBINATIONS***		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
*ANTIMALARIALS***		
chloroquine phosphate oral tablet	1 or 1a*	QL
hydroxychloroquine sulfate oral tablet	1 or 1b*	QL
mefloquine hcl oral tablet	1 or 1b*	
pyrimethamine oral tablet	1 or 1b*	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
pyridostigmine bromide er oral tablet extended release	2	CTT1
pyridostigmine bromide oral solution	2	CTT1
pyridostigmine bromide oral tablet	2	CTT1
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	2	CTT1
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
PRIFTIN ORAL TABLET	2	
pyrazinamide oral tablet	2	CTT1
rifabutin oral capsule	2	CTT1
rifampin intravenous solution reconstituted	2	CTT1
rifampin oral capsule	2	CTT1

Drug Name	Tier	Notes
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
MYLERAN ORAL TABLET	4	
*ANDROGEN BIOSYNTHESIS INHIBITORS***		
abiraterone acetate oral tablet 250 mg	4	PA; QL; SP
ZYTIGA ORAL TABLET 500 MG	4	PA; QL; LD; SP
*ANTIADRENALS***		
LYSODREN ORAL TABLET	4	LD
*ANTIANDROGENS***		
bicalutamide oral tablet	2	CTT1
ERLEADA ORAL TABLET	4	PA; QL; LD; SP
flutamide oral capsule	2	CTT1
nilutamide oral tablet	4	QL
XTANDI ORAL CAPSULE	4	PA; QL; LD; SP
*ANTIESTROGENS***		
SOLTAMOX ORAL SOLUTION	2	\$0
tamoxifen citrate oral tablet	2	CTT1; \$0
toremifene citrate oral tablet	4	
*ANTIMETABOLITES***		
capecitabine oral tablet	4	PA; QL; SP
mercaptopurine oral tablet	2	CTT1
methotrexate oral tablet	2	CTT1
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	4	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	4	
methotrexate sodium injection solution reconstituted	4	
methotrexate sodium oral tablet	2	CTT1
TABLOID ORAL TABLET	2	

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

Effective 01/01/2021

Drug Name	Tier	Notes
TREXALL ORAL TABLET	2	
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS***		
TAFINLAR ORAL CAPSULE	4	PA; QL; LD; SP
ZELBORAF ORAL TABLET	4	PA; QL; LD; SP
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS***		
ERIVEDGE ORAL CAPSULE	4	PA; QL; LD; SP
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS***		
ZOLINZA ORAL CAPSULE	4	PA; QL; SP
*ANTINEOPLASTIC - IMMUNOMODULATORS ***		
POMALYST ORAL CAPSULE	4	PA; QL; LD; SP
*ANTINEOPLASTIC - MEK INHIBITORS***		
MEKINIST ORAL TABLET	4	PA; QL; LD; SP
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	PA; QL; SP
AFINITOR ORAL TABLET 10 MG	4	PA; QL; SP
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS***		
NEXAVAR ORAL TABLET	4	PA; QL; LD; SP
STIVARGA ORAL TABLET	4	PA; QL; LD; SP
SUTENT ORAL CAPSULE	4	PA; QL; SP

Drug Name	Tier	Notes
*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS***		
BOSULIF ORAL TABLET	4	PA; QL; SP
CAPRELSA ORAL TABLET	4	PA; QL; LD
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL; LD; SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL; LD; SP
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	4	PA; QL; LD; SP
erlotinib hcl oral tablet	4	PA; QL; SP
GILOTRIF ORAL TABLET	4	PA; QL; LD
ICLUSIG ORAL TABLET	4	PA; QL; LD
imatinib mesylate oral tablet	4	PA; QL; SP
INLYTA ORAL TABLET	4	PA; QL; LD; SP
IRESSA ORAL TABLET	4	PA; QL; LD; SP
lapatinib ditosylate oral tablet	4	PA; QL; SP
SPRYCEL ORAL TABLET	4	PA; QL; SP
TASIGNA ORAL CAPSULE	4	PA; QL; SP
VOTRIENT ORAL TABLET	4	PA; QL; LD; SP
XALKORI ORAL CAPSULE	4	PA; QL; LD; SP
*ANTINEOPLASTIC COMBINATIONS***		
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
*ANTINEOPLASTICS MISC.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
hydroxyurea oral capsule	2	CTT1
INTRON A INJECTION SOLUTION	4	LD; SP
INTRON A INJECTION SOLUTION RECONSTITUTED	4	LD; SP
MATULANE ORAL CAPSULE	4	LD
*AROMATASE INHIBITORS***		
anastrozole oral tablet	2	CTT1; \$0
exemestane oral tablet	2	CTT1; \$0
letrozole oral tablet	2	CTT1; \$0
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE	4	PA; QL; LD; SP
IBRANCE ORAL TABLET	4	PA; QL; LD; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	4	PA; QL; SP
*ESTROGENS-ANTINEOPLASTIC***		
EMCYT ORAL CAPSULE	4	PA; QL
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
leucovorin calcium injection solution	4	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	2	CTT1
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS***		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	SP

Drug Name	Tier	Notes
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; QL; SP
*IMIDAZOTETRAZINES***		
temozolomide oral capsule	4	PA; QL; SP
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS***		
JAKAFI ORAL TABLET	4	PA; QL; LD; SP
*LHRH ANALOGS***		
leuprolide acetate injection kit	4	PA; QL; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA; QL; SP
*MITOTIC INHIBITORS***		
etoposide oral capsule	4	SP
*NITROGEN MUSTARDS***		
cyclophosphamide oral capsule	4	SP
LEUKERAN ORAL TABLET	2	
melphalan oral tablet	4	SP
*PROGESTINS-ANTINEOPLASTIC***		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	LD
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1 or 1b*	
megestrol acetate oral tablet	1 or 1b*	
*RETINOIDS***		
tretinoin oral capsule	2	CTT1
*SELECTIVE RETINOID X RECEPTOR AGONISTS***		
bexarotene oral capsule	4	PA; QL; SP
*TOPOISOMERASE I INHIBITORS***		
HYCAMTIN ORAL CAPSULE	4	PA; QL; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
*URINARY TRACT PROTECTIVE AGENTS***		
mesna intravenous solution	1 or 1b*	PA; QL
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS***		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral syrup	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
rasagiline mesylate oral tablet	2	CTT1
selegiline hcl oral capsule	2	CTT1
selegiline hcl oral tablet	2	CTT1
*CENTRAL/PERIPHERAL COMT INHIBITORS***		
tolcapone oral tablet	2	PA; QL; CTT1
*DECARBOXYLASE INHIBITORS***		
carbidopa oral tablet	2	CTT1
*LEVODOPA COMBINATIONS***		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	CTT1
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet dispersible	2	CTT1

Drug Name	Tier	Notes
carbidopa-levodopa-entacapone oral tablet	2	CTT1
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	
pramipexole dihydrochloride oral tablet	1 or 1b*	
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
*PERIPHERAL COMT INHIBITORS***		
entacapone oral tablet	2	CTT1
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*ANTIMANIC AGENTS***		
lithium carbonate er oral tablet extended release	1 or 1a*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
LITHIUM ORAL SOLUTION	2	
*ANTIPSYCHOTICS - MISC.***		
LATUDA ORAL TABLET 120 MG, 80 MG	3	
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG	3	DO
ziprasidone hcl oral capsule 20 mg, 40 mg	2	DO; CTT1
ziprasidone hcl oral capsule 60 mg, 80 mg	2	CTT1
ziprasidone mesylate intramuscular solution reconstituted	2	CTT1
*BENZISOXAZOLES***		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	DO; CTT1
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	
risperidone oral solution	1 or 1b*	ST; QL
risperidone oral tablet	1 or 1b*	
risperidone oral tablet dispersible	2	CTT1
*BUTYROPHENONES***		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1 or 1b*	
haloperidol lactate injection solution 5 mg/ml	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
*DIBENZODIAZEPINES**		
clozapine oral tablet 100 mg, 200 mg	2	CTT1
clozapine oral tablet 25 mg, 50 mg	2	DO; CTT1
clozapine oral tablet dispersible 100 mg, 150 mg, 200 mg	2	CTT1
clozapine oral tablet dispersible 12.5 mg, 25 mg	2	DO; CTT1
*DIBENZOTHIAZEPINE S***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	DO; CTT1
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	CTT1
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	2	DO; CTT1
quetiapine fumarate oral tablet 200 mg, 300 mg, 400 mg	2	CTT1
*DIBENZOXAZEPINES**		
loxapine succinate oral capsule	1 or 1b*	
*DIHYDROINDOLONES**		
molindone hcl oral tablet	2	CTT1

Drug Name	Tier	Notes
*PHENOTHIAZINES***		
chlorpromazine hcl injection solution	1 or 1b*	
chlorpromazine hcl oral tablet	1 or 1b*	
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
perphenazine oral tablet	1 or 1b*	
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet	1 or 1b*	
trifluoperazine hcl oral tablet	1 or 1b*	
*QUINOLINONE DERIVATIVES***		
aripiprazole oral solution	2	CTT1
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	DO; CTT1
aripiprazole oral tablet 20 mg, 30 mg	2	CTT1
aripiprazole oral tablet dispersible	2	CTT1
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	3	ST; DO; QL
REXULTI ORAL TABLET 3 MG, 4 MG	3	ST; QL
*THIENBENZODIAZEPINES***		
olanzapine intramuscular solution reconstituted	2	CTT1
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	DO; CTT1
olanzapine oral tablet 15 mg, 20 mg	2	CTT1
olanzapine oral tablet dispersible 10 mg, 5 mg	2	DO; CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
olanzapine oral tablet dispersible 15 mg, 20 mg	2	CTT1
*THIOXANTHENES***		
thiothixene oral capsule	1 or 1b*	
ANTIVIRALS		
*ANTIRETROVIRAL COMBINATIONS***		
abacavir sulfate-lamivudine oral tablet	2	QL; CTT1
abacavir-lamivudine-zidovudine oral tablet	2	QL; CTT1
BIKTARVY ORAL TABLET	4	QL
CIMDUO ORAL TABLET	4	QL
DESCOVY ORAL TABLET	4	QL; ST; \$0
DOVATO ORAL TABLET	4	
efavirenz-emtricitabine-tenofovir oral tablet	4	ST; QL
efavirenz-lamivudine-tenofovir oral tablet	4	QL
emtricitabine-tenofovir df oral tablet	2	\$0
GENVOYA ORAL TABLET	4	QL
KALETRA ORAL TABLET	4	QL
lamivudine-zidovudine oral tablet	2	QL; CTT1
lopinavir-ritonavir oral solution	4	QL
STRIBILD ORAL TABLET	4	QL
TEMIXYS ORAL TABLET	4	QL
TRIUMEQ ORAL TABLET	4	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	ST; QL
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
SELZENTRY ORAL TABLET	4	QL

Drug Name	Tier	Notes
*ANTIRETROVIRALS - FUSION INHIBITORS***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL
*ANTIRETROVIRALS - INTEGRASE INHIBITORS***		
ISENTRESS ORAL TABLET	4	QL
ISENTRESS ORAL TABLET CHEWABLE	4	QL
TIVICAY ORAL TABLET	4	QL
TIVICAY PD ORAL TABLET SOLUBLE	4	QL
*ANTIRETROVIRALS - PROTEASE INHIBITORS***		
APTIVUS ORAL CAPSULE	4	PA; QL
APTIVUS ORAL SOLUTION	4	PA; QL
atazanavir sulfate oral capsule	4	QL
fosamprenavir calcium oral tablet	4	QL
NORVIR ORAL SOLUTION	4	QL
PREZISTA ORAL SUSPENSION	4	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir oral tablet	4	QL
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
EDURANT ORAL TABLET	4	PA; QL
efavirenz oral capsule	4	QL
efavirenz oral tablet	4	QL
INTELENCE ORAL TABLET	4	PA; QL
nevirapine er oral tablet extended release 24 hour 100 mg	4	

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

Effective 01/01/2021

Drug Name	Tier	Notes
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL
nevirapine oral suspension	4	QL
nevirapine oral tablet	4	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PURINES***		
abacavir sulfate oral solution	4	QL
abacavir sulfate oral tablet	4	QL
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	4	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- PYRIMIDINES***		
emtricitabine oral capsule	4	\$0
EMTRIVA ORAL SOLUTION	4	QL
lamivudine oral tablet 150 mg, 300 mg	4	QL
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES- THYMIDINES***		
stavudine oral capsule	4	QL
zidovudine oral capsule	4	QL
zidovudine oral syrup	4	QL
zidovudine oral tablet	4	QL
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES***		
tenofovir disoproxil fumarate oral tablet	4	\$0
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
*CMV AGENTS***		
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	4	
*HEPATITIS B AGENTS***		
adefovir dipivoxil oral tablet	4	SP
BARACLUDE ORAL SOLUTION	4	
entecavir oral tablet	4	

Drug Name	Tier	Notes
*HEPATITIS C AGENT - COMBINATIONS***		
EPCLUSA ORAL TABLET	4	PA; QL; SP
VOSEVI ORAL TABLET	4	PA; QL; SP
*HEPATITIS C AGENTS***		
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
*HERPES AGENTS - PURINE ANALOGUES***		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet	1 or 1b*	
*HERPES AGENTS - THYMIDINE ANALOGUES***		
famciclovir oral tablet	1 or 1b*	
*INFLUENZA AGENTS***		
rimantadine hcl oral tablet	1 or 1b*	
*NEURAMINIDASE INHIBITORS***		
oseltamivir phosphate oral capsule	1 or 1b*	QL
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
*RSV AGENTS - NUCLEOSIDE ANALOGUES***		
ribavirin inhalation solution reconstituted	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
BETA BLOCKERS		
*ALPHA-BETA BLOCKERS***		
carvedilol oral tablet	1 or 1b*	
carvedilol phosphate er oral capsule extended release 24 hour	2	CTT1
labetalol hcl oral tablet	1 or 1b*	
*BETA BLOCKERS CARDIO-SELECTIVE***		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BYSTOLIC ORAL TABLET	2	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution 5 mg/5ml	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
*BETA BLOCKERS NON-SELECTIVE***		
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	CTT1
pindolol oral tablet	2	CTT1
propranolol hcl er oral capsule extended release 24 hour	1 or 1b*	
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	
propranolol hcl oral tablet	1 or 1b*	
sorine oral tablet	2	CTT1
sotalol hcl (af) oral tablet	2	CTT1
sotalol hcl oral tablet	2	CTT1
timolol maleate oral tablet	1 or 1b*	
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
amlodipine besylate oral tablet 10 mg	1 or 1b*	

Drug Name	Tier	Notes
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg	1 or 1b*	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg	1 or 1b*	DO
diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
diltiazem hcl er oral capsule extended release 12 hour	1 or 1b*	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral tablet 120 mg, 90 mg	1 or 1b*	
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule	1 or 1b*	
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	DO
matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule	1 or 1b*	
nifedipine er oral tablet extended release 24 hour 30 mg	2	DO; CTT1
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	2	CTT1
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	2	DO; CTT1
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	2	CTT1
nifedipine oral capsule	2	CTT1
nimodipine oral capsule	2	CTT1
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
taztia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg	1 or 1b*	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	DO

Drug Name	Tier	Notes
verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg	1 or 1b*	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1 or 1b*	
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet	1 or 1b*	
CARDIOTONICS		
*CARDIAC GLYCOSIDES***		
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	
digoxin oral tablet	1 or 1b*	
LANOXIN ORAL TABLET 62.5 MCG	2	
LANOXIN PEDIATRIC INJECTION SOLUTION	2	
*PHOSPHODIESTERASE INHIBITORS***		
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC.		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB***		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
ENTRESTO ORAL TABLET	3	PA; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
*NITRATE & VASODILATOR COMBINATIONS***		
BIDIL ORAL TABLET	2	
*PROSTAGLANDIN VASODILATORS***		
treprostinil injection solution	4	PA; QL; LD; SP
VENTAVIS INHALATION SOLUTION	4	PA; QL; LD; SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
ambrisentan oral tablet	4	PA; QL; LD; SP
bosentan oral tablet	4	PA; QL; LD; SP
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL; LD; SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
alyq oral tablet	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	4	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah) oral tablet	4	PA; QL; SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS***		
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	PA; QL
tadalafil oral tablet	1 or 1b*	PA; QL
vardenafil hcl oral tablet	1 or 1b*	PA; QL
vardenafil hcl oral tablet dispersible	1 or 1b*	PA; QL
CEPHALOSPORINS		
*CEPHALOSPORINS - 1ST GENERATION***		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	CTT1

Drug Name	Tier	Notes
cefazolin sodium intravenous solution reconstituted	2	CTT1
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION***		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	2	CTT1
cefoxitin sodium injection solution reconstituted	2	CTT1
cefoxitin sodium intravenous solution reconstituted	2	CTT1
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	2	CTT1
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	CTT1
*CEPHALOSPORINS - 3RD GENERATION***		
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension reconstituted	1 or 1b*	
cefixime oral capsule	2	CTT1
cefixime oral suspension reconstituted	2	CTT1
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	2	CTT1
cefepime proxetil oral suspension reconstituted	2	CTT1
cefepime proxetil oral tablet	2	CTT1
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
ceftriaxone sodium in dextrose intravenous solution	2	CTT1
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	CTT1
ceftriaxone sodium intravenous solution reconstituted	2	CTT1
tazicef injection solution reconstituted	2	CTT1
tazicef intravenous solution reconstituted	2	CTT1
*CEPHALOSPORINS - 4TH GENERATION***		
cefepime hcl injection solution reconstituted	2	CTT1
CONTRACEPTIVES		
*BIPHASIC CONTRACEPTIVES - ORAL***		
azurette oral tablet	1 or 1b*	\$0
bekyree oral tablet	1 or 1b*	\$0
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1 or 1b*	\$0
kariva oral tablet	1 or 1b*	\$0
LO LOESTRIN FE ORAL TABLET	2	
pimtree oral tablet	1 or 1b*	\$0
simliya oral tablet	1 or 1b*	\$0
viorele oral tablet	1 or 1b*	\$0
volnea oral tablet	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - ORAL***		
afirmelle oral tablet	1 or 1a*	\$0
altavera oral tablet	1 or 1a*	\$0
alyacen 1/35 oral tablet	1 or 1a*	\$0
apri oral tablet	1 or 1a*	\$0
abra eq oral tablet	1 or 1a*	\$0
abra oral tablet	1 or 1a*	\$0
aurovela 1.5/30 oral tablet	1 or 1a*	\$0
aurovela 1/20 oral tablet	1 or 1a*	\$0
aurovela 24 fe oral tablet	1 or 1a*	\$0
aurovela fe 1.5/30 oral tablet	1 or 1a*	\$0
aurovela fe 1/20 oral tablet	1 or 1a*	\$0
aviane oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
ayuna oral tablet	1 or 1a*	\$0
BALCOLTRA ORAL TABLET	2	
balziva oral tablet	1 or 1a*	\$0
blisovi 24 fe oral tablet	1 or 1a*	\$0
blisovi fe 1.5/30 oral tablet	1 or 1a*	\$0
blisovi fe 1/20 oral tablet	1 or 1a*	\$0
briellyn oral tablet	1 or 1a*	\$0
charlotte 24 fe oral tablet chewable	1 or 1a*	\$0
chateal eq oral tablet	1 or 1a*	\$0
chateal oral tablet	1 or 1a*	\$0
cryselles-28 oral tablet	1 or 1a*	\$0
cyclafem 1/35 oral tablet	1 or 1a*	\$0
cyred eq oral tablet	1 or 1a*	\$0
cyred oral tablet	1 or 1a*	\$0
dasetta 1/35 oral tablet	1 or 1a*	\$0
delyla oral tablet	1 or 1a*	\$0
drospiren-eth estrad-levomefol oral tablet	1 or 1b*	\$0
drospirenone-ethinyl estradiol oral tablet	1 or 1b*	\$0
elimest oral tablet	1 or 1a*	\$0
emoquette oral tablet	1 or 1a*	\$0
enskyce oral tablet 0.15-30 mg-mcg	1 or 1a*	\$0
estarylla oral tablet	1 or 1a*	\$0
ethynodiol diac-eth estradiol oral tablet	1 or 1a*	\$0
falmina oral tablet	1 or 1a*	\$0
femynor oral tablet	1 or 1a*	\$0
gemmily oral capsule	1 or 1b*	\$0
gianvi oral tablet	1 or 1b*	\$0
hailey 1.5/30 oral tablet	1 or 1a*	\$0
hailey 24 fe oral tablet	1 or 1a*	\$0
hailey fe 1.5/30 oral tablet	1 or 1a*	\$0
hailey fe 1/20 oral tablet	1 or 1a*	\$0
isibloom oral tablet	1 or 1a*	\$0
jasmiel oral tablet	1 or 1b*	\$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 oral tablet	1 or 1a*	\$0
junel 1/20 oral tablet	1 or 1a*	\$0
junel fe 1.5/30 oral tablet	1 or 1a*	\$0
junel fe 1/20 oral tablet	1 or 1a*	\$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
junel fe 24 oral tablet	1 or 1a*	\$0
kaïtlib fe oral tablet chewable	1 or 1b*	\$0
kalliga oral tablet	1 or 1a*	\$0
kelnor 1/35 oral tablet	1 or 1a*	\$0
kelnor 1/50 oral tablet	1 or 1a*	\$0
kurvelo oral tablet	1 or 1a*	\$0
larin 1.5/30 oral tablet	1 or 1a*	\$0
larin 1/20 oral tablet	1 or 1a*	\$0
larin 24 fe oral tablet	1 or 1a*	\$0
larin fe 1.5/30 oral tablet	1 or 1a*	\$0
larin fe 1/20 oral tablet	1 or 1a*	\$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet chewable	1 or 1b*	\$0
lessina oral tablet	1 or 1a*	\$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1 or 1a*	\$0
levora 0.15/30 (28) oral tablet	1 or 1a*	\$0
lillow oral tablet	1 or 1a*	\$0
loestrin 1.5/30 (21) oral tablet	1 or 1a*	\$0
loestrin 1/20 (21) oral tablet	1 or 1a*	\$0
loestrin fe 1.5/30 oral tablet	1 or 1a*	\$0
loestrin fe 1/20 oral tablet	1 or 1a*	\$0
loryna oral tablet	1 or 1b*	\$0
low-ogestrel oral tablet	1 or 1a*	\$0
lo-zumandimine oral tablet	1 or 1b*	\$0
lutera oral tablet	1 or 1a*	\$0
marlissa oral tablet	1 or 1a*	\$0
melodetta 24 fe oral tablet chewable	1 or 1a*	\$0
mibelas 24 fe oral tablet chewable	1 or 1a*	\$0
microgestin 1.5/30 oral tablet	1 or 1a*	\$0
microgestin 1/20 oral tablet	1 or 1a*	\$0
microgestin 24 fe oral tablet	1 or 1a*	\$0
microgestin fe 1.5/30 oral tablet	1 or 1a*	\$0
microgestin fe 1/20 oral tablet	1 or 1a*	\$0
mili oral tablet	1 or 1a*	\$0
mono-lynyah oral tablet	1 or 1a*	\$0
mononessa oral tablet	1 or 1a*	\$0

Drug Name	Tier	Notes
necon 0.5/35 (28) oral tablet	1 or 1a*	\$0
nikki oral tablet	1 or 1b*	\$0
norethin ace-eth estrad-fe oral capsule	1 or 1b*	\$0
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1 or 1a*	\$0
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*	\$0
norethindrone acet-ethinyl est oral tablet	1 or 1a*	\$0
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*	\$0
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	\$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	\$0
nortrel 1/35 (21) oral tablet	1 or 1a*	\$0
nortrel 1/35 (28) oral tablet	1 or 1a*	\$0
ocella oral tablet	1 or 1b*	\$0
orsythia oral tablet	1 or 1a*	\$0
philith oral tablet	1 or 1a*	\$0
pirmella 1/35 oral tablet	1 or 1a*	\$0
portia-28 oral tablet	1 or 1a*	\$0
previfem oral tablet	1 or 1a*	\$0
reclipsen oral tablet	1 or 1a*	\$0
sprintec 28 oral tablet	1 or 1a*	\$0
sronyx oral tablet	1 or 1a*	\$0
syeda oral tablet	1 or 1b*	\$0
tarina 24 fe oral tablet	1 or 1a*	\$0
tarina fe 1/20 eq oral tablet	1 or 1a*	\$0
tarina fe 1/20 oral tablet	1 or 1a*	\$0
TAYTULLA ORAL CAPSULE	2	
tyblume oral tablet	1 or 1a*	\$0
tydemy oral tablet	1 or 1b*	\$0
vienva oral tablet	1 or 1a*	\$0
vyfemla oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera oral tablet	1 or 1a*	\$0
wymzya fe oral tablet chewable	1 or 1b*	\$0
zarah oral tablet	1 or 1b*	\$0
zovia 1/35 (28) oral tablet	1 or 1a*	\$0
zovia 1/35e (28) oral tablet	1 or 1a*	\$0
zumandimine oral tablet	1 or 1b*	\$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
*COMBINATION CONTRACEPTIVES - TRANSDERMAL***		
xulane transdermal patch weekly	1 or 1b*	\$0
*COMBINATION CONTRACEPTIVES - VAGINAL***		
ANNOVERA VAGINAL RING	2	
eluryng vaginal ring	1 or 1b*	\$0
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*	\$0
*CONTINUOUS CONTRACEPTIVES - ORAL***		
amethyst oral tablet	1 or 1b*	\$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	\$0
*EMERGENCY CONTRACEPTIVES***		
aftera oral tablet	1 or 1b*	OTC; \$0
econtra ez oral tablet	1 or 1b*	OTC; \$0
econtra one-step oral tablet	1 or 1b*	OTC; \$0
ELLA ORAL TABLET	2	\$0
levonorgestrel oral tablet 1.5 mg	1 or 1b*	OTC; \$0
my choice oral tablet	1 or 1b*	OTC; \$0
my way oral tablet	1 or 1b*	OTC; \$0
new day oral tablet	1 or 1b*	OTC; \$0
opcicon one-step oral tablet	1 or 1b*	OTC; \$0
option 2 oral tablet	1 or 1b*	OTC; \$0
preventeza oral tablet	1 or 1b*	OTC; \$0
react oral tablet	1 or 1b*	OTC; \$0
take action oral tablet	1 or 1b*	OTC; \$0
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL***		
amethia lo oral tablet	1 or 1b*	\$0
amethia oral tablet	1 or 1b*	\$0
ashlyna oral tablet	1 or 1b*	\$0
camrese lo oral tablet	1 or 1b*	\$0
camrese oral tablet	1 or 1b*	\$0
daysee oral tablet	1 or 1b*	\$0
fayosim oral tablet	1 or 1b*	\$0
introvale oral tablet	1 or 1b*	\$0

Drug Name	Tier	Notes
jaimiess oral tablet	1 or 1b*	\$0
jolessa oral tablet	1 or 1b*	\$0
levonorgest-eth est & eth est oral tablet	1 or 1b*	\$0
levonorgest-eth estrad 91-day oral tablet	1 or 1b*	\$0
lojaimiess oral tablet	1 or 1b*	\$0
rivelsa oral tablet	1 or 1b*	\$0
setlakin oral tablet	1 or 1b*	\$0
simpesse oral tablet	1 or 1b*	\$0
*FOUR PHASE CONTRACEPTIVES - ORAL***		
NATAZIA ORAL TABLET	2	
*PROGESTIN CONTRACEPTIVES - INJECTABLE***		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	\$0
medroxyprogesterone acetate intramuscular suspension	1 or 1b*	\$0
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*	\$0
*PROGESTIN CONTRACEPTIVES - ORAL***		
camila oral tablet	1 or 1b*	\$0
deblitane oral tablet	1 or 1b*	\$0
errin oral tablet	1 or 1b*	\$0
heather oral tablet	1 or 1b*	\$0
incassia oral tablet	1 or 1b*	\$0
jencycla oral tablet	1 or 1b*	\$0
lyza oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	\$0
norethindrone oral tablet	1 or 1b*	\$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	\$0
sharobel oral tablet	1 or 1b*	\$0
SLYND ORAL TABLET	2	
tulana oral tablet	1 or 1b*	\$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
*TRIPHASIC CONTRACEPTIVES - ORAL***		
alyacen 7/7/7 oral tablet	1 or 1a*	\$0
aranelle oral tablet	1 or 1a*	\$0
caziant oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 oral tablet	1 or 1a*	\$0
dasetta 7/7/7 oral tablet	1 or 1a*	\$0
enpresse-28 oral tablet	1 or 1a*	\$0
leena oral tablet	1 or 1a*	\$0
levonest oral tablet	1 or 1a*	\$0
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1 or 1a*	\$0
norgestim-eth estrad triphasic oral tablet	1 or 1b*	\$0
nortrel 7/7/7 oral tablet	1 or 1a*	\$0
pirmella 7/7/7 oral tablet	1 or 1a*	\$0
tilia fe oral tablet	1 or 1b*	\$0
tri femynor oral tablet	1 or 1b*	\$0
tri-estarylla oral tablet	1 or 1b*	\$0
tri-legest fe oral tablet	1 or 1b*	\$0
tri-linyah oral tablet	1 or 1b*	\$0
tri-lo-estarylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-mili oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
tri-previfem oral tablet	1 or 1b*	\$0
tri-sprintec oral tablet	1 or 1b*	\$0
trivora (28) oral tablet	1 or 1a*	\$0
tri-vylibra lo oral tablet	1 or 1b*	\$0
tri-vylibra oral tablet	1 or 1b*	\$0
velivet oral tablet	1 or 1a*	\$0
CORTICOSTEROIDS		
*GLUCOCORTICOSTEROIDS***		
budesonide er oral tablet extended release 24 hour	2	CTT1
budesonide oral capsule delayed release particles	2	CTT1
cortisone acetate oral tablet	1 or 1b*	
decadron oral tablet	1 or 1a*	

Drug Name	Tier	Notes
DEXAMETHASONE INTENSOL ORAL CONCENTRATE		
dexamethasone oral elixir	2	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	1 or 1b*	
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack 1.5 mg (27)	1 or 1b*	
*MINERALOCORTICOID***		
fludrocortisone acetate oral tablet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
COUGH/COLD/ALLERGY		
*ANTITUSSIVE - NONNARCOTIC***		
benzonatate oral capsule	1 or 1b*	
*ANTITUSSIVE - OPIOID***		
hycodan oral syrup	1 or 1a*	
hydrocodone-homatropine oral syrup	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
*ANTITUSSIVE-EXPECTORANT***		
cheratussin ac oral syrup	1 or 1a*	OTC
g tussin ac oral solution	1 or 1a*	OTC
guaiaatussin ac oral syrup	1 or 1a*	OTC
guaifenesin ac oral syrup	1 or 1a*	OTC
trymine cg oral liquid	1 or 1a*	OTC
virtussin a/c oral solution	1 or 1a*	OTC
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT***		
virtussin dac oral solution	1 or 1b*	OTC
*DECONGESTANT & ANTIHISTAMINE***		
promethazine-phenylephrine oral syrup	1 or 1b*	
*MISC. RESPIRATORY INHALANTS***		
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	2	CTT1
*MUCOLYTICS***		
acetylcysteine inhalation solution	2	CTT1
*NON-NARC ANTIITUSSIVE-ANTI HISTAMINE***		
promethazine-dm oral syrup	1 or 1a*	
*NON-NARC ANTIITUSSIVE-DECONGESTANT-ANTI HISTAMINE***		
bromfed dm oral syrup	1 or 1b*	

Drug Name	Tier	Notes
*OPIOID ANTITUSSIVE-ANTI HISTAMINE***		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	
promethazine-codeine oral solution	1 or 1a*	
promethazine-codeine oral syrup	1 or 1a*	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	2	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI HISTAMINE***		
POLY-TUSSIN AC ORAL LIQUID 10-4-10 MG/5ML	2	OTC
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
DERMATOLOGICALS		
*ACNE ANTIBIOTICS***		
clindacin etz external swab	1 or 1b*	
clindacin-p external swab	1 or 1b*	
clindamycin phosphate external foam	1 or 1b*	
clindamycin phosphate external lotion	1 or 1b*	
clindamycin phosphate external solution	1 or 1b*	
clindamycin phosphate external swab	1 or 1b*	
dapsone external gel	1 or 1b*	ST; QL
ery external pad	1 or 1b*	
erythromycin external gel	1 or 1b*	
erythromycin external solution	1 or 1b*	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
*ACNE COMBINATIONS***		
adapalene-benzoyl peroxide external gel	1 or 1b*	
benzoyl peroxide-erythromycin external gel	1 or 1b*	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
clindamycin-tretinoin external gel	1 or 1b*	
neuac external gel	1 or 1b*	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1 or 1b*	PA; QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	1 or 1b*	
*ACNE PRODUCTS***		
adapalene external cream	1 or 1b*	PA; QL
adapalene external gel	1 or 1b*	PA; QL
adapalene external pad	1 or 1b*	PA; QL
amnestem oral capsule	2	PA; QL; CTT1
avita external cream	1 or 1b*	PA; QL
avita external gel	1 or 1b*	PA; QL
bp wash external liquid 2.5 %, 7 %	1 or 1b*	
claravis oral capsule	2	PA; QL; CTT1
isotretinoin oral capsule	2	PA; QL; CTT1
myorisan oral capsule	2	PA; QL; CTT1
tretinoin external cream	1 or 1b*	PA; QL
tretinoin external gel	1 or 1b*	PA; QL
tretinoin microsphere external gel	1 or 1b*	PA; QL
tretinoin microsphere pump external gel	1 or 1b*	PA; QL
zenatane oral capsule	2	PA; QL; CTT1
*AGENTS FOR FACIAL WRINKLES - RETINOIDS***		
refissa external cream	1 or 1b*	PA; QL
tretinoin (emollient) external cream	1 or 1b*	PA; QL
*ANTIBIOTICS - TOPICAL***		
ALTABAX EXTERNAL OINTMENT	2	
gentamicin sulfate external cream	1 or 1b*	
gentamicin sulfate external ointment	1 or 1b*	
mupirocin calcium external cream	1 or 1b*	
mupirocin external ointment	1 or 1b*	

Drug Name	Tier	Notes
*ANTIFUNGALS - TOPICAL COMBINATIONS***		
clotrimazole-betamethasone external cream	1 or 1b*	
clotrimazole-betamethasone external lotion	1 or 1b*	
nystatin-triamcinolone external cream	1 or 1b*	
nystatin-triamcinolone external ointment	1 or 1b*	
*ANTIFUNGALS - TOPICAL***		
ciclopirox external gel	1 or 1b*	
ciclopirox external shampoo	1 or 1b*	
ciclopirox external solution	1 or 1b*	
ciclopirox olamine external cream	1 or 1b*	
ciclopirox olamine external suspension	1 or 1b*	
naftifine hcl external cream	2	ST; QL; CTT1
naftifine hcl external gel	1 or 1b*	ST; QL
nyamyc external powder	1 or 1b*	
nystatin external cream	1 or 1b*	
nystatin external ointment	1 or 1b*	
nystatin external powder	1 or 1b*	
nystop external powder	1 or 1b*	
*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
diclofenac sodium external gel 1 %	2	CTT1
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL
fluorouracil external cream 5 %	1 or 1b*	
fluorouracil external solution	1 or 1b*	
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S***		
diclofenac sodium external gel 3 %	2	PA; QL; CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*ANTIPRURITICS - TOPICAL***		
doxepin hcl external cream	2	PA; QL; CTT1
*ANTIPSORIATICS - SYSTEMIC***		
acitretin oral capsule	2	CTT1
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; LD; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; LD; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; QL; LD; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; LD; SP
methoxsalen rapid oral capsule	4	SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*ANTIPSORIATICS***		
calcipotriene external cream	1 or 1b*	
calcipotriene external ointment	1 or 1b*	
calcipotriene external solution	1 or 1b*	

Drug Name	Tier	Notes
calcitrene external ointment	1 or 1b*	
calcitriol external ointment	1 or 1b*	
tazarotene external cream	1 or 1b*	
TAZORAC EXTERNAL CREAM 0.05 %	2	
TAZORAC EXTERNAL GEL	2	
*ANTISEBORRHEIC PRODUCTS***		
selenium sulfide external lotion	1 or 1a*	
*ANTIVIRALS - TOPICAL***		
acyclovir external cream	1 or 1b*	PA; QL
acyclovir external ointment	1 or 1b*	
*BURN PRODUCTS***		
mafenide acetate external packet	2	CTT1
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
*CORTICOSTEROIDS - TOPICAL***		
ala-cort external cream	1 or 1a*	
alclometasone dipropionate external cream	1 or 1b*	
alclometasone dipropionate external ointment	1 or 1b*	
amcinonide external cream	1 or 1b*	ST; QL
amcinonide external lotion	1 or 1b*	ST; QL
beseer external lotion	1 or 1b*	
betamethasone dipropionate aug external cream	1 or 1b*	
betamethasone dipropionate aug external gel	1 or 1b*	
betamethasone dipropionate aug external lotion	1 or 1b*	
betamethasone dipropionate aug external ointment	1 or 1b*	
betamethasone dipropionate external cream	1 or 1b*	
betamethasone dipropionate external lotion	1 or 1b*	
betamethasone dipropionate external ointment	1 or 1b*	
betamethasone valerate external cream	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
betamethasone valerate external foam	1 or 1b*	ST; QL
betamethasone valerate external lotion	1 or 1b*	ST; QL
betamethasone valerate external ointment	1 or 1b*	
clobetasol prop emollient base external cream	1 or 1b*	
clobetasol propionate e external cream	1 or 1b*	
clobetasol propionate emulsion external foam	1 or 1b*	
clobetasol propionate external cream	1 or 1b*	
clobetasol propionate external foam	1 or 1b*	
clobetasol propionate external gel	1 or 1b*	
clobetasol propionate external liquid	1 or 1b*	
clobetasol propionate external lotion	1 or 1b*	
clobetasol propionate external ointment	1 or 1b*	
clobetasol propionate external shampoo	1 or 1b*	
clobetasol propionate external solution	1 or 1b*	
clocortolone pivalate external cream	1 or 1b*	ST; QL
clodan external shampoo	1 or 1b*	
desonide external cream	1 or 1b*	
desonide external gel	1 or 1b*	
desonide external lotion	1 or 1b*	
desonide external ointment	1 or 1b*	
desoximetasone external cream	1 or 1b*	ST; QL
desoximetasone external gel	1 or 1b*	ST; QL
desoximetasone external liquid	1 or 1b*	ST; QL
desoximetasone external ointment	1 or 1b*	ST; QL
diflorasone diacetate external cream	1 or 1b*	ST; QL
diflorasone diacetate external ointment	1 or 1b*	ST; QL
fluocinolone acetonide body external oil	1 or 1b*	ST; QL

Drug Name	Tier	Notes
fluocinolone acetonide external cream	1 or 1b*	
fluocinolone acetonide external ointment	1 or 1b*	
fluocinolone acetonide external solution	1 or 1b*	
fluocinolone acetonide scalp external oil	1 or 1b*	
fluocinonide emulsified base external cream	1 or 1b*	
fluocinonide external cream	1 or 1b*	
fluocinonide external gel	1 or 1b*	
fluocinonide external ointment	1 or 1b*	
fluocinonide external solution	1 or 1b*	
flurandrenolide external cream	1 or 1b*	ST; QL
flurandrenolide external lotion	1 or 1b*	ST; QL
flurandrenolide external ointment	1 or 1b*	ST; QL
fluticasone propionate external cream	1 or 1b*	
fluticasone propionate external lotion	1 or 1b*	
fluticasone propionate external ointment	1 or 1b*	
halcinonide external cream	2	ST; QL; CTT1
halobetasol propionate external cream	1 or 1b*	
halobetasol propionate external ointment	1 or 1b*	
hydrocortisone butyr lipo base external cream	1 or 1b*	ST; QL
hydrocortisone butyrate external cream	1 or 1b*	ST; QL
hydrocortisone butyrate external lotion	1 or 1b*	ST; QL
hydrocortisone butyrate external ointment	1 or 1b*	ST; QL
hydrocortisone butyrate external solution	1 or 1b*	ST; QL
hydrocortisone external cream 2.5 %	1 or 1a*	
hydrocortisone external lotion 2.5 %	1 or 1a*	
hydrocortisone external ointment 2.5 %	1 or 1a*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
hydrocortisone valerate external cream	1 or 1b*	ST; QL
hydrocortisone valerate external ointment	1 or 1b*	ST; QL
mometasone furoate external cream	1 or 1b*	
mometasone furoate external ointment	1 or 1b*	
mometasone furoate external solution	1 or 1b*	
nolix external lotion	1 or 1b*	ST; QL
prednicarbate external cream	1 or 1b*	
prednicarbate external ointment	1 or 1b*	
tovet external foam	1 or 1b*	
triamcinolone acetonide external aerosol solution	1 or 1a*	ST; QL
triamcinolone acetonide external cream	1 or 1a*	
triamcinolone acetonide external lotion	1 or 1a*	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*	
triamcinolone acetonide external ointment 0.05 %	1 or 1a*	ST; QL
triderm external cream	1 or 1a*	
*DEPIGMENTING AGENTS***		
blanche external cream	1 or 1b*	
remergent hq external cream	1 or 1b*	
tl hydroquinone external cream	1 or 1b*	
*EMOLLIENT COMBINATIONS***		
lactic acid e external cream	1 or 1b*	
*EMOLLIENT/KERATOLYTIC AGENTS***		
cerovel external lotion	1 or 1b*	
*EMOLLIENTS***		
ammonium lactate external cream	1 or 1b*	
ammonium lactate external lotion	1 or 1b*	
lactic acid external lotion	1 or 1b*	

Drug Name	Tier	Notes
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***		
clotrimazole external solution	1 or 1b*	
econazole nitrate external cream	1 or 1b*	
ketoconazole external cream	1 or 1b*	
ketoconazole external foam	1 or 1b*	
ketoconazole external shampoo 2 %	1 or 1b*	
luliconazole external cream	1 or 1b*	ST; QL
oxiconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external cream	1 or 1b*	ST; QL
sulconazole nitrate external solution	1 or 1b*	ST; QL
*IMMUNOMODULATOR S IMIDAZOQUINOLINAMINES - TOPICAL***		
imiquimod external cream	1 or 1b*	
imiquimod pump external cream	1 or 1b*	ST; QL
*KERATOLYTIC/ANTIMITOTIC AGENTS***		
podofilox external solution	1 or 1b*	
*LOCAL ANESTHETICS - TOPICAL***		
glydo external prefilled syringe	2	CTT1
lidocaine external patch 5 %	2	PA; QL; CTT1
lidocaine hcl external solution	2	CTT1
lidocaine hcl urethral/mucosal external gel	2	CTT1
lidocaine hcl urethral/mucosal external prefilled syringe	2	CTT1
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***		
pimecrolimus external cream	1 or 1b*	ST; QL
tacrolimus external ointment	1 or 1b*	ST; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
tavaborole external solution	2	CTT1
*ROSACEA AGENTS***		
azelaic acid external gel	1 or 1b*	
metronidazole external cream	1 or 1b*	
metronidazole external gel	1 or 1b*	
metronidazole external lotion	1 or 1b*	
rosadan external cream	1 or 1b*	
rosadan external gel	1 or 1b*	
*SCABICIDES & PEDICULICIDES***		
crotan external lotion	2	CTT1
lindane external shampoo	1 or 1b*	
malathion external lotion	1 or 1b*	
permethrin external cream	1 or 1b*	
spinosad external suspension	1 or 1b*	
*STEROID-LOCAL ANESTHETIC COMBINATIONS***		
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL LOTION	2	
*TAR PRODUCTS***		
coal tar external solution	1 or 1b*	
*TOPICAL ANESTHETIC COMBINATIONS***		
lidocaine-prilocaine external kit	2	CTT1
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS***		
TARGRETIN EXTERNAL GEL	4	PA; QL; SP
*TOPICAL STEROID COMBINATIONS***		
calcipotriene-betameth diprop external ointment	1 or 1b*	
calcipotriene-betameth diprop external suspension	2	CTT1
*TYPE II 5-ALPHA REDUCTASE INHIBITORS***		
finasteride oral tablet 1 mg	1 or 1b*	

Drug Name	Tier	Notes
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	QL; OTC
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	2	QL; OTC
ACCU-CHEK GUIDE IN VITRO STRIP	2	QL; OTC
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	QL; OTC
ACCUTREND GLUCOSE IN VITRO STRIP	2	QL; OTC
ONETOUCH ULTRA IN VITRO STRIP	2	ST; QL; OTC
ONETOUCH VERIO IN VITRO STRIP	2	QL; OTC
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
methazolamide oral tablet	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*DIURETIC COMBINATIONS***		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule 37.5-25 mg	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
*LOOP DIURETICS***		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
ethacrynic acid oral tablet	2	CTT1
furosemide injection solution 10 mg/ml	1 or 1a*	
furosemide oral solution 10 mg/ml, 8 mg/ml	1 or 1a*	
furosemide oral tablet	1 or 1a*	
toremide oral tablet	1 or 1b*	
*OSMOTIC DIURETICS***		
mannitol intravenous solution 20 %, 25 %	1 or 1b*	
osmitrol intravenous solution 10 %, 15 %, 20 %	1 or 1b*	
*POTASSIUM SPARING DIURETICS***		
amiloride hcl oral tablet	2	CTT1
spironolactone oral tablet	1 or 1a*	
triamterene oral capsule	2	CTT1
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	DO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg	1 or 1a*	DO
hydrochlorothiazide oral tablet 50 mg	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS***		
mifepristone oral tablet	1 or 1a*	
*BISPHOSPHONATES***		
alendronate sodium oral solution	1 or 1b*	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1 or 1b*	
FOSAMAX PLUS D ORAL TABLET	2	
ibandronate sodium oral tablet	1 or 1b*	ST; QL
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1 or 1b*	
risedronate sodium oral tablet delayed release	1 or 1b*	
*CALCIMIMETIC AGENTS***		
cinacalcet hcl oral tablet	4	PA; QL
*CALCITONINS***		
calcitonin (salmon) nasal solution	2	CTT1
*CARNITINE REPLENISHER - AGENTS***		
levocarnitine oral solution	2	CTT1
levocarnitine oral tablet	2	CTT1
levocarnitine sf oral solution	2	CTT1
*DOPAMINE RECEPTOR AGONISTS***		
cabergoline oral tablet	1 or 1b*	
*GROWTH HORMONE RECEPTOR ANTAGONISTS***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL; LD; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
*GROWTH HORMONES***		
HUMATROPE INJECTION SOLUTION RECONSTITUTED	4	PA; QL; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; LD; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; LD; SP
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS***		
nitisinone oral capsule	4	PA; QL; LD
ORFADIN ORAL CAPSULE 20 MG	4	PA; QL; LD
*HOMOCYSTINURIA TREATMENT - AGENTS***		
CYSTADANE ORAL POWDER	4	LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***		
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	2	PA; QL; CTT1
doxercalciferol intravenous solution	2	PA; QL; CTT1
doxercalciferol oral capsule	2	PA; QL; CTT1
paricalcitol oral capsule	2	PA; QL; CTT1
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS***		
SYNAREL NASAL SOLUTION	4	PA; QL; SP
*OVULATION STIMULANTS-GONADOTROPINS***		
GONAL-F INJECTION SOLUTION RECONSTITUTED	4	PA; QL; SP

Drug Name	Tier	Notes
GONAL-F RFF REDJECT SUBCUTANEOUS SOLUTION	4	PA; QL; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; QL; SP
*OVULATION STIMULANTS-SYNTHETIC***		
clomiphene citrate oral tablet	1 or 1b*	PA; QL
*PARATHYROID HORMONE AND DERIVATIVES***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; SP
*PHENYLKETONURIA TREATMENT - AGENTS***		
KUVAN ORAL TABLET SOLUBLE	4	PA; QL; LD; SP
sapropterin dihydrochloride oral packet	4	PA; QL; SP
sapropterin dihydrochloride oral tablet soluble	4	PA; QL; SP
*RANK LIGAND (RANKL) INHIBITORS***		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
raloxifene hcl oral tablet	1 or 1b*	\$0
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS***		
tolvaptan oral tablet	4	PA; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
*SOMATOSTATIC AGENTS***		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
*UREA CYCLE DISORDER - AGENTS***		
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; QL
sodium phenylbutyrate oral tablet	4	PA; QL
*VASOPRESSIN***		
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	DO
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
ESTROGENS		
*ESTROGEN & PROGESTIN***		
amabelz oral tablet	1 or 1b*	
BIJUVA ORAL CAPSULE	2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
*ESTROGENS***		
DIVIGEL TRANSDERMAL GEL	2	

Drug Name	Tier	Notes
dotti transdermal patch twice weekly	1 or 1b*	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION	2	
lyllana transdermal patch twice weekly	1 or 1b*	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED	2	
PREMARIN ORAL TABLET	2	
*FLUOROQUINOLONES		
*FLUOROQUINOLONES ***		
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin in d5w intravenous solution	2	CTT1
levofloxacin in d5w intravenous solution	2	CTT1
levofloxacin intravenous solution	2	CTT1
levofloxacin oral solution	2	QL; CTT1
levofloxacin oral tablet	1 or 1b*	QL
moxifloxacin hcl oral tablet	2	CTT1
ofloxacin oral tablet 300 mg	1 or 1b*	QL
ofloxacin oral tablet 400 mg	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC.		
*GALLSTONE SOLUBILIZING AGENTS***		
ursodiol oral capsule	2	CTT1
ursodiol oral tablet	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
*GASTROINTESTINAL ANTIALLERGY AGENTS***		
cromolyn sodium oral concentrate	1 or 1b*	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS***		
AMITIZA ORAL CAPSULE	2	
*GASTROINTESTINAL STIMULANTS***		
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS***		
LINZESS ORAL CAPSULE	2	
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS***		
alosetron hcl oral tablet	2	PA; QL; CTT1
*INFLAMMATORY BOWEL AGENTS***		
balsalazide disodium oral capsule	1 or 1b*	
mesalamine er oral capsule extended release 24 hour	2	CTT1
mesalamine oral capsule delayed release	2	CTT1
mesalamine oral tablet delayed release	2	CTT1
mesalamine rectal enema	2	CTT1
mesalamine rectal suppository	2	CTT1
mesalamine-cleanser rectal kit	2	CTT1
PENTASA ORAL CAPSULE EXTENDED RELEASE	2	
sulfasalazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
sulfasalazine oral tablet delayed release	1 or 1b*	
*INTEGRIN RECEPTOR ANTAGONISTS***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL; SP
*INTERLEUKIN ANTAGONISTS***		
STELARA INTRAVENOUS SOLUTION	4	PA; QL; LD; SP
*INTESTINAL ACIDIFIERS***		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
*PHOSPHATE BINDER AGENTS***		
calcium acetate (phos binder) oral capsule	2	CTT1
calcium acetate (phos binder) oral tablet	2	CTT1
calcium acetate oral tablet 667 mg	2	CTT1
lanthanum carbonate oral tablet chewable	2	CTT1
sevelamer carbonate oral packet	2	CTT1
sevelamer carbonate oral tablet	2	CTT1
sevelamer hcl oral tablet	2	CTT1
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS***		
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
GENERAL ANESTHETICS		
*ANESTHETICS - MISC.***		
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	1 or 1b*	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	1 or 1b*	
*VOLATILE ANESTHETICS***		
desflurane inhalation solution	1 or 1b*	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
terrell inhalation solution	1 or 1b*	
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-ALPHA REDUCTASE INHIBITORS***		
dutasteride oral capsule	1 or 1b*	
finasteride oral tablet 5 mg	1 or 1b*	
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS***		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	
silodosin oral capsule	2	CTT1
tamsulosin hcl oral capsule	1 or 1b*	
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS***		
neomycin-polymyxin b gu irrigation solution	2	CTT1
*CITRATES***		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	

Drug Name	Tier	Notes
*GENITOURINARY IRRIGANTS***		
acetic acid irrigation solution	1 or 1b*	
aminoacetic acid irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	2	CTT1
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
sodium chloride irrigation solution 0.9 %	2	CTT1
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS***		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	
GOUT AGENTS		
*GOUT AGENT COMBINATIONS***		
colchicine-probenecid oral tablet	1 or 1b*	
*GOUT AGENTS***		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
colchicine oral tablet	2	CTT1
febuxostat oral tablet	2	ST; QL; CTT1
*URICOSURICS***		
probenecid oral tablet	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC.		
*BRADYKININ B2 RECEPTOR ANTAGONISTS***		
icatibant acetate subcutaneous solution	4	PA; QL; SP
*C1 INHIBITORS***		
BERINERT INTRAVENOUS KIT	4	PA; QL; LD; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL; LD; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; QL; LD; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
*DIRECT-ACTING P2Y12 INHIBITORS***		
BRILINTA ORAL TABLET	2	
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS***		
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	2	CTT1
*HEMATORHEOLOGIC AGENTS***		
pentoxifylline er oral tablet extended release	1 or 1b*	
*PHOSPHODIESTERASE III INHIBITORS***		
cilostazol oral tablet	2	CTT1
*PLASMA EXPANDERS***		
hetastarch-nacl intravenous solution	1 or 1b*	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
*PLASMA KALLIKREIN INHIBITORS***		
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; QL; LD; SP
*PLASMA PROTEINS***		
albuked 25 intravenous solution	1 or 1b*	
albuked 5 intravenous solution	1 or 1b*	
albumin human intravenous solution	1 or 1b*	
albumin-zlb intravenous solution	1 or 1b*	
alburx intravenous solution	1 or 1b*	
albutein intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
flexbumin intravenous solution	1 or 1b*	
human albumin grifols intravenous solution	1 or 1b*	
kedbumin intravenous solution	1 or 1b*	
plasbumin-25 intravenous solution	1 or 1b*	
plasbumin-5 intravenous solution	1 or 1b*	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS***		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	
*PLATELET AGGREGATION INHIBITORS***		
dipyridamole oral tablet	2	CTT1
*PROTAMINE***		
protamine sulfate intravenous solution	1 or 1b*	
*QUINAZOLINE AGENTS***		
anagrelide hcl oral capsule	1 or 1b*	
*THIENOPYRIDINE DERIVATIVES***		
clopidogrel bisulfate oral tablet	1 or 1b*	
prasugrel hcl oral tablet 10 mg	2	CTT1
prasugrel hcl oral tablet 5 mg	2	DO; CTT1
HEMATOPOIETIC AGENTS		
*AGENTS FOR GAUCHER DISEASE***		
miglustat oral capsule	4	PA; QL; SP
*COBALAMINS***		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
*CYTOTOXIC AGENTS***		
DROXIA ORAL CAPSULE	2	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; QL; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
PROCRIT INJECTION SOLUTION	4	PA; QL; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA; QL; SP
*FOLIC ACID/FOLATE COMBINATIONS***		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
foltabs 800 oral tablet	1 or 1b*	OTC; \$0
millguard oral tablet	1 or 1b*	OTC; \$0
*FOLIC ACID/FOLATES***		
cvs folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
fa-8 oral capsule	1 or 1b*	OTC; \$0
fa-8 oral tablet	1 or 1a*	OTC; \$0
folate oral tablet	1 or 1a*	OTC; \$0
folic acid injection solution	1 or 1a*	
folic acid oral capsule 0.8 mg	1 or 1b*	OTC; \$0
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*	OTC; \$0
gnp folic acid oral tablet	1 or 1a*	OTC; \$0
hm folic acid oral tablet	1 or 1a*	OTC; \$0
kp folic acid oral tablet 800 mcg	1 or 1a*	OTC; \$0
px folic acid oral tablet	1 or 1a*	OTC; \$0
qc folic acid oral tablet	1 or 1a*	OTC; \$0
ra folic acid oral tablet	1 or 1a*	OTC; \$0
sm folic acid oral tablet	1 or 1a*	OTC; \$0
yl folic acid oral tablet	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*IRON COMBINATIONS***		
foltrin oral capsule	1 or 1b*	
*IRON***		
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS***		
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; DO; QL; LD; SP
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; QL; LD; SP
HEMOSTATICS		
*HEMOSTATICS - SYSTEMIC***		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	2	CTT1
aminocaproic acid oral tablet	2	CTT1
tranexamic acid intravenous solution 1000 mg/10ml	2	CTT1
tranexamic acid oral tablet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
HYPNOTICS/SEDATIVE S/SLEEP DISORDER AGENTS		
*BARBITURATE HYPNOTICS***		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
*BENZODIAZEPINE HYPNOTICS***		
estazolam oral tablet	1 or 1b*	
flurazepam hcl oral capsule	1 or 1b*	
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	
quazepam oral tablet	1 or 1b*	
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
*HYPNOTICS - TRICYCLIC AGENTS***		
doxepin hcl oral tablet	2	ST; QL; CTT1
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
eszopiclone oral tablet	1 or 1b*	
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem tartrate oral tablet	1 or 1b*	
zolpidem tartrate sublingual tablet sublingual	2	ST; QL; CTT1
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES***		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1 or 1b*	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	

Drug Name	Tier	Notes
*SELECTIVE MELATONIN RECEPTOR AGONISTS***		
ramelteon oral tablet	2	ST; QL; CTT1
LAXATIVES		
*BOWEL EVACUANT COMBINATIONS***		
gavilyte-c oral solution reconstituted	1 or 1a*	\$0
gavilyte-g oral solution reconstituted	1 or 1a*	\$0
gavilyte-h oral kit	1 or 1b*	\$0
gavilyte-n with flavor pack oral solution reconstituted	1 or 1a*	\$0
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*	\$0
peg-3350/electrolytes oral solution reconstituted	1 or 1a*	\$0
peg-3350/electrolytes/ascorbic acid oral solution reconstituted	1 or 1b*	\$0
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*	\$0
peg-prep oral kit	1 or 1b*	\$0
SUPREP BOWEL PREP KIT ORAL SOLUTION		
trilyte oral solution reconstituted	1 or 1a*	\$0
*LAXATIVES - MISCELLANEOUS***		
clearlax oral powder	1 or 1b*	OTC; \$0
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*	OTC; \$0
cvs purelax oral powder	1 or 1b*	OTC; \$0
eq clearlax oral powder	1 or 1b*	OTC; \$0
eql clearlax oral powder	1 or 1b*	OTC; \$0
gavilax oral powder	1 or 1b*	OTC; \$0
gentlelax oral powder	1 or 1b*	OTC; \$0
glycolax oral powder	1 or 1b*	OTC; \$0
gnp clearlax oral packet	1 or 1b*	OTC; \$0
gnp clearlax oral powder	1 or 1b*	OTC; \$0
goodsense clearlax oral powder	1 or 1b*	OTC; \$0
healthylax oral packet	1 or 1b*	OTC; \$0
hm clearlax oral packet	1 or 1b*	OTC; \$0
hm clearlax oral powder	1 or 1b*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
cls laxaclear oral powder	1 or 1b*	OTC; \$0
LACTULOSE ORAL PACKET	2	
lactulose oral solution	1 or 1b*	
peg 3350 oral packet	1 or 1b*	OTC; \$0
peg 3350 oral powder	1 or 1b*	OTC; \$0
polyethylene glycol 3350 oral packet	1 or 1b*	\$0
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
qc natura-lax oral powder	1 or 1b*	OTC; \$0
ra laxative oral packet	1 or 1b*	OTC; \$0
ra laxative oral powder	1 or 1b*	OTC; \$0
sb polyethylene glycol 3350 oral powder	1 or 1b*	OTC; \$0
sm clearlax oral powder	1 or 1b*	OTC; \$0
smooth lax oral packet	1 or 1b*	OTC; \$0
smooth lax oral powder	1 or 1b*	OTC; \$0
*SALINE LAXATIVES***		
citrate of magnesia oral solution	1 or 1a*	OTC; \$0
citroma oral solution	1 or 1a*	OTC; \$0
cvs citrate of magnesia oral solution	1 or 1a*	OTC; \$0
cvs magnesium citrate oral solution	1 or 1a*	OTC; \$0
cvs milk of magnesia oral suspension	1 or 1b*	OTC; \$0
eq magnesium citrate oral solution	1 or 1a*	OTC; \$0
eql magnesium citrate oral solution	1 or 1a*	OTC; \$0
eql milk of magnesia oral suspension	1 or 1b*	OTC; \$0
gnp magnesium citrate oral solution	1 or 1a*	OTC; \$0
gnp milk of magnesia oral suspension	1 or 1b*	OTC; \$0
goodsense magnesium citrate oral solution	1 or 1a*	OTC; \$0
hm magnesium citrate oral solution	1 or 1a*	OTC; \$0
hm milk of magnesia oral suspension	1 or 1b*	OTC; \$0
magnesium citrate oral solution 1.745 gm/30ml	1 or 1a*	OTC; \$0

Drug Name	Tier	Notes
milk of magnesia concentrate oral suspension	1 or 1b*	OTC; \$0
milk of magnesia oral suspension 400 mg/5ml, 7.75 %	1 or 1b*	OTC; \$0
phillips milk of magnesia oral suspension 400 mg/5ml	1 or 1b*	OTC; \$0
px milk of magnesia oral suspension	1 or 1b*	OTC; \$0
qc magnesium citrate oral solution	1 or 1a*	OTC; \$0
qc milk of magnesia oral suspension	1 or 1b*	OTC; \$0
ra magnesium citrate oral solution	1 or 1a*	OTC; \$0
ra milk of magnesia oral suspension	1 or 1b*	OTC; \$0
sb magnesium citrate oral solution	1 or 1a*	OTC; \$0
sb milk of magnesia oral suspension	1 or 1b*	OTC; \$0
sm magnesium citrate oral solution	1 or 1a*	OTC; \$0
sm milk of magnesia oral suspension 1200 mg/15ml	1 or 1b*	OTC; \$0
*STIMULANT LAXATIVES***		
alophen oral tablet delayed release	1 or 1a*	OTC; \$0
bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; \$0
cvs bisacodyl oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
cvs gentle laxative womens oral tablet delayed release	1 or 1a*	OTC; \$0
ducodyl oral tablet delayed release	1 or 1a*	OTC; \$0
eq gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eq womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
eql laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
gnp bisa-lax oral tablet delayed release	1 or 1a*	OTC; \$0
gnp laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp womens gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
gnp womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*	OTC; \$0
goodsense womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
hm laxative oral tablet delayed release	1 or 1a*	OTC; \$0
kp bisacodyl oral tablet delayed release	1 or 1a*	OTC; \$0
laxative oral tablet delayed release	1 or 1a*	OTC; \$0
px laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ra laxative oral tablet delayed release	1 or 1a*	OTC; \$0
ra womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*	OTC; \$0
sb gentle lax-women oral tablet delayed release	1 or 1a*	OTC; \$0
sm gentle laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womans laxative oral tablet delayed release	1 or 1a*	OTC; \$0
womens laxative oral tablet delayed release	1 or 1a*	OTC; \$0
LOCAL ANESTHETICS-PARENTERAL		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC**		
		*
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	

Drug Name	Tier	Notes
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1 or 1b*	
xylocaine dental injection solution	1 or 1b*	
*LOCAL ANESTHETICS - AMIDES***		
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution 0.5 %	1 or 1b*	
lidocaine hcl intradermal jet-injector	1 or 1b*	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
*LOCAL ANESTHETICS - ESTERS***		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
MACROLIDES		
*AZITHROMYCIN***		
azithromycin intravenous solution reconstituted 500 mg	2	CTT1
azithromycin oral packet	1 or 1b*	QL
azithromycin oral suspension reconstituted	1 or 1b*	QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1 or 1b*	QL
*CLARITHROMYCIN***		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
*ERYTHROMYCINS***		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	
erythrocin stearate oral tablet 250 mg	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	2	CTT1
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
MEDICAL DEVICES AND SUPPLIES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	2	\$0
*CONDOMS - FEMALE***		
FC FEMALE CONDOM	2	OTC; \$0
FC2 FEMALE CONDOM	2	OTC; \$0
*DIAPHRAGMS***		
CAYA VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0

Drug Name	Tier	Notes
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	\$0
*GLUCOSE MONITORING TEST SUPPLIES***		
ACCU-CHEK FASTCLIX LANCET KIT	2	OTC
ACCU-CHEK FASTCLIX LANCETS	2	OTC
ACCU-CHEK MULTICLIX LANCET DEV KIT	2	OTC
ACCU-CHEK MULTICLIX LANCETS	2	OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	OTC
COAGUCHEK LANCETS	2	OTC
DEXCOM G4 PLAT PED RCV/SHARE DEVICE	2	PA; QL
DEXCOM G4 PLAT PED RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RCV/SHARE DEVICE	2	PA; QL
DEXCOM G4 PLATINUM RECEIVER DEVICE	2	PA; QL
DEXCOM G4 PLATINUM TRANSMITTER	2	PA; QL
DEXCOM G4 SENSOR	2	PA; QL
DEXCOM G5 MOB/G4 PLAT SENSOR	2	PA; QL
DEXCOM G5 MOBILE RECEIVER DEVICE	2	PA; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
DEXCOM G5 MOBILE TRANSMITTER	2	PA; QL
DEXCOM G5 RECEIVER KIT DEVICE	2	PA; QL
DEXCOM G6 RECEIVER DEVICE	2	PA; QL
DEXCOM G6 SENSOR	2	PA; QL
DEXCOM G6 TRANSMITTER	2	PA; QL
FREESTYLE LIBRE 14 DAY READER DEVICE	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; QL
FREESTYLE LIBRE 2 READER SYSTM DEVICE	2	PA; QL
FREESTYLE LIBRE 2 SENSOR SYSTM	2	PA; QL
FREESTYLE LIBRE READER DEVICE	2	PA; QL
FREESTYLE LIBRE SENSOR SYSTEM	2	PA; QL
LIFESCAN UNISTIK 2	2	OTC
LIFESCAN UNISTIK II LANCETS	2	OTC
ONETOUCH CLUB LANCETS FINE PT	2	OTC
ONETOUCH DELICA LANCETS 30G	2	OTC
ONETOUCH DELICA LANCETS 33G	2	OTC
ONETOUCH DELICA LANCING DEV	2	OTC
ONETOUCH DELICA PLUS LANCET30G	2	OTC
ONETOUCH DELICA PLUS LANCET33G	2	OTC
ONETOUCH DELICA PLUS LANCING	2	OTC
ONETOUCH FINEPOINT LANCETS	2	OTC
ONETOUCH SURESOFT LANCING DEV	2	OTC
ONETOUCH ULTRASOFT LANCETS	2	OTC
PENLET II BLOOD SAMPLER KIT	2	OTC
PENLET II REPLACEMENT CAP	2	OTC

Drug Name	Tier	Notes
*MISC. DEVICES***		
folding paddle walker	1 or 1b*	OTC; \$0
*NEEDLES & SYRINGES***		
1ST TIER UNIFINE PENTIPS	3	ST; QL; OTC
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL; OTC
ABOUTTIME PEN NEEDLE	3	ST; QL; OTC
ADVOCATE INSULIN PEN NEEDLES	3	ST; QL; OTC
ADVOCATE INSULIN SYRINGE	3	ST; QL; OTC
ASSURE ID INSULIN SAFETY SYR	3	ST; QL
ASSURE ID SAFETY PEN NEEDLES	3	ST; QL; OTC
AURORA PEN NEEDLES	3	ST; QL; OTC
AURORA UNIFINE PENTIPS	3	ST; QL; OTC
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	2	OTC
BD AUTOSHIELD DUO	2	OTC
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	OTC
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	2	OTC
BD INSULIN SYRINGE HALF-UNIT	2	OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	OTC
BD INSULIN SYRINGE U/F	2	OTC
BD INSULIN SYRINGE U/F 1/2UNIT	2	OTC
BD INSULIN SYRINGE U-500	2	

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

Effective 01/01/2021

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

Drug Name	Tier	Notes
COMFORT ASSIST INSULIN SYRINGE	3	ST; QL; OTC
COMFORT EZ INSULIN SYRINGE	3	ST; QL; OTC
COMFORT EZ MICRO PEN NEEDLES	3	ST; QL; OTC
COMFORT EZ PEN NEEDLES	3	ST; QL; OTC
COMFORT EZ SHORT PEN NEEDLES	3	ST; QL; OTC
DIATHRIVE PEN NEEDLE	3	ST; QL; OTC
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	3	OTC
DROPLET MICRON	3	OTC
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	3	ST; QL; OTC
DROPLET PEN NEEDLES 30G X 8 MM	3	ST; QL
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL; OTC
DRUG MART UNIFINE PENTIPS	3	ST; QL; OTC
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL; OTC

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

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

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

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

Effective 01/01/2021

Drug Name	Tier	Notes
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
INSULIN SYRINGE 29G X 1" 0.3 ML	3	OTC
INSULIN SYRINGE/NEEDLE	3	ST; QL; OTC
INSULIN SYRINGE-NEEDLE U-100	3	ST; QL; OTC
INSUPEN PEN NEEDLES	3	ST; QL; OTC
INSUPEN SENSITIVE	3	ST; QL; OTC
INSUPEN ULTRAFIN 30G X 8 MM, 31G X 6 MM, 31G X 8 MM	3	ST; QL; OTC
KINRAY INSULIN SYRINGE	3	ST; QL; OTC
KMART VALU INSULIN SYRINGE 29G	3	ST; QL; OTC
KMART VALU INSULIN SYRINGE 30G	3	ST; QL; OTC
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
KROGER PEN NEEDLES	3	ST; QL; OTC
LEADER INSULIN SYRINGE	3	ST; QL; OTC
LEADER UNIFINE PENTIPS	3	ST; QL; OTC
LEADER UNIFINE PENTIPS PLUS	3	ST; QL; OTC
LITETOUCH INSULIN SYRINGE	3	ST; QL; OTC
LITETOUCH PEN NEEDLES	3	ST; QL; OTC
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML	3	ST; QL; OTC

Drug Name	Tier	Notes
MAGELLAN INSULIN SAFETY SYR	3	ST; QL
MARATHON MEDICAL PENTIPS	3	ST; QL
MAXICOMFORT II PEN NEEDLE	3	ST; QL; OTC
MAXI-COMFORT INSULIN SYRINGE	3	ST; QL; OTC
MAXI-COMFORT SAFETY PEN NEEDLE	3	ST; QL; OTC
MAXICOMFORT SYR 27G X 1/2"	3	ST; QL; OTC
MEDIC INSULIN SYRINGE	3	ST; QL; OTC
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL; OTC
MEIJER PEN NEEDLES	3	ST; QL; OTC
MICRODOT PEN NEEDLE	3	ST; QL; OTC
MM INSULIN SYRINGE/NEEDLE	3	ST; QL; OTC
MM PEN NEEDLES	3	ST; QL; OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, U-100 1 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	3	ST; QL
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	3	ST; QL; OTC
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
NOVOFINE 32G X 6 MM	3	ST; QL; OTC

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

Effective 01/01/2021

Drug Name	Tier	Notes
NOVOFINE AUTOCOVER	3	ST; QL; OTC
NOVOFINE PLUS	3	ST; QL; OTC
NOVOTWIST 32G X 5 MM	3	ST; QL; OTC
PC UNIFINE PENTIPS	3	ST; QL; OTC
PEN NEEDLES	3	ST; QL; OTC
PEN NEEDLES 1/2"	3	ST; QL; OTC
PEN NEEDLES 3/16"	3	ST; QL; OTC
PEN NEEDLES 5/16"	3	ST; QL; OTC
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	3	ST; QL
PENTIPS 31G X 6 MM	3	ST; QL; OTC
PRECISION SUREDOSE PLUS SYR	3	ST; QL; OTC
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	3	ST; QL; OTC
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	3	OTC
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL; OTC
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL; OTC
PREVENT SAFETY PEN NEEDLES	3	ST; QL; OTC
PRO COMFORT INSULIN SYRINGE	3	ST; QL; OTC
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	3	ST; QL
PRO COMFORT PEN NEEDLES 32G X 6 MM	3	ST; QL; OTC
PRODIGY INSULIN SYRINGE	3	ST; QL; OTC
PURE COMFORT PEN NEEDLE	3	ST; QL; OTC
PX EXTRA SHORT PEN NEEDLES	3	ST; QL; OTC
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML	3	ST; QL; OTC
PX MINI PEN NEEDLES	3	ST; QL; OTC
PX PEN NEEDLE	3	ST; QL; OTC

Drug Name	Tier	Notes
PX SHORTLENGTH PEN NEEDLES	3	ST; QL; OTC
QC PEN NEEDLES	3	ST; QL; OTC
QC UNIFINE PENTIPS	3	ST; QL; OTC
RA INSULIN SYRINGE	3	ST; QL; OTC
RA PEN NEEDLES	3	ST; QL; OTC
REALITY INSULIN SYRINGE	3	ST; QL; OTC
RELION INSULIN SYRINGE	3	ST; QL; OTC
RELI-ON INSULIN SYRINGE	3	ST; QL; OTC
RELION MINI PEN NEEDLES	3	ST; QL; OTC
RELION PEN NEEDLES	3	ST; QL; OTC
RELION SHORT PEN NEEDLES	3	ST; QL; OTC
SAFETY INSULIN SYRINGES	3	ST; QL; OTC
SB INSULIN SYRINGE	3	ST; QL; OTC
SECURESAFE INSULIN SYRINGE	3	ST; QL; OTC
SHOPKO UNIFINE PENTIPS	3	ST; QL; OTC
SHOPKO UNIFINE PENTIPS PLUS	3	ST; QL; OTC
SURE COMFORT INSULIN SYRINGE	3	ST; QL; OTC
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	3	ST; QL; OTC
SURE-FINE PEN NEEDLES	3	ST; QL; OTC
SURE-JECT INSULIN SYRINGE	3	ST; QL; OTC
TECHLITE INSULIN SYRINGE	3	ST; QL; OTC
TECHLITE PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH PEN NEEDLES	3	ST; QL; OTC
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL; OTC
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL; OTC

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

Effective 01/01/2021

Drug Name	Tier	Notes
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL; OTC
TRUE COMFORT INSULIN SYRINGE	3	ST; QL; OTC
TRUE COMFORT PEN NEEDLES	3	ST; QL; OTC
TRUEPLUS 5-BEVEL PEN NEEDLES	3	OTC
TRUEPLUS INSULIN SYRINGE	3	ST; QL; OTC
TRUEPLUS PEN NEEDLES 31G X 6 MM	3	ST; QL; OTC
ULTICARE INSULIN SAFETY SYR	3	ST; QL
ULTICARE INSULIN SYRINGE	3	ST; QL; OTC
ULTICARE MICRO PEN NEEDLES	3	ST; QL; OTC
ULTICARE MINI PEN NEEDLES	3	ST; QL; OTC
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM	3	ST; QL; OTC
ULTICARE SHORT PEN NEEDLES	3	ST; QL; OTC
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL; OTC
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL; OTC
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML	3	ST; QL
ULTILET INSULIN SYRINGE SHORT	3	ST; QL; OTC
ULTILET PEN NEEDLE	3	ST; QL; OTC
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	3	ST; QL; OTC
ULTRA FLO INSULIN PEN NEEDLES	3	ST; QL; OTC
ULTRA FLO INSULIN SYRINGE	3	ST; QL; OTC

Drug Name	Tier	Notes
ULTRA THIN PEN NEEDLES	3	ST; QL; OTC
ULTRACARE INSULIN SYRINGE	3	ST; QL; OTC
ULTRACARE PEN NEEDLES	3	ST; QL; OTC
ULTRA-COMFORT INSULIN SYRINGE	3	ST; QL; OTC
ULTRA-THIN II INS SYR SHORT	3	ST; QL; OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL; OTC
ULTRA-THIN II MINI PEN NEEDLE	3	ST; QL; OTC
ULTRA-THIN II PEN NEEDLE SHORT	3	ST; QL; OTC
ULTRA-THIN II PEN NEEDLES	3	ST; QL; OTC
UNIFINE PENTIPS	3	ST; QL; OTC
UNIFINE PENTIPS PLUS	3	ST; QL; OTC
UNIFINE SAFECONTROL PEN NEEDLE	3	ST; QL; OTC
VALUE HEALTH INSULIN SYRINGE	3	ST; QL; OTC
VALUMARK PEN NEEDLES	3	ST; QL; OTC
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	3	ST; QL; OTC
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	3	OTC
VIDA MIA UNIFINE PENTIPS	3	ST; QL; OTC
VP INSULIN SYRINGE	3	ST; QL; OTC
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL; OTC
MIGRAINE PRODUCTS		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	2	ST; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL
*ERGOT COMBINATIONS***		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
*MIGRAINE PRODUCTS***		
dihydroergotamine mesylate injection solution	1 or 1b*	PA; QL
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS***		
sumatriptan-naproxen sodium oral tablet	2	ST; QL; CTT1
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
almotriptan malate oral tablet	1 or 1b*	QL
eletriptan hydrobromide oral tablet	1 or 1b*	QL
frovatriptan succinate oral tablet	1 or 1b*	ST; QL
naratriptan hcl oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet	1 or 1b*	QL
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL
sumatriptan nasal solution	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL

Drug Name	Tier	Notes
sumatriptan succinate refill subcutaneous solution cartridge	2	QL; CTT1
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL; CTT1
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	2	QL; CTT1
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	2	QL; CTT1
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet dispersible	1 or 1b*	QL
MINERALS & ELECTROLYTES		
*ELECTROLYTES & DEXTROSE***		
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1 or 1b*	
dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %	1 or 1b*	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	1 or 1b*	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	1 or 1b*	
*ELECTROLYTES PARENTERAL***		
lactated ringers intravenous solution	1 or 1b*	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1 or 1b*	
ringers intravenous solution	1 or 1b*	
*FLUORIDE***		
fluoritab oral solution	1 or 1a*	\$0
fluoritab oral tablet chewable	1 or 1a*	\$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
nafrinse drops oral solution	1 or 1a*	\$0
nafrinse oral tablet chewable	1 or 1a*	\$0
sodium fluoride oral solution	1 or 1a*	\$0
sodium fluoride oral tablet	1 or 1a*	\$0
sodium fluoride oral tablet chewable	1 or 1a*	\$0
*MANGANESE***		
manganese chloride intravenous solution	1 or 1b*	
*PHOSPHATE***		
K-PHOS ORAL TABLET	2	
phosphorous oral tablet	1 or 1b*	
sodium phosphates intravenous solution 15 mmole/5ml	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
*POTASSIUM***		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet 20 meq	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1 or 1b*	
*SODIUM***		
monoject flush syringe intravenous solution	2	CTT1
monoject sodium chloride flush intravenous solution	2	CTT1

Drug Name	Tier	Notes
normal saline flush intravenous solution	2	CTT1
saline flush intravenous solution	2	CTT1
saline flush zr intravenous solution	2	CTT1
sodium chloride flush intravenous solution	2	CTT1
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	2	CTT1
swabflush saline flush intravenous solution	2	CTT1
*TRACE MINERALS***		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
*ZINC***		
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution 3 mg/ml	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES		
*ANTILEPTOTICS***		
THALOMID ORAL CAPSULE	4	PA; QL; SP
*CHELATING AGENTS***		
clovique oral capsule	4	PA; QL; SP
penicillamine oral capsule	2	PA; QL; CTT1
penicillamine oral tablet	2	PA; QL; CTT1
trientine hcl oral capsule	4	PA; QL; SP
*CYCLOSPORINE ANALOGS***		
cyclosporine modified oral capsule	4	
cyclosporine modified oral solution	4	
cyclosporine oral capsule	4	
gengraf oral capsule 100 mg, 25 mg	4	
gengraf oral solution	4	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***		
REVLIMID ORAL CAPSULE	4	PA; QL; LD; SP
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
mycophenolate mofetil oral capsule	4	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	4	
mycophenolate sodium oral tablet delayed release	4	
*IRRIGATION SOLUTIONS***		
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS***		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	4	
sirolimus oral solution	4	
sirolimus oral tablet	4	
tacrolimus oral capsule	4	
*POTASSIUM REMOVING AGENTS***		
kionex oral suspension	2	CTT1
sodium polystyrene sulfonate oral powder	2	CTT1
sodium polystyrene sulfonate oral suspension	2	CTT1

Drug Name	Tier	Notes
sodium polystyrene sulfonate rectal suspension 30 gm/120ml	2	CTT1
sodium polystyrene sulfonate rectal suspension 50 gm/200ml	1 or 1b*	
sps oral suspension	2	CTT1
*PROSTAGLANDINS***		
alprostadil injection solution	1 or 1b*	
*PURINE ANALOGS***		
azathioprine oral tablet	1 or 1b*	
*SCLEROSING AGENTS***		
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
sotradecol intravenous solution 3 %	1 or 1b*	
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
lidocaine hcl mouth/throat solution	1 or 1a*	
lidocaine viscous hcl mouth/throat solution	1 or 1a*	
*ANTI-INFECTIVES - THROAT***		
clotrimazole mouth/throat troche	1 or 1b*	
nystatin mouth/throat suspension	1 or 1b*	
*ANTISEPTICS - MOUTH/THROAT***		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	
paroex mouth/throat solution	1 or 1a*	
periogard mouth/throat solution	1 or 1a*	
*DENTAL PRODUCTS - COMBINATIONS***		
fluoridex sensitivity relief dental paste	1 or 1b*	
sodium fluoride 5000 sensitive dental paste	1 or 1b*	
*FLUORIDE DENTAL PRODUCTS***		
cavarest dental gel	1 or 1b*	
clinpro 5000 dental paste	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
denta 5000 plus dental cream	1 or 1b*	
dentagel dental gel	1 or 1a*	
easygel dental gel	1 or 1b*	
fluoridex enhanced whitening dental paste	1 or 1b*	
sf 5000 plus dental cream	1 or 1b*	
sf dental gel	1 or 1a*	
sodium fluoride 5000 plus dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental paste	1 or 1b*	
sodium fluoride dental cream	1 or 1b*	
sodium fluoride dental gel 1.1 %	1 or 1b*	
*SALIVA STIMULANTS***		
cevimeline hcl oral capsule	2	CTT1
pilocarpine hcl oral tablet	2	CTT1
*STEROIDS - MOUTH/THROAT/DENTAL***		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetone mouth/throat paste	1 or 1b*	
MULTIVITAMINS		
*B-COMPLEX VITAMINS***		
b complex-b12 oral tablet	1 or 1b*	OTC; \$0
b-complex/b-12 oral tablet	1 or 1b*	OTC; \$0
pa b-complex with b-12 oral tablet	1 or 1b*	OTC; \$0
ra b-complex oral tablet	1 or 1b*	OTC; \$0
ra b-complex with b-12 oral tablet	1 or 1b*	OTC; \$0
vitamin b complex oral tablet	1 or 1b*	OTC; \$0
vitamin b-complex oral tablet	1 or 1b*	OTC; \$0
vitamin-b complex oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C & CALCIUM***		
gnp b-complex plus vitamin c oral tablet	1 or 1b*	OTC; \$0
qc b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
*B-COMPLEX W/ C & FOLIC ACID***		
b complex-c-folic acid oral tablet	1 or 1b*	OTC; \$0
b-complex balanced oral tablet	1 or 1b*	OTC; \$0
b-complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
dialyvit 800 oral tablet	1 or 1b*	OTC; \$0
eql super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2	OTC; \$0
hm super vitamin b complex/c oral tablet	1 or 1b*	OTC; \$0
hm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
kp b complex-c oral tablet	1 or 1b*	OTC; \$0
nephro vitamins oral tablet	1 or 1b*	OTC; \$0
px b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
renal multivitamin formula oral tablet	1 or 1b*	OTC; \$0
renal vitamin oral tablet	1 or 1b*	OTC; \$0
renal-vite oral tablet	1 or 1b*	OTC; \$0
rena-vite oral tablet	1 or 1b*	OTC; \$0
sm b super vitamin complex oral tablet	1 or 1b*	OTC; \$0
SM B-COMPLEX/VITAMIN C ORAL TABLET	2	OTC; \$0
super b complex/fa/vit c oral tablet	1 or 1b*	OTC; \$0
super b-complex/vit c/fa oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C***		
allbee/c oral tablet	1 or 1b*	OTC; \$0
b complex-c oral tablet	1 or 1b*	OTC; \$0
b-complex-c oral tablet	1 or 1b*	OTC; \$0
better b complex oral tablet	1 or 1b*	OTC; \$0
cvs b complex plus c oral tablet	1 or 1b*	OTC; \$0
cvs super b complex/c oral tablet	1 or 1b*	OTC; \$0
hm b complex/c oral tablet	1 or 1b*	OTC; \$0
sm super b complex/c oral tablet	1 or 1b*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
sm vitamin b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b complex/vitamin c oral tablet	1 or 1b*	OTC; \$0
super b-complex + vitamin c oral tablet	1 or 1b*	OTC; \$0
vitamin b + c complex oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2	OTC; \$0
*B-COMPLEX W/ FOLIC ACID***		
b complex formula 1 oral tablet	1 or 1b*	OTC; \$0
b complex plus oral tablet	1 or 1b*	OTC; \$0
kobee oral tablet	1 or 1b*	OTC; \$0
sm balanced b-100 oral tablet	1 or 1b*	OTC; \$0
sm balanced b-50 oral tablet	1 or 1b*	OTC; \$0
super b complex maxi oral tablet	1 or 1b*	OTC; \$0
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
b complex 100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b complex-biotin-fa oral tablet	1 or 1b*	OTC; \$0
b-100 b-complex oral tablet	1 or 1b*	OTC; \$0
b-100 complex cr oral tablet extended release	1 or 1b*	OTC; \$0
b-100 tr oral tablet extended release	1 or 1b*	OTC; \$0
b-50 complex oral tablet extended release	1 or 1b*	OTC; \$0
b50 complex tr oral tablet extended release	1 or 1b*	OTC; \$0
balance b-50 oral tablet	1 or 1b*	OTC; \$0
balanced b complex oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet extended release	1 or 1b*	OTC; \$0
b-compleet-100 oral tablet	1 or 1b*	OTC; \$0
b-compleet-50 oral tablet	1 or 1b*	OTC; \$0
b-complex oral tablet	1 or 1b*	OTC; \$0
big 100 oral tablet	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
complex b-50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
endur-b oral tablet extended release	1 or 1b*	OTC; \$0
eql b complex 50 oral tablet	1 or 1b*	OTC; \$0
eql b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0
express oral tablet	1 or 1b*	OTC; \$0
express-super oral tablet	1 or 1b*	OTC; \$0
gnp b-100 complex oral tablet extended release	1 or 1b*	OTC; \$0
gnp b-50 balanced oral tablet	1 or 1b*	OTC; \$0
gnp b-50 complex oral tablet extended release	1 or 1b*	OTC; \$0
hm vitamin b100 complex oral tablet	1 or 1b*	OTC; \$0
hm vitamin b50 complex oral tablet	1 or 1b*	OTC; \$0
qc b50 prolonged release oral tablet extended release	1 or 1b*	OTC; \$0
quin b strong b-25 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-100 cr oral tablet extended release	1 or 1b*	OTC; \$0
ra balanced b-100 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 oral tablet	1 or 1b*	OTC; \$0
ra balanced b-50 tr oral tablet extended release	1 or 1b*	OTC; \$0
sm b100 complex oral tablet	1 or 1b*	OTC; \$0
sm b-complex oral tablet	1 or 1b*	OTC; \$0
super b-100 oral tablet	1 or 1b*	OTC; \$0
super b-50 oral tablet	1 or 1b*	OTC; \$0
super b-complex oral tablet	1 or 1b*	OTC; \$0
super dec b-100 oral tablet	1 or 1b*	OTC; \$0
super quints b-50 oral tablet	1 or 1b*	OTC; \$0
vitamin b50 complex oral tablet extended release	1 or 1b*	OTC; \$0
yl balanced b-100 oral tablet	1 or 1b*	OTC; \$0
*PED MULTI VITAMINS W/FL & FE***		
multi-vit/iron/fluoride oral solution	1 or 1b*	
multi-vitamin/fluoride/iron oral solution	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*PED MV W/ FLUORIDE***		
multivitamin/fluoride oral solution	1 or 1b*	\$0
multi-vitamin/fluoride oral solution	1 or 1b*	\$0
multivitamins/fluoride oral tablet chewable 0.5 mg	1 or 1b*	\$0
*PED VITAMINS ACD W/ FLUORIDE***		
adc/f (0.5mg/ml) oral solution	1 or 1b*	\$0
tri-vite/fluoride oral solution	1 or 1b*	\$0
vitamins acd-fluoride oral solution	1 or 1b*	\$0
*PRENATAL MV & MIN W/FE-FA***		
CLASSIC PRENATAL ORAL TABLET	2	OTC; \$0
COMPLETENATE ORAL TABLET CHEWABLE	2	
elite-ob oral tablet	1 or 1b*	
EQL PRENATAL FORMULA ORAL TABLET	2	OTC; \$0
FOLIVANE-OB ORAL CAPSULE	2	
GNP PRENATAL ORAL TABLET	2	OTC; \$0
HM PRENATAL ORAL TABLET	2	OTC; \$0
inatal gt oral tablet	1 or 1b*	
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
PERRY PRENATAL ORAL CAPSULE	2	OTC; \$0
PNV TABS 29-1 ORAL TABLET	2	
prenatabs rx oral tablet	1 or 1a*	
PRENATAL COMPLETE ORAL TABLET	2	OTC; \$0
PRENATAL LOW IRON ORAL TABLET 27-0.8 MG	2	OTC; \$0
PRENATAL ORAL TABLET 27-1 MG	2	

Drug Name	Tier	Notes
PRENATAL PLUS IRON ORAL TABLET	2	
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2	OTC; \$0
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	
PRENATAL-U ORAL CAPSULE	2	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
QC PRENATAL ORAL TABLET	2	OTC; \$0
RA PRENATAL ORAL TABLET	2	OTC; \$0
SE-NATAL 19 ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET CHEWABLE	2	
SM PRENATAL VITAMINS ORAL TABLET	2	OTC; \$0
TRINATAL RX 1 ORAL TABLET	2	
trinate oral tablet	1 or 1a*	
VINATE II ORAL TABLET	2	
VINATE ONE ORAL TABLET	2	
VOL-PLUS ORAL TABLET	2	
VOL-TAB RX ORAL TABLET	2	
*PRENATAL MV & MIN W/FE-FA-DHA***		
ENFAMIL EXPECTA ORAL	2	OTC; \$0
PRENATAL MULTIVITAMIN + DHA ORAL	2	OTC; \$0
*PRENATAL VITAMINS***		
PREMESISRX ORAL TABLET	2	ST; QL
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
*VITAMINS W/ LIPOTROPICS***		
b-100 complex oral tablet	1 or 1b*	OTC; \$0
balance b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-100 oral tablet	1 or 1b*	OTC; \$0
balanced b-50 complex oral tablet	1 or 1b*	OTC; \$0
complex b-100 oral tablet extended release	1 or 1b*	OTC; \$0
MUSCULOSKELETAL THERAPY AGENTS		
*CENTRAL MUSCLE RELAXANTS***		
baclofen intrathecal solution	4	
baclofen oral tablet	1 or 1b*	
carisoprodol oral tablet	1 or 1b*	
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL
chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine hcl oral tablet	1 or 1b*	
fexmid oral tablet	1 or 1b*	ST; QL
lorzone oral tablet	1 or 1b*	ST; QL
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution 1000 mg/10ml	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
tizanidine hcl oral capsule	1 or 1b*	
tizanidine hcl oral tablet	1 or 1b*	
*DIRECT MUSCLE RELAXANTS***		
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	2	CTT1
revonto intravenous solution reconstituted	1 or 1b*	
*MUSCLE RELAXANT COMBINATIONS***		
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
orphenadrine-asa-caffeine oral tablet	1 or 1b*	ST; QL
orphengesic forte oral tablet 50-770-60 mg	1 or 1b*	ST; QL
*VISCOSUPPLEMENTS**		
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; QL
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; QL
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; QL
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*ANTIHISTAMINE-STERIOD***		
azelastine-fluticasone nasal suspension	1 or 1b*	
*NASAL ANTICHOLINERGICS***		
ipratropium bromide nasal solution	1 or 1b*	
*NASAL ANTIHISTAMINES***		
azelastine hcl nasal solution	1 or 1b*	
olopatadine hcl nasal solution	1 or 1b*	
*NASAL STEROIDS***		
fluticasone propionate nasal suspension	1 or 1a*	
mometasone furoate nasal suspension	3	ST; QL; CTT1
NEUROMUSCULAR AGENTS		
*BENZATHIAZOLES***		
riluzole oral tablet	4	SP
*NONDEPOLARIZING MUSCLE RELAXANTS***		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution 20 mg/10ml	1 or 1b*	
pancuronium bromide intravenous solution 1 mg/ml	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
NUTRIENTS		
*AMINO ACID MIXTURES***		
clinisol sf intravenous solution	1 or 1b*	
hepatamine intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
*AMINO ACIDS-SINGLE***		
n-acetyl-l-cysteine oral capsule	1 or 1b*	
*CARBOHYDRATES***		
dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 %	1 or 1b*	
OPHTHALMIC AGENTS		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB***		
SIMBRINZA OPHTHALMIC SUSPENSION	2	
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS***		
COMBIGAN OPHTHALMIC SOLUTION	2	
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	
dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	

Drug Name	Tier	Notes
*BETA-BLOCKERS - OPHTHALMIC***		
betaxolol hcl ophthalmic solution	1 or 1b*	
BETOPTIC-S OPHTHALMIC SUSPENSION	2	
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution 0.5 %	1 or 1b*	
timolol maleate ophthalmic gel forming solution	1 or 1b*	
timolol maleate ophthalmic solution	1 or 1b*	
timolol maleate pf ophthalmic solution	1 or 1b*	
*CYCLOPLEGIC MYDRIATICS***		
altafrin ophthalmic solution 10 %, 2.5 %	1 or 1b*	
cyclopentolate hcl ophthalmic solution	1 or 1b*	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION	3	PA; QL
*MIOTICS - DIRECT ACTING***		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1 or 1b*	
*OPHTHALMIC ANTIALLERGIC***		
azelastine hcl ophthalmic solution	1 or 1b*	QL
cromolyn sodium ophthalmic solution	1 or 1a*	
epinastine hcl ophthalmic solution	1 or 1b*	
*OPHTHALMIC ANTIBIOTICS***		
bacitracin ophthalmic ointment	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
ciprofloxacin hcl ophthalmic solution	1 or 1a*	
erythromycin ophthalmic ointment	1 or 1a*	
gatifloxacin ophthalmic solution	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	
gentamicin sulfate ophthalmic solution	1 or 1a*	
levofloxacin ophthalmic solution	1 or 1b*	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	
moxifloxacin hcl ophthalmic solution	2	CTT1
ofloxacin ophthalmic solution	1 or 1a*	
tobramycin ophthalmic solution	1 or 1a*	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS***		
ak-poly-bac ophthalmic ointment	1 or 1a*	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1 or 1a*	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1 or 1b*	
neo-polycin ophthalmic ointment	1 or 1b*	
polycin ophthalmic ointment	1 or 1a*	
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	
*OPHTHALMIC ANTIVIRALS***		
trifluridine ophthalmic solution	1 or 1b*	
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
AZOPT OPHTHALMIC SUSPENSION	2	
dorzolamide hcl ophthalmic solution	1 or 1b*	

Drug Name	Tier	Notes
*OPHTHALMIC DIAGNOSTIC PRODUCTS***		
ak-fluor intravenous solution 10 %	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
*OPHTHALMIC IMMUNOMODULATORS***		
RESTASIS OPHTHALMIC EMULSION	3	PA; QL
*OPHTHALMIC IRRIGATION SOLUTIONS***		
balanced salt intraocular solution	1 or 1b*	
*OPHTHALMIC LOCAL ANESTHETICS***		
proparacaine hcl ophthalmic solution	1 or 1b*	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
bromfenac sodium (once-daily) ophthalmic solution	2	CTT1
diclofenac sodium ophthalmic solution	1 or 1b*	
flurbiprofen sodium ophthalmic solution	1 or 1b*	
ILEVRO OPHTHALMIC SUSPENSION	2	
ketorolac tromethamine ophthalmic solution	1 or 1b*	
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
apraclonidine hcl ophthalmic solution	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
brimonidine tartrate ophthalmic solution	1 or 1b*	
*OPHTHALMIC STEROID COMBINATIONS***		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1 or 1a*	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	
ZYLET OPHTHALMIC SUSPENSION	2	
*OPHTHALMIC STEROIDS***		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DUREZOL OPHTHALMIC EMULSION	2	
fluorometholone ophthalmic suspension	1 or 1b*	
LOTEMAX OPHTHALMIC GEL	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
loteprednol etabonate ophthalmic suspension	1 or 1b*	
prednisolone acetate ophthalmic suspension	1 or 1b*	
*OPHTHALMIC SULFONAMIDES***		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	

Drug Name	Tier	Notes
sulfacetamide sodium ophthalmic solution	1 or 1b*	
*OPHTHALMIC SURGICAL AIDS***		
ocucoat viscoadherent intraocular solution	1 or 1b*	
*OPHTHALMICS - CYSTINOSIS AGENTS**		
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL; LD
*PROSTAGLANDINS - OPHTHALMIC***		
bimatoprost ophthalmic solution	2	CTT1
latanoprost ophthalmic solution	1 or 1b*	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
travoprost (bak free) ophthalmic solution	1 or 1b*	
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		
acetic acid otic solution	1 or 1b*	
*OTIC ANTI-INFECTIVES***		
ciprofloxacin hcl otic solution	1 or 1b*	
ofloxacin otic solution	1 or 1b*	
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS***		
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
*OTIC STEROIDS***		
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
OXYTOCICS		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS***		
carboprost tromethamine intramuscular solution	1 or 1b*	
*OXYTOCICS***		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTITOXINS-ANTIVENINS***		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED	2	
*IMMUNE SERUMS***		
GAMUNEX-C INJECTION SOLUTION	4	PA; QL; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	4	PA; QL; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML	4	PA; QL

Drug Name	Tier	Notes
PENICILLINS		
*AMINOPENICILLINS**		
*		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable 125 mg, 250 mg	1 or 1a*	
ampicillin oral capsule 500 mg	1 or 1a*	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	2	CTT1
ampicillin sodium intravenous solution reconstituted	2	CTT1
*NATURAL PENICILLINS***		
penicillin g potassium injection solution reconstituted	2	CTT1
penicillin g sodium injection solution reconstituted	2	CTT1
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	2	CTT1
*PENICILLIN COMBINATIONS***		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	CTT1
ampicillin-sulbactam sodium intravenous solution reconstituted	2	CTT1

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

Effective 01/01/2021

Drug Name	Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
piperacillin sod-tazobactam so intravenous solution reconstituted	2	CTT1
*PENICILLINASE-RESISTANT PENICILLINS***		
dicloxacillin sodium oral capsule	1 or 1b*	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	CTT1
nafcillin sodium intravenous solution reconstituted	2	CTT1
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	CTT1
oxacillin sodium intravenous solution reconstituted	2	CTT1
PROGESTINS		
*PROGESTINS***		
hydroxyprogesterone caproate intramuscular oil	4	PA; QL; SP
medroxyprogesterone acetate oral tablet	1 or 1a*	
megestrol acetate oral suspension 625 mg/5ml	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule	1 or 1b*	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ALCOHOL DETERRENTS***		
acamprosate calcium oral tablet delayed release	2	CTT1
disulfiram oral tablet	1 or 1b*	
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*CHOLINOMIMETICS - ACHE INHIBITORS***		
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	
donepezil hcl oral tablet 5 mg	1 or 1b*	DO
donepezil hcl oral tablet dispersible	1 or 1b*	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	2	CTT1
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	2	DO; CTT1
galantamine hydrobromide oral solution	2	CTT1
galantamine hydrobromide oral tablet 12 mg, 8 mg	2	CTT1
galantamine hydrobromide oral tablet 4 mg	2	DO; CTT1
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	2	DO; CTT1
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	2	CTT1
rivastigmine transdermal patch 24 hour	2	CTT1
*MOVEMENT DISORDER DRUG THERAPY***		
tetrabenazine oral tablet	4	PA; QL; SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***		
AUBAGIO ORAL TABLET	4	PA; QL; LD; SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES***		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP

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

Effective 01/01/2021

Drug Name	Tier	Notes
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	4	PA; QL; LD; SP
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL; SP
BETASERON SUBCUTANEOUS KIT	4	PA; QL; SP
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; LD; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; LD; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP

Drug Name	Tier	Notes
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS***		
dimethyl fumarate oral capsule delayed release	4	PA; QL; LD; SP
dimethyl fumarate starter pack oral	4	PA; QL; SP
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS***		
dalfampridine er oral tablet extended release 12 hour	4	PA; QL; SP
*MULTIPLE SCLEROSIS AGENTS***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
glatiramer acetate subcutaneous solution prefilled syringe	4	PA; QL; SP
glatopa subcutaneous solution prefilled syringe	4	PA; QL; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	2	DO; CTT1
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	2	CTT1
memantine hcl oral solution	2	CTT1
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg	2	CTT1
memantine hcl oral tablet 5 mg	2	DO; CTT1
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*PHENOTHIAZINES & TRICYCLIC AGENTS***		
perphenazine-amitriptyline oral tablet	1 or 1b*	
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS***		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.***		
ergoloid mesylates oral tablet	2	CTT1
pimozide oral tablet	1 or 1b*	
*SMOKING DETERRENTS***		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*	PA; QL; \$0
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	PA; QL; \$0
CHANTIX ORAL TABLET	2	PA; QL; \$0
CHANTIX STARTING MONTH PAK ORAL TABLET	2	PA; QL; \$0
cvs nicotine mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
cvs nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine mouth/throat gum 4 mg	1 or 1b*	OTC; \$0
eq nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
eq nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
gnp nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat gum	1 or 1b*	OTC; \$0
goodsense nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
hm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
hm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
hm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
kls quit2 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit2 mouth/throat lozenge	1 or 1b*	OTC; \$0
kls quit4 mouth/throat gum	1 or 1b*	OTC; \$0
kls quit4 mouth/throat lozenge	1 or 1b*	OTC; \$0
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	2	OTC; \$0
nicorelief mouth/throat gum 2 mg	1 or 1b*	OTC; \$0
NICORETTE MINI MOUTH/THROAT LOZENGE	2	OTC; \$0
NICORETTE MOUTH/THROAT GUM	2	OTC; \$0
NICORETTE MOUTH/THROAT LOZENGE	2	OTC; \$0
NICORETTE STARTER KIT MOUTH/THROAT GUM	2	OTC; \$0
nicotine mini mouth/throat lozenge	1 or 1b*	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
nicotine step 1 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 2 transdermal patch 24 hour	1 or 1b*	OTC; \$0
nicotine step 3 transdermal patch 24 hour	1 or 1b*	OTC; \$0
NICOTINE TRANSDERMAL KIT	2	OTC; \$0
nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
NICOTROL INHALATION INHALER	2	PA; QL; \$0
NICOTROL NS NASAL SOLUTION	2	PA; QL; \$0
px stop smoking aid mouth/throat gum	1 or 1b*	OTC; \$0
px stop smoking aid mouth/throat lozenge	1 or 1b*	OTC; \$0
ra mini nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine gum mouth/throat gum 2 mg, 4 mg	1 or 1b*	OTC; \$0
ra nicotine mouth/throat gum	1 or 1b*	OTC; \$0
ra nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
ra nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
sm nicotine mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat gum	1 or 1b*	OTC; \$0
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*	OTC; \$0
sm nicotine transdermal patch 24 hour	1 or 1b*	OTC; \$0
sr nicotine mouth/throat gum	1 or 1b*	OTC; \$0
thrive mouth/throat gum 2 mg	1 or 1b*	OTC; \$0

Drug Name	Tier	Notes
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS***		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL; SP
MAYZENT ORAL TABLET	4	PA; QL; LD; SP
*THIENBENZODIAZEPINES & SSRIS***		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	DO
*VASOMOTOR SYMPTOM AGENTS - SSRIS***		
paroxetine mesylate oral capsule	1 or 1b*	
RESPIRATORY AGENTS - MISC.		
*HYDROLYTIC ENZYMES***		
PULMOZYME INHALATION SOLUTION	4	SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE	4	PA; QL; LD; SP
TETRACYCLINES		
*TETRACYCLINES***		
coremino oral tablet extended release 24 hour	1 or 1b*	ST; QL
demeclocycline hcl oral tablet	2	CTT1
doxy 100 intravenous solution reconstituted	2	CTT1
doxycycline hyclate intravenous solution reconstituted	2	CTT1
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 150 mg, 75 mg	1 or 1b*	ST; QL

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

Effective 01/01/2021

Drug Name	Tier	Notes
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1 or 1b*	ST; QL
doxycycline monohydrate oral capsule	1 or 1b*	
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	
doxycycline monohydrate oral tablet	1 or 1b*	
minocycline hcl er oral tablet extended release 24 hour	1 or 1b*	ST; QL
minocycline hcl oral capsule	1 or 1b*	
minocycline hcl oral tablet	1 or 1b*	
mondoxine nl oral capsule 100 mg, 75 mg	1 or 1b*	
morgidox oral capsule 100 mg	1 or 1b*	
tetracycline hcl oral capsule	1 or 1b*	
THYROID AGENTS		
*ANTITHYROID AGENTS***		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
*THYROID HORMONES***		
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg	1 or 1a*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
unithroid oral tablet	1 or 1a*	
TOXOIDS		
*TOXOID COMBINATIONS***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	\$0

Drug Name	Tier	Notes
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	\$0
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	\$0
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	\$0
INFANRIX INTRAMUSCULAR SUSPENSION	2	\$0
KINRIX INTRAMUSCULAR SUSPENSION	2	\$0
PEDIARIX INTRAMUSCULAR SUSPENSION	2	\$0
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	\$0
QUADRACEL INTRAMUSCULAR SUSPENSION	2	\$0
TDVAX INTRAMUSCULAR SUSPENSION	2	\$0
TENIVAC INTRAMUSCULAR INJECTABLE	2	\$0
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	\$0
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
*ANTICHOLINERGIC COMBINATIONS***		
phenohydro oral elixir	1 or 1b*	
phenohydro oral tablet	1 or 1b*	
*ANTISPASMODICS***		
dicyclomine hcl intramuscular solution	2	CTT1
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
*BELLADONNA ALKALOIDS***		
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	2	CTT1
hyoscyamine sulfate er oral tablet extended release 12 hour	1 or 1b*	
hyoscyamine sulfate sl sublingual tablet sublingual	1 or 1b*	
*H-2 ANTAGONISTS***		
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1 or 1b*	
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
*MISC. ANTI-ULCER***		
sucralfate oral suspension	2	CTT1
sucralfate oral tablet	1 or 1b*	
*PROTON PUMP INHIBITORS***		
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	ST; QL
omeprazole oral capsule delayed release	1 or 1b*	QL
pantoprazole sodium oral tablet delayed release	1 or 1b*	QL
*QUATERNARY ANTICHOLINERGICS***		
glycopyrrolate injection solution 0.2 mg/ml, 1 mg/5ml, 4 mg/20ml	1 or 1b*	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
methscopolamine bromide oral tablet	1 or 1b*	
propantheline bromide oral tablet	1 or 1b*	

Drug Name	Tier	Notes
*ULCER DRUGS - PROSTAGLANDINS***		
misoprostol oral tablet	1 or 1a*	
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)**		
*		
darifenacin hydrobromide er oral tablet extended release 24 hour	2	CTT1
oxybutynin chloride er oral tablet extended release 24 hour	1 or 1b*	
oxybutynin chloride oral syrup	1 or 1b*	
oxybutynin chloride oral tablet	1 or 1b*	
solifenacin succinate oral tablet	2	CTT1
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	
tolterodine tartrate oral tablet	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
trospium chloride er oral capsule extended release 24 hour	2	CTT1
trospium chloride oral tablet	2	CTT1
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
bethanechol chloride oral tablet	2	CTT1
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS***		
flavoxate hcl oral tablet	1 or 1b*	

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

Effective 01/01/2021

Drug Name	Tier	Notes
VACCINES		
*BACTERIAL VACCINES***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	\$0
BCG VACCINE INJECTION INJECTABLE	2	\$0
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
BIOTHRAX INTRAMUSCULAR SUSPENSION	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	\$0
MENACTRA INTRAMUSCULAR INJECTABLE	2	\$0
MENQUADFI INTRAMUSCULAR INJECTABLE	2	\$0
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	\$0
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	\$0
PNEUMOVAX 23 INJECTION INJECTABLE	2	\$0
PREVNAR 13 INTRAMUSCULAR SUSPENSION	2	\$0
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	

Drug Name	Tier	Notes
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
*VIRAL VACCINE COMBINATIONS***		
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	\$0
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	\$0
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
*VIRAL VACCINES***		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	QL; \$0
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	2	\$0
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	2	\$0
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	QL; \$0
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	2	QL; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	QL; \$0
FLUMIST QUADRIVALENT NASAL SUSPENSION	2	\$0
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	2	QL; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	QL; \$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	\$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	\$0
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	2	\$0
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	\$0
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	
IPOL INJECTION INJECTABLE	2	\$0
IXIARO INTRAMUSCULAR SUSPENSION	2	

Drug Name	Tier	Notes
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	\$0
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	\$0
ROTATEQ ORAL SOLUTION	2	\$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	\$0
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	\$0
VARIVAX SUBCUTANEOUS INJECTABLE	2	\$0
YF-VAX SUBCUTANEOUS INJECTABLE	2	
VAGINAL AND RELATED PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
*SPERMICIDES***		
ENCARE VAGINAL SUPPOSITORY	2	OTC; \$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL	2	OTC; \$0

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

Effective 01/01/2021

Drug Name	Tier	Notes
TODAY SPONGE VAGINAL	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	OTC; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	2	OTC; \$0
vcf vaginal contraceptive vaginal gel	1 or 1b*	OTC; \$0
*VAGINAL ANTI-INFECTIVES***		
CLEOCIN VAGINAL SUPPOSITORY	2	
clindamycin phosphate vaginal cream	1 or 1b*	
metronidazole vaginal gel	1 or 1b*	
vandazole vaginal gel	1 or 1b*	
*VAGINAL ESTROGENS***		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
PREMARIN VAGINAL CREAM	2	
yuvafem vaginal tablet	1 or 1b*	
*VAGINAL PROGESTINS***		
ENDOMETRIN VAGINAL INSERT	2	PA; QL
VASOPRESSORS		
*ANAPHYLAXIS THERAPY AGENTS***		
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	QL
*VASOPRESSORS***		
dobutamine hcl intravenous solution 250 mg/20ml	1 or 1b*	
dobutamine in d5w intravenous solution	1 or 1b*	
dopamine hcl intravenous solution 40 mg/ml	1 or 1b*	
dopamine in d5w intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
midodrine hcl oral tablet	2	CTT1
norepinephrine bitartrate intravenous solution	1 or 1b*	
VITAMINS		
*VITAMIN B-1***		
thiamine hcl injection solution	1 or 1b*	
*VITAMIN B-6***		
pyridoxine hcl injection solution	1 or 1b*	
*VITAMIN D***		
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1 or 1a*	
*VITAMIN K***		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	
phytonadione oral tablet	2	CTT1
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1 or 1b*	

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

Effective 01/01/2021

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

Effective 01/01/2021

Most plans include our convenient home delivery program at no extra cost to you. Find out more at anthem.com or call 833-236-6196.

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

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



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

