



National Drug List

Drug list — Three Tier Drug Plan

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

Here are a few things to remember about the list:

- You and your doctor can use it as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. To find out more, read your Certificate or Evidence of Coverage or your Summary Plan Description. If you're not sure where to find it, ask your employer for a copy.
- 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. For the most up-to-date drug list for your plan - including drugs that have been added, generic drugs and more - is available at anthem.com/pharmacyinformation. Select the National Drug List.

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

National Drug List

What is a drug list?

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

Is this a complete listing of all covered drugs?

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

How can I find a drug on the list?

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

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

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

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

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

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

How will I know how much my drug will cost?

You can go online to estimate your share of a drug's cost and compare prices at different pharmacies. Here's how:

- At the top right of the anthem.com home page, select Manage Prescriptions from the Popular Tasks icon, then log in using your user name and password. If you haven't signed up on the site, you'll need to do that first.
- On your personal Pharmacy Overview page, select Price a Medication, then select one or more pharmacies and enter the name of the drug you'd like to price.

Please note: This tool will provide you with an estimate of your cost, but may not reflect the actual amount you pay at the pharmacy. Actual prices are based on your plan design and also include sales tax where applicable.

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. 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.

Search for a drug online

The most up-to-date drug list — including drugs that have been added, generic drugs and more — is always available online when you log in at anthem.com. At the top right of the home page, choose Manage Prescriptions from the Popular Tasks icon, then log in. On your personal *Pharmacy Overview* page, choose Search Your Drug List and you can easily look up drugs by name, class or brand versus generic.

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.

What are “clinically equivalent” drugs?

When drugs are compared in studies, some drugs used for the same purpose are found to work just as well as others. This means the drugs are clinically equivalent. Part of the P&T process is to look at current studies to see if multiple drugs used to treat the same disease or condition have the same effect. When they do, the review team may suggest we cover only the lower-cost drug. This helps keep the overall cost of health care as low as possible.

When you see a “CE” symbol next to a drug name, it means there are clinically equivalent choices.

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.

CE = clinically equivalent. There are other drugs that have been shown to work just as well for the same type of treatment. If the drug has a clinically equivalent option on the drug list, it may not be covered under your pharmacy benefit.

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.

National Drug List

Three-Tier

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National Drug List

Three-Tier

CURRENT AS OF 6/15/2018

Drug Name	Tier	Notes
ANALGESICS		
acetaminophen-caff-dihydrocod oral capsule	1 or 1b*	QL
ACETAMINOPHEN-CAFF-DIHYDROCOD ORAL TABLET 325-30-16 MG	3	QL
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1 or 1a*	QL
acetaminophen-codeine oral tablet	1 or 1a*	QL
ACTIQ BUCCAL LOZENGE ON A HANDLE	3	PA; QL
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
ALFENTANIL INJECTION SOLUTION	3	
ALLZITAL ORAL TABLET	3	
almotriptan malate oral tablet	1 or 1b*	QL
AMERGE ORAL TABLET	3	ST; QL
ascomp with codeine oral capsule	1 or 1b*	QL
ASTRAMORPH-PF INJECTION SOLUTION	3	QL
AXERT ORAL TABLET 12.5 MG	3	ST; QL
BELBUCA BUCCAL FILM	3	PA; QL
belladonna alkaloids-opium rectal suppository	1 or 1b*	
belladonna-opium rectal suppository	1 or 1b*	
BUPAP ORAL TABLET 50-300 MG	3	

Drug Name	Tier	Notes
BUPRENEX INJECTION SOLUTION	3	QL
buprenorphine hcl injection solution	1 or 1b*	QL
buprenorphine hcl injection syringe	1 or 1b*	QL
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY	3	PA; QL
butalbital compound w/codeine oral capsule	1 or 1b*	QL
butalbital-acetaminop-caff cod oral capsule	1 or 1b*	QL
butalbital-acetaminophen oral tablet	1 or 1b*	
butalbital-acetaminophen-caff oral capsule	1 or 1b*	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1 or 1b*	QL
butalbital-aspirin-caffeine oral capsule	1 or 1b*	
butalbital-aspirin-caffeine oral tablet	1 or 1b*	
butorphanol tartrate injection solution	1 or 1b*	
butorphanol tartrate nasal spray,non-aerosol	1 or 1b*	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; QL
CAFERGOT ORAL TABLET	3	
CAMBIA ORAL POWDER IN PACKET	3	
capacet oral capsule	1 or 1b*	
CAPITAL WITH CODEINE ORAL SUSPENSION	3	QL
carisoprodol-asa-codeine oral tablet	1 or 1b*	
choline,magnesium salicylate oral liquid	1 or 1b*	
clonidine (pf) epidural solution	1 or 1b*	
codeine sulfate oral tablet	1 or 1b*	QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL

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

Effective 7/1/18

Drug Name	Tier	Notes	Drug Name	Tier	Notes
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL	eletriptan oral tablet	1 or 1b*	QL
D.H.E.45 INJECTION SOLUTION	3	PA; QL	ELMIRON ORAL CAPSULE	3	
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML, 50 MG/ML	3	QL	endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1 or 1b*	QL
demerol (pf) injection solution 100 mg/ml	1 or 1b*	QL	ERGOMAR SUBLINGUAL TABLET	3	
DEMEROL (PF) INJECTION SOLUTION 25 MG/0.5 ML, 75 MG/1.5 ML	3		ergotamine-caffeine oral tablet	1 or 1b*	
DEMEROL (PF) INJECTION SYRINGE	3	QL	ESGIC ORAL CAPSULE	3	
DEMEROL INJECTION SOLUTION 100 MG/ML	3	QL	ESGIC ORAL TABLET	3	QL
DEMEROL INJECTION SOLUTION 50 MG/ML	3		EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
DEMEROL ORAL TABLET 100 MG	3	QL	FENTANYL (PF)-BUPIVACAINE-NACL EPIDURAL PREFILLED PUMP RESERVOIR 2 MCG/ML- 0.125 %	3	
diclofenac potassium oral tablet	1 or 1b*		FENTANYL (PF)-BUPIVACAINE-NACL EPIDURAL SOLUTION 2 MCG/ML- 0.08 %	3	
diflunisal oral tablet	1 or 1b*		FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 2 MCG/ML- 0.0625 %, 2 MCG/ML- 0.1 %	3	
dihydroergotamine injection solution	1 or 1b*	PA; QL	fentanyl citrate (pf) injection solution	1 or 1b*	
dihydroergotamine nasal spray,non-aerosol	1 or 1b*		FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 100 MCG/2 ML (50 MCG/ML), 50 MCG/ML	3	
DILAUDID INJECTION SYRINGE 0.5 MG/0.5 ML	3		FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SOLUTION 10 MCG/ML, 20 MCG/ML	3	
DILAUDID INJECTION SYRINGE 1 MG/ML, 2 MG/ML, 4 MG/ML	3	QL	fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml	1 or 1b*	
DILAUDID ORAL LIQUID	3	QL	fentanyl citrate buccal lozenge on a handle	1 or 1b*	PA; QL
DILAUDID ORAL TABLET	3	QL	fentanyl transdermal patch 72 hour	1 or 1b*	PA; QL
diskets oral tablet,soluble	1 or 1b*	PA; QL			
DOLOPHINE ORAL TABLET	3	PA; QL			
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML)	3				
DURAGESIC TRANSDERMAL PATCH 72 HOUR	3	PA; QL			
duramorph (pf) injection solution	1 or 1b*	QL			

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

Effective 7/1/18

Drug Name	Tier	Notes	Drug Name	Tier	Notes
FENTANYL-ROPIVACAINE-NACL (PF) EPIDURAL PREFILLED PUMP RESERVOIR 2-0.2 MCG/ML-%	3		HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN 15 MG/30 ML (0.5 MG/ML)	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	3		HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 10 MG/50 ML (0.2 MG/ML), 250 MG/250 ML (1 MG/ML)	3	
FENTORA Buccal TABLET, EFFERVESCENT	3	PA; QL	hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml)	1 or 1b*	
FIORICET ORAL CAPSULE	3		HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 5 MG/25 ML (0.2 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
FIORINAL ORAL CAPSULE	3		HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SOLUTION 0.2 MG/ML, 2 MG/ML	3	
FIORINAL-CODEINE #3 ORAL CAPSULE	3	QL	HYDROMORPHONE IN 0.9 % NACL INTRAVENOUS SYRINGE 0.5 MG/ML, 1 MG/ML (1 ML), 2 MG/10 ML (0.2 MG/ML)	3	
FROVA ORAL TABLET	3	ST; QL	hydromorphone injection solution	1 or 1b*	QL
frovatriptan oral tablet	1 or 1b*	ST; QL	HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	
HYCET ORAL SOLUTION	3	QL	hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	3	QL	HYDROMORPHONE INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 110 MG/55 ML (2 MG/ML)	3	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1 or 1b*	QL	hydromorphone oral liquid	1 or 1b*	QL
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1 or 1b*	QL	hydromorphone oral tablet	1 or 1b*	QL
HYDROMORPH(PF)-ROPIV-0.9% NACL EPIDURAL SOLUTION	3		hydromorphone oral tablet extended release 24 hr	1 or 1b*	PA; QL
hydromorphone (pf) injection solution	1 or 1b*	QL			
HYDROMORPHONE IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR	3				
HYDROMORPHONE IN 0.9 % NACL INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	3				

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

Effective 7/1/18

Drug Name	Tier	Notes
hydromorphone rectal suppository	1 or 1b*	QL
IBUDONE ORAL TABLET	3	QL
ibuprofen-oxycodone oral tablet	1 or 1a*	QL
IMITREX NASAL SPRAY, NON-AEROSOL	3	ST; QL
IMITREX ORAL TABLET	3	ST; QL
IMITREX STATDOSE KIT REFILL SUBCUTANEOUS CARTRIDGE	3	ST; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	ST; QL
IMITREX SUBCUTANEOUS SOLUTION	3	ST; QL
INFUMORPH P/F INJECTION SOLUTION	3	
isometh-dichloral-acetaminophen oral capsule	1 or 1b*	
isomethhepten-caf-acetaminophen oral tablet 65-20-325 mg	1 or 1b*	
ketorolac injection cartridge	1 or 1b*	QL
ketorolac injection solution	1 or 1b*	QL
ketorolac injection syringe	1 or 1b*	QL
ketorolac intramuscular cartridge	1 or 1b*	
ketorolac intramuscular solution	1 or 1b*	QL
ketorolac intramuscular syringe	1 or 1b*	QL
ketorolac oral tablet	1 or 1a*	QL
levorphanol tartrate oral tablet	1 or 1b*	PA; QL
loracet (hydrocodone) oral tablet	1 or 1b*	QL
loracet hd oral tablet	1 or 1b*	QL
loracet plus oral tablet 7.5-325 mg	1 or 1b*	QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL
MAXALT ORAL TABLET 10 MG	3	QL

Drug Name	Tier	Notes
MAXALT-MLT ORAL TABLET,DISINTEGRATING	3	QL
mefenamic acid oral capsule	1 or 1b*	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1 or 1b*	QL
meperidine injection cartridge	1 or 1b*	QL
meperidine oral solution	1 or 1b*	QL
meperidine oral tablet	1 or 1b*	QL
methadone injection solution	1 or 1b*	PA; QL
methadone intensol oral concentrate	1 or 1b*	PA; QL
methadone oral concentrate	1 or 1b*	PA; QL
methadone oral solution	1 or 1b*	PA; QL
methadone oral tablet	1 or 1b*	PA; QL
methadone oral tablet,soluble	1 or 1b*	PA; QL
methadose oral concentrate	1 or 1b*	PA; QL
methadose oral tablet,soluble	1 or 1b*	PA; QL
migergot rectal suppository	1 or 1b*	
MIGRAL NASAL SPRAY, NON-AEROSOL	3	QL
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SOLUTION 5 MG/ML	3	
morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/ml	1 or 1b*	
MORPHINE (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 5 MG/5 ML (1 MG/ML)	3	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1 or 1b*	QL
morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml	1 or 1b*	QL
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml	1 or 1b*	
morphine concentrate oral solution	1 or 1b*	QL

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

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Drug Name	Tier	Notes
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	3	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 275 MG/55 ML (5 MG/ML)	3	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 10 MG/ML	3	
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	QL
morphine injection solution 15 mg/ml, 8 mg/ml	1 or 1b*	QL
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1 or 1b*	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml	1 or 1b*	QL
MORPHINE INTRAVENOUS CARTRIDGE 8 MG/ML	3	QL
morphine intravenous pt controlled analgesia syring	1 or 1b*	
morphine intravenous solution 10 mg/ml, 25 mg/ml	1 or 1b*	QL
morphine intravenous solution 100 mg/4 ml, 250 mg/10 ml, 50 mg/ml	1 or 1b*	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	QL
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	QL
morphine intravenous syringe 2 mg/ml	1 or 1b*	
morphine intravenous syringe 4 mg/ml	1 or 1b*	QL

Drug Name	Tier	Notes
morphine oral capsule, er multiphase 24 hr	1 or 1b*	PA; QL
morphine oral capsule, extend.release pellets	1 or 1b*	PA; QL
morphine oral solution	1 or 1b*	QL
morphine oral tablet	1 or 1b*	QL
morphine oral tablet extended release	1 or 1b*	PA; QL
morphine rectal suppository	1 or 1b*	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; QL
nalbuphine injection solution	1 or 1b*	
NALOCET ORAL TABLET	3	QL
naratriptan oral tablet	1 or 1b*	QL
NORCO ORAL TABLET	3	QL
NUCYNTA ORAL TABLET	3	QL
OFIRMEV INTRAVENOUS SOLUTION	3	
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	ST; QL
OPANA ORAL TABLET	3	QL
OXAYDO ORAL TABLET, ORAL ONLY	3	QL
oxycodone oral capsule	1 or 1b*	QL
oxycodone oral concentrate	1 or 1b*	QL
oxycodone oral solution	1 or 1b*	QL
OXYCODONE ORAL SYRINGE	3	QL
oxycodone oral tablet	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	1 or 1b*	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA; QL
oxymorphone oral tablet	1 or 1b*	QL
oxymorphone oral tablet extended release 12 hr	1 or 1b*	PA; QL
panlor(acetam-caff-dihydrocod) oral tablet	1 or 1b*	QL

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

Effective 7/1/18

Drug Name	Tier	Notes
pentazocine-naloxone oral tablet	1 or 1b*	QL
PERCOCEP ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL
phrenilin forte(with caffeine) oral capsule	1 or 1b*	
PRIALT INTRATHECAL SOLUTION	3	PA; QL; LD
PRIMLEV ORAL TABLET	3	QL
PRODRIN ORAL TABLET 65-20-325 MG	3	
RELPAX ORAL TABLET	3	ST; QL
remifentanil intravenous recon soln	1 or 1b*	
RIMSO-50 INTRAVESICAL SOLUTION	3	
rizatriptan oral tablet	1 or 1b*	QL
rizatriptan oral tablet,disintegrating	1 or 1b*	QL
ROXICODONE ORAL TABLET	3	QL
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
sumatriptan nasal spray,non-aerosol	1 or 1b*	QL
sumatriptan succinate oral tablet	1 or 1b*	QL
sumatriptan succinate subcutaneous cartridge	1 or 1b*	QL
sumatriptan succinate subcutaneous pen injector	1 or 1b*	QL
sumatriptan succinate subcutaneous solution	1 or 1b*	QL
sumatriptan-naproxen oral tablet	1 or 1b*	ST; QL
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR	3	ST; QL
TALWIN INJECTION SOLUTION	3	QL
tencon oral tablet 50-325 mg	1 or 1b*	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL

Drug Name	Tier	Notes
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
tramadol oral tablet	1 or 1b*	QL
tramadol oral tablet extended release 24 hr	1 or 1b*	PA; QL
tramadol oral tablet, er multiphase 24 hr	1 or 1b*	PA; QL
tramadol-acetaminophen oral tablet	1 or 1b*	QL
TREXIMET ORAL TABLET	3	ST; QL
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL
TYLENOL-CODEINE #3 ORAL TABLET	3	QL
TYLENOL-CODEINE #4 ORAL TABLET	3	QL
ULTIVA INTRAVENOUS RECON SOLN	3	
ULTRACET ORAL TABLET	3	QL
ULTRAM ORAL TABLET	3	QL
VANATOL LQ ORAL SOLUTION	3	
VANATOL S ORAL SOLUTION	3	
verdrocet oral tablet	1 or 1b*	QL
vicodin es oral tablet	1 or 1b*	QL
vicodin hp oral tablet	1 or 1b*	QL
vicodin oral tablet	1 or 1b*	QL
xylon 10 oral tablet	1 or 1b*	QL
zebutal oral capsule 50-325-40 mg	1 or 1b*	
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
zolmitriptan oral tablet	1 or 1b*	QL
zolmitriptan oral tablet,disintegrating	1 or 1b*	QL
ZOMIG NASAL SPRAY,NON-AEROSOL	3	ST; QL
ZOMIG ORAL TABLET	3	ST; QL
ZOMIG ZMT ORAL TABLET,DISINTEGRATING	3	ST; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ANESTHETICS					
AMIDATE INTRAVENOUS SOLUTION	3		BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE 0.25 % 2 ML/HR 120 ML, 0.5 % 2 ML/HOUR 270 ML, 0.5 % 2 ML/HR 100 ML, 0.5 % 2 ML/HR 125 ML, 0.5 % 4 ML/HOUR 450 ML, 0.5 % 4 ML/HR 270 ML, 0.5 % 4 ML/HR 300 ML, 0.5 % 4 ML/HR 400 ML, 0.5 % 4 ML/HR 500 ML, 0.5 % 4 ML/HR 540 ML, 0.5 % 5 ML/HOUR 300 ML, 0.5 % 5 ML/HR 270 ML	3	
AMIDATE INTRAVENOUS SYRINGE	3				
ANESTHESIA S/I-40 INTRAVENOUS KIT	3				
ANESTHESIA S/I-40A INTRAVENOUS KIT	3				
ANESTHESIA S/I-40H INTRAVENOUS KIT	3				
ANESTHESIA S/I-40S INTRAVENOUS KIT	3				
ARTICADENT DENTAL INJECTION CARTRIDGE	3		BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE	3	
ASTERO TOPICAL GEL WITH PUMP	3		BUPIVACAINE IN NAACL(PF) EPIDURAL PREFILLED PUMP RESERVOIR	3	
BREVITAL INJECTION RECON SOLN 2.5 GRAM, 500 MG	3		BUPIVACAINE IN NAACL(PF) EPIDURAL SOLUTION 0.0625 % (625 MCG/ML), 0.1 % (1,000 MCG/ML), 0.125 % (1,250 MCG/ML), 0.2 % (2,000 MCG/ML), 0.25 %	3	
BUCALSEP MUCOUS MEMBRANE AEROSOL,SPRAY	3		BUPIVACAINE IN NAACL(PF) EPIDURAL SYRINGE	3	
BUCALSEP MUCOUS MEMBRANE SOLUTION	3		BUPIVACAINE IN NAACL(PF) INJECTION PREFILLED PUMP RESERVOIR	3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (10 ML), 0.9 % (3 ML), 0.9 % (5 ML), 1.8 % (3 ML), 1.8 % (5 ML)	3		BUPIVACAINE IN NAACL(PF) INJECTION SOLUTION	3	
bupivacaine (pf) injection solution	1 or 1b*		BUPIVACAINE IN NAACL(PF) INJECTION SYRINGE	3	
BUPIVACAINE (PF) LOCAL INFILTRATION ELASTOMER PUMP,LO VAR RATE,PCA	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE 0.25 % 2 ML/HR 100 ML, 0.25 % 4 ML/HR 270 ML, 0.25 % 4 ML/HR 300 ML, 0.25 % 4 ML/HR 400 ML, 0.25 % 4 ML/HR 500 ML, 0.25 % 5 ML/HR 270 ML, 0.25 % 5 ML/HR 300 ML	3		DOLOTRANZ TOPICAL KIT,CREAM AND GEL	3	
BUPIVACAINE IN NACL(PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE 0.125 % 400 ML, 0.125 % 550 ML, 0.125 % 600 ML, 0.125 % 750 ML, 0.25 % 500 ML	3		ethyl chloride topical aerosol,spray	1 or 1b*	
bupivacaine injection solution	1 or 1b*		etomidate intravenous solution	1 or 1b*	
bupivacaine-dextrose-water(pf) injection solution	1 or 1b*		EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
bupivacaine-epinephrine (pf) injection solution	1 or 1b*		forane inhalation liquid	1 or 1b*	
BUPIVACAINE-EPINEPHRINE BITART INJECTION CARTRIDGE	3		glydo mucous membrane jelly in applicator	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*		isoflurane inhalation liquid	1 or 1b*	
CARBOCAINE (PF) INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3		KAMDOY TOPICAL SPRAY,NON-AEROSOL	3	
carbocaine (pf) injection solution 15 mg/ml (1.5 %)	1 or 1b*		KETALAR INJECTION SOLUTION	3	
CARBOCAINE INJECTION SOLUTION	3		KETAMINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 100 MG/10 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML)	3	
chloroprocaine (pf) injection solution	1 or 1b*		ketamine injection solution	1 or 1b*	
CITANESE FORTE DENTAL INJECTION CARTRIDGE	3		KETAMINE INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 50 MG/ML (1 ML)	3	
CITANESE PLAIN DENTAL INJECTION CARTRIDGE	3		LDO PLUS TOPICAL GEL WITH PUMP	3	
cocaine topical solution	1 or 1b*		lidocaine (pf) in d7.5w intrathecal solution	1 or 1b*	
DIPRIVAN INTRAVENOUS EMULSION	3		LIDOCAINE (PF) EPIDURAL SYRINGE	3	
			lidocaine (pf) injection solution	1 or 1b*	
			LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 200 MG/20 ML (1 %), 40 MG/2 ML (2%), 400 MG/20 ML (2 %)	3	
			LIDOCAINE HCL IN 0.9 % NACL INJECTION SYRINGE	3	
			lidocaine hcl injection solution	1 or 1b*	
			lidocaine hcl injection syringe 10 mg/ml (1 %)	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %), 30 MG/3 ML (1%), 50 MG/5 ML (1 %)	3		LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
lidocaine hcl laryngotracheal solution	1 or 1a*		MARCAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML)	3	
lidocaine hcl mucous membrane jelly	1 or 1b*		marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1 or 1b*	
lidocaine hcl mucous membrane jelly in applicator	1 or 1b*		MARCAINE INJECTION SOLUTION	3	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1 or 1b*		MARCAINE SPINAL (PF) INJECTION SOLUTION	3	
LIDOCAINE HCL(PF) IN 0.9% NACL INJECTION SYRINGE	3		MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION	3	
lidocaine topical adhesive patch,medicated	1 or 1b*		MARCAINE-EPINEPHRINE INJECTION SOLUTION	3	
lidocaine topical ointment	1 or 1b*		MEPIVACAINE (PF) INJECTION CARTRIDGE	3	
lidocaine viscous mucous membrane solution	1 or 1a*		METHOHEXITAL IN WATER (PF) INTRAVENOUS SYRINGE	3	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE	3		midazolam (pf) in 0.9 % nacl intravenous solution	1 or 1b*	
lidocaine-epinephrine injection solution	1 or 1b*		midazolam (pf) injection cartridge	1 or 1b*	
lidocaine-prilocaine topical cream	1 or 1b*		midazolam (pf) injection solution	1 or 1b*	
lidocaine-prilocaine topical kit	1 or 1b*		midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)	1 or 1b*	
LIDOCAINE-RACEPINEP-TETRACAIN TOPICAL SOLUTION	3		MIDAZOLAM (PF) INJECTION SYRINGE 5 MG/ML	3	
LIDOCAINE-TETRACAIN TOPICAL CREAM	3		MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SYRINGE 55 MG/55 ML (1 MG/ML)	3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3		MIDAZOLAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL	3		midazolam injection solution	1 or 1b*	
LIDOTREX TOPICAL GEL	3		NAROPIN (PF) INJECTION SOLUTION	3	
lidozion topical lotion	1 or 1b*				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
NESACAINE INJECTION SOLUTION	3		ROPIVACAINE (PF) IN 0.9 % NACL INJECTION SYRINGE 120 MG/60 ML (2 MG/ML) 0.2 %, 40 MG/20 ML (2 MG/ML) 0.2 %, 60 MG/30 ML (2 MG/ML) 0.2 %	3	
NESACAINE-MPF INJECTION SOLUTION	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMER PUMP,LO VAR RATE,PCA	3	
PAIN EASE TOPICAL AEROSOL,SPRAY	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE	3	
phenazopyridine oral tablet 100 mg, 200 mg	1 or 1a*		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE 0.1 % 400 ML, 0.2 % 400 ML, 0.2 % 550 ML, 0.2 % 600 ML, 0.2 % 700 ML	3	
PLIAGLIS TOPICAL CREAM	3		ROPIVACAINE (PF) IN 0.9 % NACL LOCAL INFILTRATION ELASTOMERIC PUMP,LO VAR RATE	3	
polocaine injection solution 1 % (10 mg/ml)	1 or 1b*		ropivacaine (pf) injection solution	1 or 1b*	
POLOCAINE INJECTION SOLUTION 2 %	3		ROPIVACAINE (PF) INJECTION SYRINGE	3	
polocaine-mpf injection solution	1 or 1b*		ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMER PUMP,HI VAR RATE,PCA 0.2 % 550 ML	3	
PONTOCAINE TOPICAL SOLUTION	3		ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,FIXED RATE	3	
propofol intravenous emulsion	1 or 1b*		ROPIVACAINE (PF) LOCAL INFILTRATION ELASTOMERIC PUMP,HI VAR RATE	3	
PROPOFOL INTRAVENOUS SYRINGE 100 MG/10 ML (10 MG/ML), 200 MG/20 ML (10 MG/ML)	3				
PYRIDIUM ORAL TABLET	3				
REGENECARE TOPICAL GEL	3				
REGENECARE WITH ALOE TOPICAL GEL	3				
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL PREFILLED PUMP RESERVOIR	3				
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SOLUTION 0.1 %, 0.15 %, 0.2 %, 0.25 %, 0.5 %	3				
ROPIVACAINE (PF) IN 0.9 % NACL EPIDURAL SYRINGE 20 MG/10 ML (2 MG/ML) 0.2 %, 50 MG/10 ML (5 MG/ML) 0.5 %	3				
ROPIVACAINE (PF) IN 0.9 % NACL INJECTION PREFILLED PUMP RESERVOIR 0.1 % (1 MG/ML), 0.2 % (2 MG/ML)	3				

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

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Drug Name	Tier	Notes
SENSORCAINE-MPF INJECTION SOLUTION	3	
SENSORCAINE-MPF SPINAL INJECTION SOLUTION	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
sevoflurane inhalation liquid	1 or 1b*	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	3	
SUPRANE INHALATION LIQUID	3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	3	
terrell inhalation liquid	1 or 1b*	
tetracaine hcl (pf) injection solution	1 or 1b*	
ULTANE INHALATION LIQUID	3	
WOUND DEBRIDEMENT-LIDOCAINE TOPICAL KIT	3	
xylocaine dental-epinephrine injection cartridge	1 or 1b*	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE-EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZINGO INTRADERMAL PEN INJECTOR	3	
ANTIALLERGY		
cromolyn oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE	3	
ANTIARTHROITICS		
allopurinol oral tablet	1 or 1a*	

Drug Name	Tier	Notes
allopurinol sodium intravenous recon soln	1 or 1b*	
aloprim intravenous recon soln	1 or 1b*	
ANAPROX DS ORAL TABLET	3	
ARAVA ORAL TABLET	3	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; QL
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	3	
CELEBREX ORAL CAPSULE	3	ST; QL
celecoxib oral capsule	1 or 1b*	ST; QL
COLCHICINE ORAL CAPSULE	3	ST; QL
COLCHICINE ORAL TABLET	2	ST; QL
COLCRYS ORAL TABLET	2	QL
CUPRIMINE ORAL CAPSULE	3	PA; QL
DAYPRO ORAL TABLET	3	
DEPEN TITRATABS ORAL TABLET	3	PA; QL
diclofenac sodium oral tablet extended release 24 hr	1 or 1b*	
diclofenac sodium oral tablet,delayed release (dr/ec)	1 or 1b*	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	1 or 1b*	ST; QL
DISALCID ORAL TABLET	3	
DUROLANE INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
DUZALLO ORAL TABLET	3	PA; QL
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
ELITEK INTRAVENOUS RECON SOLN	3	QL; SP
etodolac oral capsule	1 or 1b*	

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

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

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

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Drug Name	Tier	Notes
salsalate oral tablet	1 or 1b*	
sulindac oral tablet	1 or 1b*	
SUPARTZ FX INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
SYNVISC INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
tolmetin oral capsule	1 or 1b*	
tolmetin oral tablet	1 or 1b*	
ULORIC ORAL TABLET	3	ST; QL
VISCO-3 INTRA-ARTICULAR SYRINGE	3	PA; QL; SP
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
XELJANZ ORAL TABLET	3	PA; QL; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL; SP
ZURAMPIC ORAL TABLET	3	PA; QL
ZYLOPRIM ORAL TABLET	3	
ANTIASTHMATICS		
ACCOLATE ORAL TABLET	3	
acetylcysteine solution	1 or 1b*	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	2	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
albuterol sulfate inhalation solution for nebulization	1 or 1b*	
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
albuterol sulfate oral tablet extended release 12 hr	1 or 1b*	
aminophylline intravenous solution 250 mg/10 ml	1 or 1b*	

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

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3		PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3		QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	
ipratropium bromide inhalation solution	1 or 1b*		SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	
ipratropium-albuterol inhalation solution for nebulization	1 or 1b*		SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
levalbuterol hcl inhalation solution for nebulization	1 or 1b*		SINGULAIR ORAL GRANULES IN PACKET	3	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3		SINGULAIR ORAL TABLET	3	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3		SINGULAIR ORAL TABLET,CHEWABLE	3	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3		SPIRIVA RESPIMAT INHALATION MIST	2	
metaproterenol oral syrup	1 or 1a*		SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	
metaproterenol oral tablet	1 or 1a*		STIOLTO RESPIMAT INHALATION MIST	2	
montelukast oral granules in packet	1 or 1b*		STRIVERDI RESPIMAT INHALATION MIST	3	
montelukast oral tablet	1 or 1b*		SYMBICORT INHALATION HFA AEROSOL INHALER	2	
montelukast oral tablet,chewable	1 or 1b*		terbutaline oral tablet	1 or 1b*	
NUCALA SUBCUTANEOUS RECON SOLN	3	PA; QL; SP	terbutaline subcutaneous solution	1 or 1b*	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	2		THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER	2		theochron oral tablet extended release 12 hr	1 or 1b*	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2		theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml	1 or 1b*	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER	3		theophylline oral elixir	1 or 1b*	
			theophylline oral solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
theophylline oral tablet extended release 12 hr	1 or 1b*		amoxicillin oral tablet, chewable 125 mg, 250 mg	1 or 1a*	
theophylline oral tablet extended release 24 hr	1 or 1b*		amoxicillin-pot clavulanate oral suspension for reconstitution	1 or 1b*	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL	amoxicillin-pot clavulanate oral tablet	1 or 1b*	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3		amoxicillin-pot clavulanate oral tablet extended release 12 hr	1 or 1b*	
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	ST; QL	amoxicillin-pot clavulanate oral tablet, chewable	1 or 1b*	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	2		ampicillin oral capsule	1 or 1a*	
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; QL; SP	ampicillin sodium injection recon soln	1 or 1b*	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	3		ampicillin sodium intravenous recon soln	1 or 1b*	
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3		ampicillin-sulbactam injection recon soln	1 or 1b*	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	3		ampicillin-sulbactam intravenous recon soln	1 or 1b*	
zafirlukast oral tablet	1 or 1b*		AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
zileuton oral tablet, er multiphase 12 hr	1 or 1b*		AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
ZYFLO CR ORAL TABLET, ER MULTIPHASE 12 HR	3		AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
ZYFLO ORAL TABLET	3		AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	
ANTIBIOTICS			AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	
ak-poly-bac ophthalmic (eye) ointment	1 or 1a*		AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK	3	
AKTIPIAK TOPICAL GEL	3	ST; QL	AVELOX ORAL TABLET	3	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1 or 1b*		avidoxy oral tablet	1 or 1b*	
amoxicillin oral capsule	1 or 1a*		AVYCAZ INTRAVENOUS RECON SOLN	3	
amoxicillin oral suspension for reconstitution	1 or 1a*				
amoxicillin oral tablet	1 or 1a*				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3		BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
AZACTAM INJECTION RECON SOLN	3		BLEPH-10 OPHTHALMIC (EYE) DROPS	3	
AZASITE OPHTHALMIC (EYE) DROPS	3		BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
azithromycin intravenous recon soln	1 or 1b*		BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
azithromycin oral packet	1 or 1b*	QL	bp 10-1 topical cleanser	1 or 1b*	
azithromycin oral suspension for reconstitution	1 or 1b*	QL	CAPASTAT INJECTION RECON SOLN	3	
azithromycin oral tablet	1 or 1b*	QL	CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	LD; SP
aztreonam injection recon soln	1 or 1b*		cefaclor oral capsule	1 or 1b*	
azuphen mb oral capsule	1 or 1b*		cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1 or 1b*	
baciim intramuscular recon soln	1 or 1b*		cefaclor oral tablet extended release 12 hr	1 or 1b*	
bacitracin intramuscular recon soln	1 or 1b*		cefadroxil oral capsule	1 or 1b*	
bacitracin ophthalmic (eye) ointment	1 or 1b*		cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1 or 1b*	
bacitracin-polymyxin b ophthalmic (eye) ointment	1 or 1a*		cefadroxil oral tablet	1 or 1b*	
BACTRIM DS ORAL TABLET	3		CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS PIGGYBACK	3	
BACTRIM ORAL TABLET	3		CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION	3	
BACTROBAN NASAL NASAL OINTMENT	2		CEFAZOLIN IN 0.9% SOD CHLORIDE INTRAVENOUS SYRINGE	3	
BACTROBAN TOPICAL CREAM	3		cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1 or 1b*	
BAXDELA INTRAVENOUS RECON SOLN	3		CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
BAXDELA ORAL TABLET	3				
BENZAMYCIN TOPICAL GEL	3	ST; QL			
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3				
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	3	SP			
BICILLIN C-R INTRAMUSCULAR SYRINGE	3				

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

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Drug Name	Tier	Notes
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	3	
CEFAZOLIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE	3	
cefazolin injection recon soln	1 or 1b*	
cefazolin intravenous recon soln	1 or 1b*	
cefdinir oral capsule	1 or 1b*	
cefdinir oral suspension for reconstitution	1 or 1b*	
cefditoren pivoxil oral tablet	1 or 1b*	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
cefepime in dextrose,iso-osm intravenous piggyback	1 or 1b*	
cefepime injection recon soln	1 or 1b*	
cefixime oral suspension for reconstitution	1 or 1b*	
CEFOTAN INJECTION RECON SOLN	3	
cefotaxime injection recon soln	1 or 1b*	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	3	
cefotetan injection recon soln	1 or 1b*	
cefotetan intravenous recon soln	1 or 1b*	
cefoxitin in dextrose, iso-osm intravenous piggyback	1 or 1b*	
cefoxitin intravenous recon soln	1 or 1b*	
cefpodoxime oral suspension for reconstitution	1 or 1b*	
cefpodoxime oral tablet	1 or 1b*	
cefprozil oral suspension for reconstitution	1 or 1b*	
cefprozil oral tablet	1 or 1b*	

Drug Name	Tier	Notes
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	3	
ceftazidime injection recon soln	1 or 1b*	
ceftriaxone in dextrose,iso-osm intravenous piggyback	1 or 1b*	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1 or 1b*	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	
ceftriaxone intravenous recon soln	1 or 1b*	
CEFUROXIME (PF) IN 0.9% NACL INTRAVITREAL SOLUTION	3	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection recon soln 750 mg	1 or 1b*	
cefuroxime sodium intravenous recon soln	1 or 1b*	
CENTANY AT TOPICAL OINTMENT KIT	3	
CENTANY TOPICAL OINTMENT	3	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension for reconstitution	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CETRAXAL OTIC (EAR) DROPPERETTE	3	
chloramphenicol sod succinate intravenous recon soln	1 or 1b*	
CILOXAN OPHTHALMIC (EYE) DROPS	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	
CIPRO IN D5W INTRAVENOUS PIGGYBACK 400 MG/200 ML	3	

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

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Drug Name	Tier	Notes
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	QL
CIPRO ORAL TABLET 250 MG, 500 MG	3	QL
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	2	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr	1 or 1b*	
ciprofloxacin hcl ophthalmic (eye) drops	1 or 1a*	
ciprofloxacin hcl oral tablet	1 or 1b*	QL
ciprofloxacin hcl otic (ear) dropperette	1 or 1b*	
ciprofloxacin in 5 % dextrose intravenous piggyback	1 or 1b*	
ciprofloxacin oral suspension,microcapsule recon	1 or 1b*	QL
CLAFORAN INJECTION RECON SOLN 1 GRAM, 10 GRAM, 2 GRAM	3	
CLAFORAN INTRAVENOUS RECON SOLN	3	
clarithromycin oral suspension for reconstitution	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
clarithromycin oral tablet extended release 24 hr	1 or 1b*	
cleansing wash topical cleanser	1 or 1b*	
CLEOCIN HCL ORAL CAPSULE	3	
CLEOCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK	3	
CLEOCIN INJECTION SOLUTION	3	
cleocin intravenous solution 300 mg/2 ml	1 or 1b*	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	3	

Drug Name	Tier	Notes
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	
CLEOCIN T TOPICAL GEL	3	ST; QL
CLEOCIN T TOPICAL LOTION	3	ST; QL
CLEOCIN T TOPICAL SOLUTION	3	ST; QL
CLEOCIN T TOPICAL SWAB	3	ST; QL
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	2	
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	ST; CE; QL
clindamycin hcl oral capsule	1 or 1b*	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
clindamycin in 5 % dextrose intravenous piggyback	1 or 1b*	
clindamycin palmitate hcl oral recon soln	1 or 1b*	
clindamycin pediatric oral recon soln	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	
clindamycin phosphate intravenous solution	1 or 1b*	
clindamycin phosphate topical foam	1 or 1b*	
clindamycin phosphate topical gel	1 or 1b*	
clindamycin phosphate topical lotion	1 or 1b*	
clindamycin phosphate topical solution	1 or 1b*	
clindamycin phosphate topical swab	1 or 1b*	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
colistin (colistimethate na) injection recon soln	1 or 1b*	

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

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

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Drug Name	Tier	Notes
EVOCLIN TOPICAL FOAM	3	ST; QL
FACTIVE ORAL TABLET	3	
FIRVANQ ORAL RECON SOLN	3	PA; QL
FLAGYL ORAL CAPSULE	3	
FLAGYL ORAL TABLET	3	
FORTAZ INJECTION RECON SOLN 1 GRAM, 500 MG	3	
FORTAZ INTRAVENOUS RECON SOLN	3	
FURADANTIN ORAL SUSPENSION	3	
gatifloxacin ophthalmic (eye) drops	1 or 1b*	
GATIFLOXACIN-PREDNISOLONE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
gentak ophthalmic (eye) ointment	1 or 1a*	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1 or 1b*	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
gentamicin injection solution	1 or 1b*	
gentamicin ophthalmic (eye) drops	1 or 1a*	
gentamicin sulfate (ped) (pf) injection solution	1 or 1b*	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml	1 or 1b*	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
gentamicin topical cream	1 or 1b*	
gentamicin topical ointment	1 or 1b*	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION	3	

Drug Name	Tier	Notes
HIPREX ORAL TABLET	3	
hyolev mb oral tablet	1 or 1b*	
hyophen oral tablet	1 or 1b*	
imipenem-cilastatin intravenous recon soln	1 or 1b*	
INDIOMIN MB ORAL CAPSULE	3	
INVANZ INJECTION RECON SOLN	3	
INVANZ INTRAVENOUS RECON SOLN	3	
isoniazid injection solution	1 or 1a*	
isoniazid oral solution	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
KEFLEX ORAL CAPSULE	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	3	SP
LEVAQUIN ORAL TABLET	3	QL
levofloxacin in d5w intravenous piggyback	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin ophthalmic (eye) drops	1 or 1b*	
levofloxacin oral solution	1 or 1b*	
levofloxacin oral tablet	1 or 1b*	
LINCOCIN INJECTION SOLUTION	3	
lincomycin injection solution	1 or 1b*	
linezolid in dextrose 5% intravenous parenteral solution	1 or 1b*	
linezolid oral suspension for reconstitution	1 or 1b*	PA; QL
linezolid oral tablet	1 or 1b*	PA; QL
linezolid-0.9% sodium chloride intravenous parenteral solution	1 or 1b*	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
mafénide acetate topical packet	1 or 1b*	

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Drug Name	Tier	Notes
MAXIPIME INJECTION RECON SOLN	3	
MAXIPIME INTRAVENOUS RECON SOLN	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	
meropenem intravenous recon soln	1 or 1b*	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
MERREM INTRAVENOUS RECON SOLN	3	
methenamine hippurate oral tablet	1 or 1b*	
methenamine mandelate oral tablet	1 or 1b*	
methen-sod phos-meth blue-hyos oral tablet	1 or 1b*	
metro i.v. intravenous piggyback	1 or 1b*	
METROGEL VAGINAL VAGINAL GEL	3	
metronidazole in nacl (isos-osm) intravenous piggyback	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
metronidazole vaginal gel	1 or 1b*	
MINOCIN INTRAVENOUS RECON SOLN	3	
minocycline oral capsule	1 or 1b*	
minocycline oral tablet	1 or 1b*	
minocycline oral tablet extended release 24 hr	1 or 1b*	ST; QL
monodoxine nl oral capsule	1 or 1b*	
MONUROL ORAL PACKET	3	
morgidox oral capsule 100 mg	1 or 1b*	

Drug Name	Tier	Notes
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS	3	
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION	3	
moxifloxacin in nacl (iso-osm) intravenous piggyback	1 or 1b*	
MOXIFLOXACIN IN NAACL,ISO-O(PF) INTRAOCULAR SYRINGE	3	
moxifloxacin ophthalmic (eye) drops	1 or 1b*	
moxifloxacin oral tablet	1 or 1b*	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	
mupirocin calcium topical cream	1 or 1b*	
mupirocin topical ointment	1 or 1b*	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE	3	
nafcillin in dextrose iso-osm intravenous piggyback	1 or 1b*	
nafcillin injection recon soln	1 or 1b*	
nafcillin intravenous recon soln	1 or 1b*	
neomycin oral tablet	1 or 1a*	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	1 or 1b*	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	1 or 1b*	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension	1 or 1a*	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment	1 or 1a*	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	1 or 1b*		PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
neomycin-polymyxin-hc otic (ear) drops,suspension	1 or 1b*		PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
neomycin-polymyxin-hc otic (ear) solution	1 or 1b*		penicillin g potassium injection recon soln	1 or 1b*	
neo-polycin hc ophthalmic (eye) ointment	1 or 1b*		penicillin g procaine intramuscular syringe	1 or 1b*	
neo-polycin ophthalmic (eye) ointment	1 or 1b*		penicillin g sodium injection recon soln	1 or 1b*	
NEO-SYNALAR KIT TOPICAL CREAM	3		penicillin v potassium oral recon soln	1 or 1b*	
NEO-SYNALAR TOPICAL CREAM	3		penicillin v potassium oral tablet	1 or 1b*	
nitrofurantoin macrocrystal oral capsule	1 or 1b*		pfiberpen-g injection recon soln	1 or 1b*	
nitrofurantoin monohyd/m-cryst oral capsule	1 or 1b*		phosphasal oral tablet	1 or 1b*	
nitrofurantoin oral suspension	1 or 1b*		PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
NUVESSA VAGINAL GEL	3		piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1 or 1b*	
OCUFLOX OPHTHALMIC (EYE) DROPS	3		polycin ophthalmic (eye) ointment	1 or 1a*	
ofloxacin ophthalmic (eye) drops	1 or 1a*		polymyxin b sulfate injection recon soln	1 or 1b*	
ofloxacin oral tablet 300 mg	1 or 1b*	QL	polymyxin b sulf-trimethoprim ophthalmic (eye) drops	1 or 1a*	
ofloxacin oral tablet 400 mg	1 or 1b*		POLYTRIM OPHTHALMIC (EYE) DROPS	3	
ofloxacin otic (ear) drops	1 or 1b*		PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
okebo oral capsule 75 mg	1 or 1b*		PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	3	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3		PRIFTIN ORAL TABLET	2	
ORBACTIV INTRAVENOUS RECON SOLN	3		PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	
OTIPRIO INTRATYMPANIC SUSPENSION	3		PRIMSOL ORAL SOLUTION	3	
OTOVEL OTIC (EAR) SOLUTION	2		pyrazinamide oral tablet	1 or 1b*	
oxacillin in dextrose(iso-osm) intravenous piggyback	1 or 1b*				
oxacillin injection recon soln	1 or 1b*				
oxacillin intravenous recon soln	1 or 1b*				

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

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Drug Name	Tier	Notes
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS RECON SOLN	3	
RIFADIN ORAL CAPSULE	3	
RIFAMATE ORAL CAPSULE	3	
rifampin intravenous recon soln	1 or 1b*	
rifampin oral capsule	1 or 1b*	
RIFATER ORAL TABLET	2	
SILVADENE TOPICAL CREAM	3	
silver sulfadiazine topical cream	1 or 1a*	
SIRTURO ORAL TABLET	3	
SIVEXTRO INTRAVENOUS RECON SOLN	3	
SIVEXTRO ORAL TABLET	3	PA; QL
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	ST; QL
soloxide oral tablet,delayed release (dr/ec)	1 or 1b*	ST; QL
SPECTRACEF ORAL TABLET 400 MG	3	
ssd topical cream	1 or 1a*	
sss 10-5 topical cream	1 or 1b*	
sss 10-5 topical foam	1 or 1b*	
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
sulfacetamide sodium ophthalmic (eye) drops	1 or 1b*	
sulfacetamide sodium ophthalmic (eye) ointment	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9.8-4.8 %	1 or 1b*	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9-4.5 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical cream 10-2 %	1 or 1b*	PA; QL

Drug Name	Tier	Notes
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w), 9.8-4.8 %	1 or 1b*	
sulfacetamide sodium-sulfur topical lotion	1 or 1b*	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1 or 1b*	PA; QL
sulfacetamide sodium-sulfur topical suspension 10-5 %	1 or 1b*	
sulfacetamide sodium-sulfur topical suspension 8-4 %	1 or 1b*	PA; QL
sulfacetamide sod-sulfur-urea topical cleanser	1 or 1b*	
sulfacetamide-prednisolone ophthalmic (eye) drops	1 or 1a*	
sulfacetamide-sulfur-cleansr23 topical kit	1 or 1b*	PA; QL
sulfact na-sul-avobnz-otn-ocea topical combo pack,cleanser and cream	1 or 1b*	
sulfadiazine oral tablet	1 or 1b*	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
SULFAMYLYON TOPICAL CREAM	3	
SULFAMYLYON TOPICAL PACKET	3	
sulfatrim oral suspension	1 or 1a*	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
SYNERCID INTRAVENOUS RECON SOLN	3	
TARGADOX ORAL TABLET	3	ST; QL
TAZICEF INJECTION RECON SOLN	3	

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

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Drug Name	Tier	Notes
TAZICEF INTRAVENOUS RECON SOLN	3	
TEFLARO INTRAVENOUS RECON SOLN	3	
tetracycline oral capsule	1 or 1b*	
THALOMID ORAL CAPSULE	2	PA; QL; SP
tigecycline intravenous recon soln	1 or 1b*	
TOBI INHALATION SOLUTION FOR NEBULIZATION	3	SP
TOBI PODHALER INHALATION CAPSULE	3	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	SP
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
tobramycin in 0.225 % nacl inhalation solution for nebulization	1 or 1b*	SP
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1 or 1b*	
tobramycin ophthalmic (eye) drops	1 or 1a*	
tobramycin sulfate injection recon soln	1 or 1b*	
tobramycin sulfate injection solution	1 or 1b*	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	SP
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	1 or 1b*	
TOBREX OPHTHALMIC (EYE) DROPS	3	

Drug Name	Tier	Notes
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
TRECATOR ORAL TABLET	3	
trimethoprim oral tablet	1 or 1a*	
TRIMPEX ORAL SOLUTION	3	
TYGACIL INTRAVENOUS RECON SOLN	3	
UNASYN INJECTION RECON SOLN	3	
ur n-c oral tablet	1 or 1b*	
URELLE ORAL TABLET	3	
uretron d-s oral tablet 81.6- 10.8-40.8 mg	1 or 1b*	
URIBEL ORAL CAPSULE	3	
urimar-t oral tablet	1 or 1b*	
urin ds oral tablet	1 or 1b*	
uro-458 oral tablet	1 or 1b*	
urogesic-blue oral tablet	1 or 1b*	
uro-mp oral capsule	1 or 1b*	
urophen mb oral tablet	1 or 1b*	
uryl oral tablet	1 or 1b*	
ustell oral capsule	1 or 1b*	
UTA ORAL CAPSULE	3	
utira-c oral tablet	1 or 1b*	
VABOMERE INTRAVENOUS RECON SOLN	3	
VANCOCIN ORAL CAPSULE	3	PA; QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/300 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML, 750 MG/250 ML	3	

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

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Drug Name	Tier	Notes
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	PA; QL
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/500 ML	3	
VANCOMYCIN INJECTION RECON SOLN	3	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg	1 or 1b*	PA; QL
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	3	PA; QL
vancomycin oral capsule	1 or 1b*	PA; QL
vandazole vaginal gel	1 or 1b*	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	
vilamit mb oral capsule	1 or 1b*	
vilelev mb oral tablet	1 or 1b*	
XIFAXAN ORAL TABLET	3	PA; QL
ZERBAXA INTRAVENOUS RECON SOLN	3	
ZITHROMAX INTRAVENOUS RECON SOLN	3	
ZITHROMAX ORAL PACKET	3	QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	QL

Drug Name	Tier	Notes
ZITHROMAX ORAL TABLET	3	QL
ZITHROMAX TRI-PAK ORAL TABLET	3	QL
ZITHROMAX Z-PAK ORAL TABLET	3	QL
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
ZOSYN INTRAVENOUS RECON SOLN	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
ZYMAXID OPHTHALMIC (EYE) DROPS	3	
ZYVOX INTRAVENOUS PARENTERAL SOLUTION	3	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
ZYVOX ORAL TABLET	3	PA; QL
ANTICOAGULANTS		
ACD SOLUTION	3	
ACD-A SOLUTION	3	
ANGIOMAX INTRAVENOUS RECON SOLN	3	
ANTICOAG CITRATE PHOS DEXTROSE SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION	3	
ARGATROBAN IN NACL (ISO-OS) INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ARIXTRA SUBCUTANEOUS SYRINGE	3		HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 1,000 UNIT/1000 ML (1 UNIT/ML), 10,000 UNIT/1,000 ML, 100 UNIT/100 ML (1 UNIT/ML), 2,000 UNIT/500 ML (4 UNIT/ML), 2,500 UNIT/500 ML (5 UNIT/ML), 25,000 UNIT/250 ML, 25,000 UNIT/500 ML(50 UNIT/ML), 250 UNIT/250 ML (1 UNIT/ML), 3,000 UNIT/500 ML (6 UNIT/ML), 30,000 UNIT/1,000 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/500 ML (10 UNIT/ML), 500 UNIT/500 ML (1 UNIT/ML), 6,000 UNIT/1000 ML (6 UNIT/ML)	3	
BEVYXXA ORAL CAPSULE	3				
BIVALIRUDIN INTRAVENOUS RECON SOLN	3				
BIVALIRUDIN-0.9 % SODIUM CHLOR INTRAVENOUS PIGGYBACK	3				
COUMADIN ORAL TABLET	2				
ELIQUIS ORAL TABLET	2				
ELIQUIS ORAL TABLETS,DOSE PACK	2				
enoxaparin subcutaneous solution	1 or 1b*				
enoxaparin subcutaneous syringe	1 or 1b*				
fondaparinux subcutaneous syringe	1 or 1b*				
FRAGMIN SUBCUTANEOUS SOLUTION	3		heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1 or 1b*	
FRAGMIN SUBCUTANEOUS SYRINGE	3		heparin (porcine) in nacl (pf) intravenous parenteral solution	1 or 1b*	
hep flush-10 (pf) intravenous solution	1 or 1b*		heparin (porcine) injection cartridge	1 or 1b*	
			heparin (porcine) injection solution	1 or 1b*	
			heparin (porcine) injection syringe 5,000 unit/ml	1 or 1b*	
			heparin flush(porcine)- 0.9nacl intravenous kit	1 or 1b*	
			heparin lock flush (porcine) intravenous solution	1 or 1b*	
			heparin lock flush intravenous solution	1 or 1b*	
			heparin lock flush intravenous syringe	1 or 1b*	
			heparin lockflush(porcine)(pf) intravenous syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 100 UNIT/100 ML (1 UNIT/ML), 12,500 UNIT/250 ML, 5,000 UNIT/1,000 ML	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1 or 1b*	
heparin, porcine (pf) injection solution	1 or 1b*	
heparin, porcine (pf) injection syringe	1 or 1b*	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1 or 1b*	
heparin, porcine (pf) intravenous syringe	1 or 1b*	
IPIRIVASK SUBCUTANEOUS RECON SOLN	3	
jantoven oral tablet	1 or 1a*	
LOVENOX SUBCUTANEOUS SOLUTION	3	
LOVENOX SUBCUTANEOUS SYRINGE	3	
PRADAXA ORAL CAPSULE	3	
SAVAYSA ORAL TABLET	3	
SODIUM CITRATE INTRA-CATHETER SYRINGE	3	
SODIUM CITRATE SOLUTION	3	
TRICITRASOL INJECTION CONCENTRATE	3	
warfarin oral tablet	1 or 1a*	
XARELTO ORAL TABLET	2	
XARELTO ORAL TABLETS,DOSE PACK	2	
ANTIDOTES		
MOVANTIK ORAL TABLET	2	

Drug Name	Tier	Notes
naloxone injection solution	1 or 1b*	
naloxone injection syringe	1 or 1b*	
naltrexone oral tablet	1 or 1b*	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	
RELISTOR ORAL TABLET	3	ST; QL
RELISTOR SUBCUTANEOUS SOLUTION	3	ST; QL
RELISTOR SUBCUTANEOUS SYRINGE	3	ST; QL
SYMPROIC ORAL TABLET	3	ST; QL
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
amphotericin b injection recon soln	1 or 1b*	
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS RECON SOLN	3	
caspofungin intravenous recon soln	1 or 1b*	
ciclopirox topical cream	1 or 1b*	
ciclopirox topical gel	1 or 1b*	
ciclopirox topical shampoo	1 or 1b*	
ciclopirox topical solution	1 or 1b*	
ciclopirox topical suspension	1 or 1b*	
clotrimazole mucous membrane troche	1 or 1b*	
clotrimazole topical cream	1 or 1b*	
clotrimazole topical solution	1 or 1b*	
clotrimazole-betamethasone topical cream	1 or 1b*	
clotrimazole-betamethasone topical lotion	1 or 1b*	
CRESEMBA INTRAVENOUS RECON SOLN	3	PA; QL

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

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Drug Name	Tier	Notes
CRESEMBIA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET	3	
econazole topical cream	1 or 1b*	
ECOZA TOPICAL FOAM	3	ST; QL
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3	
ERTACZO TOPICAL CREAM	3	ST; QL
EXELDERM TOPICAL CREAM	3	ST; QL
EXELDERM TOPICAL SOLUTION	3	ST; QL
EXODERM TOPICAL LOTION	3	
EXTINA TOPICAL FOAM	3	
fluconazole in dextrose(iso-o) intravenous piggyback	1 or 1b*	
FLUCONAZOLE IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1 or 1b*	
fluconazole oral suspension for reconstitution	1 or 1b*	
fluconazole oral tablet	1 or 1b*	
flucytosine oral capsule	1 or 1b*	
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
GYZNAZOLE-1 VAGINAL CREAM	3	
itraconazole oral capsule	1 or 1b*	PA; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	

Drug Name	Tier	Notes
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	3	ST; QL
ketoconazole oral tablet	1 or 1b*	
ketoconazole topical cream	1 or 1b*	
ketoconazole topical foam	1 or 1b*	
ketoconazole topical shampoo	1 or 1b*	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	ST; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	ST; QL
LOPROX TOPICAL SHAMPOO	3	
LOTRISONE TOPICAL CREAM	3	
LUZU TOPICAL CREAM	3	ST; QL
MENTAX TOPICAL CREAM	3	ST; QL
miconazole-3 vaginal suppository	1 or 1b*	
MYCAMINE INTRAVENOUS RECON SOLN	3	
naftifine topical cream	1 or 1b*	ST; QL
NAFTIN TOPICAL CREAM 2 %	3	ST; QL
NAFTIN TOPICAL GEL	3	ST; QL
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
NIZORAL TOPICAL SHAMPOO	3	ST; QL
NOXAFL INTRAVENOUS SOLUTION	3	
NOXAFL ORAL SUSPENSION	3	PA; QL
NOXAFL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
nyamyc topical powder	1 or 1b*	
nystatin oral powder 150 million unit, 500 million unit	1 or 1b*	
nystatin oral suspension	1 or 1b*	
nystatin oral tablet	1 or 1b*	
nystatin topical cream	1 or 1b*	
nystatin topical ointment	1 or 1b*	

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

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Drug Name	Tier	Notes
nystatin topical powder	1 or 1b*	
nystatin-triamcinolone topical cream	1 or 1b*	
nystatin-triamcinolone topical ointment	1 or 1b*	
nystop topical powder	1 or 1b*	
ONMEL ORAL TABLET	3	PA; QL
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	
oxiconazole topical cream	1 or 1b*	ST; QL
OXISTAT TOPICAL CREAM	3	ST; QL
OXISTAT TOPICAL LOTION	3	ST; QL
PENLAC TOPICAL SOLUTION	3	ST; QL
SPORANOX ORAL CAPSULE	3	PA; QL
SPORANOX ORAL SOLUTION	3	PA; QL
SPORANOX PULSEPAK ORAL CAPSULE	3	PA; QL
TERAZOL 7 VAGINAL CREAM	3	
terbinafine hcl oral tablet	1 or 1b*	
terconazole vaginal cream	1 or 1b*	
terconazole vaginal suppository	1 or 1b*	
TRIACETIN LIQUID	3	
TRIPLE DYE TOPICAL SWAB	3	
VFEND IV INTRAVENOUS SOLUTION	3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
VFEND ORAL TABLET	3	PA; QL
voriconazole intravenous solution	1 or 1b*	
voriconazole oral suspension for reconstitution	1 or 1b*	PA; QL
voriconazole oral tablet	1 or 1b*	PA; QL
VUSION TOPICAL OINTMENT	3	
XOLEGEL TOPICAL GEL	3	

Drug Name	Tier	Notes
ANTIHISTAMINE AND DECONGESTANT COMBINATION		
centergy oral drops	1 or 1b*	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	ST; CE; QL
promethazine vc oral syrup	1 or 1b*	
promethazine-phenylephrine oral syrup	1 or 1b*	
SEMPREX-D ORAL CAPSULE	3	ST; CE; QL
ANTIHISTAMINES		
azelastine ophthalmic (eye) drops	1 or 1b*	
BEPREVE OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
carbinoxamine maleate oral liquid	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
cetirizine oral solution 1 mg/ml	1 or 1b*	
CLARINEX ORAL SYRUP	3	ST; CE; QL
CLARINEX ORAL TABLET	3	ST; CE; QL
clemastine oral tablet 2.68 mg	1 or 1b*	
CYPROHEPTADINE ORAL SYRUP	3	
cyproheptadine oral tablet	1 or 1b*	
desloratadine oral tablet	1 or 1b*	
desloratadine oral tablet,disintegrating	1 or 1b*	
diphenhydramine hcl injection solution 50 mg/ml	1 or 1b*	
diphenhydramine hcl injection syringe	1 or 1b*	
diphenhydramine hcl oral capsule 50 mg	1 or 1a*	
diphenhydramine hcl oral elixir	1 or 1a*	
ELESTAT OPHTHALMIC (EYE) DROPS	3	ST; CE; QL

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

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Drug Name	Tier	Notes
EMADINE OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
epinastine ophthalmic (eye) drops	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML	3	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
LASTACRAFT OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
levocetirizine oral solution	1 or 1b*	
levocetirizine oral tablet	1 or 1b*	
olopatadine ophthalmic (eye) drops	1 or 1b*	ST; QL
PATADAY OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
PATANOL OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
PAZEO OPHTHALMIC (EYE) DROPS	3	ST; CE; QL
PHENERGAN INJECTION SOLUTION	3	
promethazine injection solution	1 or 1a*	
promethazine oral syrup	1 or 1a*	
promethazine oral tablet	1 or 1a*	
RYVENT ORAL TABLET	3	
VISTARIL ORAL CAPSULE	3	
ANTIHYPERGLYCEMIC S		
acarbose oral tablet	1 or 1b*	
ACTOPLUS MET ORAL TABLET	3	ST; QL
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
ACTOS ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (60)/ 8 UNIT (30), 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT	3	PA; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	3	ST; QL
AMARYL ORAL TABLET	3	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON	2	ST; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	ST; QL
chlorpropamide oral tablet	1 or 1b*	
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	ST; QL
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
glimepiride oral tablet	1 or 1b*	
glipizide oral tablet	1 or 1a*	
glipizide oral tablet extended release 24hr	1 or 1a*	
glipizide-metformin oral tablet	1 or 1b*	
GLUCOPHAGE ORAL TABLET	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
GLUCOTROL ORAL TABLET	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3		HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
GLUCOVANCE ORAL TABLET	3		HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
glyburide micronized oral tablet	1 or 1b*		HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
glyburide oral tablet	1 or 1b*		HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	2	
glyburide-metformin oral tablet	1 or 1b*		HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
GLYNASE ORAL TABLET	3		HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	QL
GLYSET ORAL TABLET	3		JANUMET ORAL TABLET	2	ST; QL
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2		JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2		JANUVIA ORAL TABLET	2	ST; QL
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION	2		JARDIANCE ORAL TABLET	2	ST; QL
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2		JENTADUETO ORAL TABLET	2	ST; QL
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2		JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION	2		KORLYM ORAL TABLET	3	PA; QL; LD
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2		LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2		LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2		LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2		TOUJEO MAX SOLOSTAR SUBCUTANEOUS INSULIN PEN	2		
metformin oral tablet	1 or 1b*		TOUJEO SOLOSTAR U- 300 INSULIN SUBCUTANEOUS INSULIN PEN	2		
metformin oral tablet extended release 24 hr	1 or 1b*	generic Glucophage XR	TRADJENTA ORAL TABLET	2	ST; DO; QL	
metformin oral tablet extended release 24hr	3	ST; QL; generic Fortamet; CTT1	TRULICITY SUBCUTANEOUS PEN INJECTOR	2	ST; QL	
miglitol oral tablet	1 or 1b*		VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL	
nateglinide oral tablet	1 or 1b*		VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	ST; QL	
OSENI ORAL TABLET	3	ST; QL	XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	ST; QL	
OZEMPIC SUBCUTANEOUS PEN INJECTOR	2	ST; QL	ANTIINFECTIVES/MISC ELLANEUS			
pioglitazone oral tablet	1 or 1b*	ST; QL	ALBENZA ORAL TABLET	3		
pioglitazone-glimepiride oral tablet	1 or 1b*	ST; QL	ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3		
pioglitazone-metformin oral tablet	1 or 1b*	ST; QL	ALINIA ORAL TABLET	3		
PRANDIN ORAL TABLET 1 MG, 2 MG	3		atovaquone oral suspension	1 or 1b*		
PRECOSE ORAL TABLET	3		atovaquone-proguanil oral tablet	1 or 1b*		
repaglinide oral tablet	1 or 1b*		BENZNIDAZOLE ORAL TABLET	3		
repaglinide-metformin oral tablet	1 or 1b*		BILTRICIDE ORAL TABLET	3		
RIOMET ORAL SOLUTION	3	PA; QL	chloroquine phosphate oral tablet	1 or 1a*		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	ST; QL	COARTEM ORAL TABLET	3		
STARLIX ORAL TABLET	3		DARAPRIM ORAL TABLET	3	PA; QL; LD	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2		EMVERM ORAL TABLET,CHEWABLE	3		
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2		fem ph vaginal gel	1 or 1b*		
SYNJARDY ORAL TABLET	2	ST; QL	formadon topical solution	1 or 1b*		
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL	formadon topical solution with applicator	1 or 1b*		
tolazamide oral tablet	1 or 1b*					
tolbutamide oral tablet	1 or 1b*					

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

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Drug Name	Tier	Notes
formaldehyde topical solution with applicator	1 or 1b*	
GLUTARALDEHYDE SOLUTION	2	
glycine urologic irrigation solution	1 or 1b*	
glycine urologic solution irrigation solution	1 or 1b*	
hydroxychloroquine oral tablet	1 or 1b*	
IMPAVIDO ORAL CAPSULE	3	PA; QL
ivermectin oral tablet	1 or 1b*	
MALARONE ORAL TABLET	3	
MALARONE PEDIATRIC ORAL TABLET	3	
mefloquine oral tablet	1 or 1b*	
MEPRON ORAL SUSPENSION	3	
NEBUPENT INHALATION RECON SOLN	2	
paramomycin oral capsule	1 or 1b*	
PENTAM INJECTION RECON SOLN	2	
PLAQUENIL ORAL TABLET	3	
praziquantel oral tablet	1 or 1b*	
PRIMAQUINE ORAL TABLET	2	
QUALAQIN ORAL CAPSULE	3	PA; QL
quinine sulfate oral capsule	1 or 1b*	PA; QL
RELAGARD VAGINAL GEL	3	
STROMECTOL ORAL TABLET	3	
TINDAMAX ORAL TABLET 500 MG	3	
tinidazole oral tablet	1 or 1b*	
ANTIINFECTIVES		
AVC VAGINAL VAGINAL CREAM	3	

Drug Name	Tier	Notes
ANTIINFLAM.TUMOR NECROSIS FACTOR INHIBITING AGENTS		
ENBREL MINI SUBCUTANEOUS CARTRIDGE	3	PA; QL; SP
ENBREL SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
ENBREL SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT	3	PA; QL; SP
REMICADE INTRAVENOUS RECON SOLN	3	PA; QL; SP
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; QL; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
SIMPONI SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ANTINEOPLASTICS		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP

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

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Drug Name	Tier	Notes
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ADCETRIS INTRAVENOUS RECON SOLN	3	PA; QL; SP
adriamycin intravenous solution	1 or 1b*	SP
adrucil intravenous solution	1 or 1b*	SP
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; QL; SP
AFINITOR ORAL TABLET	2	PA; QL; SP
ALECensa ORAL CAPSULE	3	PA; QL; LD; SP
ALFERON N INJECTION SOLUTION	3	SP
ALIMTA INTRAVENOUS RECON SOLN	3	PA; QL; SP
ALIQOPA INTRAVENOUS RECON SOLN	3	PA; QL
ALKERAN INTRAVENOUS RECON SOLN	3	SP
ALKERAN ORAL TABLET	3	SP
ALUNBRIG ORAL TABLET	3	PA; QL; LD; SP
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL; LD; SP
AMELUZ TOPICAL GEL	3	
anastrozole oral tablet	1 or 1b*	
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
ARRANON INTRAVENOUS SOLUTION	3	SP
ARZERRA INTRAVENOUS SOLUTION	3	PA; QL
AVASTIN INTRAVENOUS SOLUTION	3	PA; QL; SP
azacitidine injection recon soln	1 or 1b*	PA; QL; SP

Drug Name	Tier	Notes
BAVENCIO INTRAVENOUS SOLUTION	3	PA; QL
BELEODAQ INTRAVENOUS RECON SOLN	3	PA; QL
BENDEKA INTRAVENOUS SOLUTION	3	PA; QL; SP
BESPONSA INTRAVENOUS RECON SOLN	3	PA; QL; LD
bexarotene oral capsule	1 or 1b*	PA; QL; SP
bicalutamide oral tablet	1 or 1b*	
BICNU INTRAVENOUS RECON SOLN	3	SP
bleomycin injection recon soln	1 or 1b*	SP
BLINCYTO INTRAVENOUS KIT	3	PA; QL
BORTEZOMIB INTRAVENOUS RECON SOLN	3	PA; QL; SP
BOSULIF ORAL TABLET	2	PA; QL; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION	3	SP
CABOMETYX ORAL TABLET	3	PA; QL; LD; SP
CALQUENCE ORAL CAPSULE	3	PA; QL; LD
CAMPTOSAR INTRAVENOUS SOLUTION	3	SP
capecitabine oral tablet	1 or 1b*	PA; QL; SP
CAPRELSA ORAL TABLET	2	PA; QL
CARAC TOPICAL CREAM	2	
carboplatin intravenous recon soln	1 or 1b*	SP
carboplatin intravenous solution	1 or 1b*	SP
CASODEX ORAL TABLET	3	
cisplatin intravenous solution	1 or 1b*	SP
cladribine intravenous solution	1 or 1b*	SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
clofarabine intravenous solution	1 or 1b*	SP	DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	3	PA; QL; SP
CLOLAR INTRAVENOUS SOLUTION	3	SP	DOXIL INTRAVENOUS SUSPENSION	3	PA; QL; SP
COMETRIQ ORAL CAPSULE	3	PA; QL; LD	doxorubicin intravenous recon soln	1 or 1b*	SP
COSMEGEN INTRAVENOUS RECON SOLN	3	SP	doxorubicin intravenous solution	1 or 1b*	SP
COTELLIC ORAL TABLET	3	PA; QL; SP	doxorubicin, peg-liposomal intravenous suspension	1 or 1b*	PA; QL; SP
cyclophosphamide intravenous recon soln	1 or 1b*	SP	EFUDEX TOPICAL CREAM	3	ST; QL
cyclophosphamide oral capsule	1 or 1b*	SP	ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
CYRAMZA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
cytarabine (pf) injection solution	1 or 1b*	SP	ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
cytarabine injection solution	1 or 1b*	SP	ELIGARD SUBCUTANEOUS SYRINGE	3	PA; QL; SP
dacarbazine intravenous recon soln	1 or 1b*	SP	ELLENCE INTRAVENOUS SOLUTION	3	PA; QL; SP
DACOGEN INTRAVENOUS RECON SOLN	3	SP	EMCYT ORAL CAPSULE	2	PA; QL
dactinomycin intravenous recon soln	1 or 1b*	SP	EMPLICITI INTRAVENOUS RECON SOLN	3	PA; QL; SP
DARZALEX INTRAVENOUS SOLUTION	3	PA; QL; SP	epirubicin intravenous recon soln	1 or 1b*	PA; QL; SP
daunorubicin intravenous recon soln	1 or 1b*	SP	epirubicin intravenous solution	1 or 1b*	PA; QL; SP
daunorubicin intravenous solution	1 or 1b*	SP	ERBITUX INTRAVENOUS SOLUTION	3	PA; QL; SP
decitabine intravenous recon soln	1 or 1b*	SP	ERIVEDGE ORAL CAPSULE	2	PA; QL; SP
diclofenac sodium topical gel 3 %	1 or 1b*	PA; QL	ERLEADA ORAL TABLET	3	PA; QL; SP
DOCEFREZ INTRAVENOUS RECON SOLN	3	PA; QL; SP	ERWINAZE INJECTION RECON SOLN	3	PA; QL; SP
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	1 or 1b*	PA; QL; SP	ETOPOPHOS INTRAVENOUS RECON SOLN	3	SP
			etoposide intravenous solution	1 or 1b*	SP

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

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Drug Name	Tier	Notes
etoposide oral capsule	1 or 1b*	SP
EVOMELA INTRAVENOUS RECON SOLN	3	SP
exemestane oral tablet	1 or 1b*	
FARESTON ORAL TABLET	2	
FARYDAK ORAL CAPSULE	3	PA; QL; SP
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; QL; SP
FEMARA ORAL TABLET	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
floxuridine injection recon soln	1 or 1b*	SP
fludarabine intravenous recon soln	1 or 1b*	SP
fludarabine intravenous solution	1 or 1b*	SP
FLUOROPLEX TOPICAL CREAM	3	ST; QL
fluorouracil intravenous solution	1 or 1b*	SP
FLUOROURACIL TOPICAL CREAM 0.5 %	3	ST; QL
fluorouracil topical cream 5 %	1 or 1b*	
fluorouracil topical solution	1 or 1b*	
flutamide oral capsule	1 or 1b*	
FOLOTYN INTRAVENOUS SOLUTION	3	SP
GAZYVA INTRAVENOUS SOLUTION	3	PA; QL; SP
gemcitabine intravenous recon soln	1 or 1b*	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1 or 1b*	SP
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	SP

Drug Name	Tier	Notes
GEMZAR INTRAVENOUS RECON SOLN	3	SP
GILOTrif ORAL TABLET	3	PA; QL; LD; SP
GLEEVEC ORAL TABLET	3	PA; QL; SP
GLEOSTINE ORAL CAPSULE	3	PA; QL
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	3	PA; QL; SP
HERCEPTIN INTRAVENOUS RECON SOLN	3	SP
HEXALEN ORAL CAPSULE	2	PA; QL
HYCAMTIN INTRAVENOUS RECON SOLN	3	SP
HYCAMTIN ORAL CAPSULE	2	PA; QL; SP
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1 or 1b*	
IBRANCE ORAL CAPSULE	3	PA; QL; SP
ICLUSIG ORAL TABLET	2	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	SP
idarubicin intravenous solution	1 or 1b*	SP
IDHIFA ORAL TABLET	3	PA; QL; LD; SP
IFEX INTRAVENOUS RECON SOLN	3	SP
ifosfamide intravenous recon soln	1 or 1b*	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide-mesna intravenous kit	1 or 1b*	SP
imatinib oral tablet	1 or 1b*	PA; QL; SP
IMBRUVICA ORAL CAPSULE	3	PA; QL; LD
IMBRUVICA ORAL TABLET	3	PA; QL; LD

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
IMFINZI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	LONSURF ORAL TABLET	3	PA; QL; LD; SP
IMLYGIC INJECTION SUSPENSION	3		LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	3	PA; QL; SP
INLYTA ORAL TABLET	2	PA; QL; SP	LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
INTRON A INJECTION RECON SOLN	3	PA; QL; SP	LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
INTRON A INJECTION SOLUTION	3	PA; QL; SP	LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	3	PA; QL; SP
IRESSA ORAL TABLET	2	PA; QL; LD; SP	LYNPARZA ORAL CAPSULE	3	PA; QL; LD; SP
irinotecan intravenous solution	1 or 1b*	SP	LYNPARZA ORAL TABLET	3	PA; QL; LD; SP
ISTODAX INTRAVENOUS RECON SOLN	3	PA; QL; SP	LYSODREN ORAL TABLET	2	
IXEMTRA INTRAVENOUS RECON SOLN	3	PA; QL; SP	MARQIBO INTRAVENOUS KIT	3	
JAKAFI ORAL TABLET	2	PA; QL; LD; SP	MATULANE ORAL CAPSULE	2	LD
JEVTANA INTRAVENOUS SOLUTION	3	PA; QL; SP	megestrol oral tablet	1 or 1b*	
KADCYLA INTRAVENOUS RECON SOLN	3	PA; QL; SP	MEKINIST ORAL TABLET	3	PA; QL; SP
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; QL	melphalan hcl intravenous recon soln	1 or 1b*	SP
KISQALI FEMARA CO-PACK ORAL TABLET	3	PA; QL; SP	melphalan oral tablet	1 or 1b*	SP
KISQALI ORAL TABLET	3	PA; QL; SP	mercaptopurine oral tablet	1 or 1b*	
KYPROLIS INTRAVENOUS RECON SOLN	3	PA; QL	methotrexate sodium (pf) injection recon soln	1 or 1b*	
LARTRUVO INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	methotrexate sodium (pf) injection solution	1 or 1b*	
LENVIMA ORAL CAPSULE	3	PA; QL; LD; SP	methotrexate sodium injection solution	1 or 1b*	
letrozole oral tablet	1 or 1b*		methotrexate sodium oral tablet	1 or 1b*	
LEUKERAN ORAL TABLET	2		mitomycin intravenous recon soln	1 or 1b*	SP
leuprolide subcutaneous kit	1 or 1b*	PA; QL; SP	MITOMYCIN INTRAVESICAL SYRINGE	3	SP
LEVULAN TOPICAL SOLUTION	3		mitoxantrone intravenous concentrate	1 or 1b*	SP
lipodox 50 intravenous suspension	1 or 1b*	PA; QL; SP			
lipodox intravenous suspension	1 or 1b*	PA; QL; SP			

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

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Drug Name	Tier	Notes
MUSTARGEN INJECTION RECON SOLN	3	SP
MUTAMYCIN INTRAVENOUS RECON SOLN	3	SP
MYLERAN ORAL TABLET	2	
MYLOTARG INTRAVENOUS RECON SOLN	3	PA; QL; LD
NAVELBINE INTRAVENOUS SOLUTION	3	SP
NERLYNX ORAL TABLET	3	PA; QL; LD; SP
NEXAVAR ORAL TABLET	2	PA; QL; SP
NILANDRON ORAL TABLET	3	QL
nilutamide oral tablet	1 or 1b*	QL
NINLARO ORAL CAPSULE	3	PA; QL; LD; SP
NIPENT INTRAVENOUS RECON SOLN	3	SP
ODOMZO ORAL CAPSULE	3	PA; QL; SP
ONCASPAR INJECTION SOLUTION	3	PA; QL; SP
ONIVYDE INTRAVENOUS DISPERSION	3	
OPDIVO INTRAVENOUS SOLUTION	3	PA; QL
oxaliplatin intravenous recon soln	1 or 1b*	SP
oxaliplatin intravenous solution	1 or 1b*	SP
paclitaxel intravenous concentrate	1 or 1b*	SP
PANRETIN TOPICAL GEL	3	SP
PERJETA INTRAVENOUS SOLUTION	3	PA; QL; SP
PHOTOFRIN INTRAVENOUS RECON SOLN	3	
PICATO TOPICAL GEL	3	ST; QL

Drug Name	Tier	Notes
POMALYST ORAL CAPSULE	3	PA; QL; SP
PORTRAZZA INTRAVENOUS SOLUTION	3	LD; SP
PROLEUKIN INTRAVENOUS RECON SOLN	3	QL; SP
PROVENGE INTRAVENOUS SUSPENSION	3	PA; QL
PURIXAN ORAL SUSPENSION	3	PA; QL
REVIMID ORAL CAPSULE	2	PA; QL; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	SP
RITUXAN INTRAVENOUS CONCENTRATE	3	PA; QL; SP
ROMIDEPSIN INTRAVENOUS RECON SOLN	3	PA; QL; SP
RUBRACA ORAL TABLET	3	PA; QL; LD
RYDAPT ORAL CAPSULE	3	PA; QL; SP
SOLARAZE TOPICAL GEL	3	PA; CE; QL
SOLTAMOX ORAL SOLUTION	2	\$0
SPRYCEL ORAL TABLET	2	PA; QL; SP
STIVARGA ORAL TABLET	2	PA; QL; SP
SUTENT ORAL CAPSULE	2	PA; QL; SP
SYLATRON SUBCUTANEOUS KIT	3	PA; QL; SP
SYLVANT INTRAVENOUS RECON SOLN	3	PA; QL; SP
SYNRIBO SUBCUTANEOUS RECON SOLN	3	PA; QL; LD
TABLOID ORAL TABLET	2	
TAFINLAR ORAL CAPSULE	3	PA; QL; SP

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

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Drug Name	Tier	Notes
TAGRISSO ORAL TABLET	3	PA; QL; LD; SP
tamoxifen oral tablet	1 or 1b*	\$0
TARCEVA ORAL TABLET	2	PA; QL; SP
TARGETIN ORAL CAPSULE	3	PA; QL; SP
TARGETIN TOPICAL GEL	2	PA; QL; SP
TASIGNA ORAL CAPSULE	2	PA; QL; SP
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	PA; QL; SP
TECENTRIQ INTRAVENOUS SOLUTION	3	PA; QL; SP
TEMODAR INTRAVENOUS RECON SOLN	2	PA; QL; SP
TEMODAR ORAL CAPSULE	3	PA; QL; SP
temozolomide oral capsule	1 or 1b*	PA; QL; SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
TEPADINA INJECTION RECON SOLN	3	SP
thiotepa injection recon soln	1 or 1b*	SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	SP
TOLAK TOPICAL CREAM	3	ST; QL
toposar intravenous solution	1 or 1b*	SP
topotecan intravenous recon soln	1 or 1b*	SP
topotecan intravenous solution	1 or 1b*	SP
TORISEL INTRAVENOUS RECON SOLN	2	PA; QL; SP
TREANDA INTRAVENOUS RECON SOLN	3	PA; QL; SP

Drug Name	Tier	Notes
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
TRELSTAR INTRAMUSCULAR SYRINGE	3	PA; QL; SP
tretinoin (chemotherapy) oral capsule	1 or 1b*	
TREXALL ORAL TABLET	2	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	SP
TYKERB ORAL TABLET	2	PA; QL; SP
UNITUXIN INTRAVENOUS SOLUTION	3	
UVADEX INJECTION SOLUTION	3	
VALCHLOR TOPICAL GEL	3	PA; QL; LD; SP
VALSTAR INTRAVESICAL SOLUTION	2	SP
VANTAS IMPLANT KIT	3	PA; QL; SP
VECTIBIX INTRAVENOUS SOLUTION	3	PA; QL; SP
VELCADE INJECTION RECON SOLN	3	PA; QL; SP
VENCLEXTA ORAL TABLET	3	PA; QL; LD
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA; QL; LD
VERZENIO ORAL TABLET	3	PA; QL; SP
VIDAZA INJECTION RECON SOLN	3	PA; QL; SP
vinblastine intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP
vincristine intravenous solution	1 or 1b*	SP
vinorelbine intravenous solution	1 or 1b*	SP
VOTRIENT ORAL TABLET	2	PA; QL; SP

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

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Drug Name	Tier	Notes
VYXEOS INTRAVENOUS RECON SOLN	3	LD
XALKORI ORAL CAPSULE	2	PA; QL; SP
XATMEP ORAL SOLUTION	3	PA; QL; SP
XELODA ORAL TABLET	3	PA; QL; SP
XTANDI ORAL CAPSULE	2	PA; QL; SP
YEROVY INTRAVENOUS SOLUTION	3	PA; QL; SP
YONDELIS INTRAVENOUS RECON SOLN	3	
YONSA ORAL TABLET	3	
ZALTRAP INTRAVENOUS SOLUTION	3	PA; QL; SP
ZANOSAR INTRAVENOUS RECON SOLN	3	SP
ZEJULA ORAL CAPSULE	3	PA; QL; LD
ZELBORA F ORAL TABLET	2	PA; QL; SP
ZEVALIN (Y-90) INTRAVENOUS KIT	3	
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; QL; SP
ZOLINZA ORAL CAPSULE	2	PA; QL; SP
ZYDELIG ORAL TABLET	3	PA; QL; LD; SP
ZYKADIA ORAL CAPSULE	3	PA; QL; SP
ZYTIGA ORAL TABLET	2	PA; QL; SP
ANTI-OBESITY DRUGS		
ADIPEX-P ORAL CAPSULE	3	PA; QL
ADIPEX-P ORAL TABLET	3	PA; QL
BELVIQ ORAL TABLET	3	PA; QL
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
benzphetamine oral tablet 25 mg	1 or 1b*	

Drug Name	Tier	Notes
benzphetamine oral tablet 50 mg	1 or 1b*	PA; QL
CONTRAVE ORAL TABLET EXTENDED RELEASE	3	PA; QL
diethylpropion oral tablet	1 or 1b*	PA; QL
diethylpropion oral tablet extended release	1 or 1b*	PA; QL
LOMAIRA ORAL TABLET	3	PA; QL
phendimetrazine tartrate oral capsule, extended release	1 or 1b*	PA; QL
phendimetrazine tartrate oral tablet	1 or 1b*	PA; QL
phentermine oral capsule	1 or 1b*	PA; QL
phentermine oral tablet	1 or 1b*	PA; QL
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR	3	PA; QL
REGIMEX ORAL TABLET	3	PA; QL
SAXENDA SUBCUTANEOUS PEN INJECTOR	3	PA; QL
XENICAL ORAL CAPSULE	3	
ANTIPARKINSON DRUGS		
amantadine hcl oral capsule	1 or 1b*	
amantadine hcl oral solution	1 or 1b*	
amantadine hcl oral tablet	1 or 1b*	
APOKYN SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
AZILECT ORAL TABLET	3	
benztropine injection solution	1 or 1a*	
benztropine oral tablet	1 or 1a*	
bromocriptine oral capsule	1 or 1b*	
bromocriptine oral tablet	1 or 1b*	
carbidopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet	1 or 1b*	
carbidopa-levodopa oral tablet extended release	1 or 1b*	
carbidopa-levodopa oral tablet,disintegrating	1 or 1b*	

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

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Drug Name	Tier	Notes
carbidopa-levodopa-entacapone oral tablet	1 or 1b*	
COGENTIN INJECTION SOLUTION	3	
COMTAN ORAL TABLET	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	PA; QL; LD; SP
entacapone oral tablet	1 or 1b*	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; QL; LD
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; DO; QL; LD
LODOSYN ORAL TABLET	3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	3	
MIRAPEX ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR	3	
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
pramipexole oral tablet	1 or 1b*	
pramipexole oral tablet extended release 24 hr	1 or 1b*	
rasagiline oral tablet	1 or 1b*	
REQUIP ORAL TABLET	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
ropinirole oral tablet	1 or 1b*	
ropinirole oral tablet extended release 24 hr	1 or 1b*	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
selegiline hcl oral capsule	1 or 1b*	
selegiline hcl oral tablet	1 or 1b*	

Drug Name	Tier	Notes
SINEMET CR ORAL TABLET EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL
tolcapone oral tablet	1 or 1b*	PA; QL
trihexyphenidyl oral elixir	1 or 1a*	
trihexyphenidyl oral tablet	1 or 1a*	
XADAGO ORAL TABLET	3	PA; QL
ZELAPAR ORAL TABLET,DISINTEGRATING	3	PA; QL
ANTIPLATELET DRUGS		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE	3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
AGRYLIN ORAL CAPSULE	3	
anagrelide oral capsule	1 or 1b*	
aspirin-dipyridamole oral capsule, er multiphase 12 hr	1 or 1b*	
BRILINTA ORAL TABLET	2	
cilostazol oral tablet	1 or 1b*	
clopidogrel oral tablet	1 or 1b*	
dipyridamole oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; QL
EFFIENT ORAL TABLET 10 MG	3	
EFFIENT ORAL TABLET 5 MG	3	DO
eptifibatide intravenous solution	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION	3	
KENGREAL INTRAVENOUS RECON SOLN	3	
PLAVIX ORAL TABLET	3	
prasugrel oral tablet 10 mg	1 or 1b*	
prasugrel oral tablet 5 mg	1 or 1b*	DO
REOPRO INTRAVENOUS SOLUTION	3	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
ZONTIVITY ORAL TABLET	3	PA; QL
ANTIVIRALS		
abacavir oral solution	1 or 1b*	
abacavir oral tablet	1 or 1b*	
abacavir-lamivudine oral tablet	1 or 1b*	
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension 200 mg/5 ml	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous recon soln	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
acyclovir topical ointment	1 or 1b*	
adefovir oral tablet	1 or 1b*	SP
APTIVUS ORAL CAPSULE	2	
APTIVUS ORAL SOLUTION	2	
atazanavir oral capsule	1 or 1b*	

Drug Name	Tier	Notes
ATRIPLA ORAL TABLET	2	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	3	SP
BIKTARVY ORAL TABLET	3	
cidofovir intravenous solution	1 or 1b*	
CIMDUO ORAL TABLET	3	
COMBIVIR ORAL TABLET	3	
COMPLERA ORAL TABLET	2	
CRIVAN ORAL CAPSULE 200 MG, 400 MG	2	
CYTOVENE INTRAVENOUS RECON SOLN	3	SP
DAKLINZA ORAL TABLET	3	PA; QL; SP
DENAVIR TOPICAL CREAM	3	PA; CE; QL
DESCOVY ORAL TABLET	3	
didanosine oral capsule,delayed release(dr/ec)	1 or 1b*	
EDURANT ORAL TABLET	2	
efavirenz oral capsule	1 or 1b*	
efavirenz oral tablet	1 or 1b*	
EMTRIVA ORAL CAPSULE	2	
EMTRIVA ORAL SOLUTION	2	
entecavir oral tablet	1 or 1b*	SP
EPCLUSA ORAL TABLET	3	PA; QL; SP
EPIVIR HBV ORAL SOLUTION	2	SP
EPIVIR HBV ORAL TABLET	3	SP
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	

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

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Drug Name	Tier	Notes
EPZICOM ORAL TABLET	3	
EVOTAZ ORAL TABLET	3	
famciclovir oral tablet	1 or 1b*	
FLUMADINE ORAL TABLET	3	
fosamprenavir oral tablet	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION	3	
FUZEON SUBCUTANEOUS RECON SOLN	2	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
ganciclovir sodium intravenous recon soln	1 or 1b*	SP
ganciclovir sodium intravenous solution	1 or 1b*	SP
GENVOYA ORAL TABLET	2	
HARVONI ORAL TABLET	3	PA; QL; SP
HEPSERA ORAL TABLET	3	SP
INTELENCE ORAL TABLET	2	
INVIRASE ORAL CAPSULE	2	
INVIRASE ORAL TABLET	2	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET,CHEWABLE	2	
JULUCA ORAL TABLET	3	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	2	
lamivudine oral solution	1 or 1b*	
lamivudine oral tablet 100 mg	1 or 1b*	SP

Drug Name	Tier	Notes
lamivudine oral tablet 150 mg, 300 mg	1 or 1b*	
lamivudine-zidovudine oral tablet	1 or 1b*	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
lopinavir-ritonavir oral solution	1 or 1b*	
MAVYRET ORAL TABLET	3	PA; QL; SP
moderiba dose pack oral tablets,dose pack 200 mg (28)- 400 mg (28), 400 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600 mg (7)-600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	1 or 1b*	SP
moderiba oral tablet	1 or 1b*	SP
nevirapine oral suspension	1 or 1b*	
nevirapine oral tablet	1 or 1b*	
nevirapine oral tablet extended release 24 hr	1 or 1b*	
NORVIR ORAL CAPSULE	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY ORAL TABLET	3	
oseltamivir oral capsule	1 or 1b*	QL
oseltamivir oral suspension for reconstitution	1 or 1b*	QL
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
PEGASYS SUBCUTANEOUS SOLUTION	3	PA; QL; SP
PEGASYS SUBCUTANEOUS SYRINGE	3	PA; QL; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; QL; SP

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

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Drug Name	Tier	Notes
PREVYMIS INTRAVENOUS SOLUTION	3	PA; QL; SP
PREVYMIS ORAL TABLET	3	PA; QL; SP
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RAPIVAB INTRAVENOUS SOLUTION	3	
REBETOL ORAL SOLUTION	3	SP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RESCRIPTOR ORAL TABLET	2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE	2	
RETROVIR INTRAVENOUS SOLUTION	2	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
ribasphere oral capsule	1 or 1b*	SP
ribasphere oral tablet	1 or 1b*	SP
ribasphere ribapak oral tablets,dose pack	1 or 1b*	SP
ribavirin inhalation recon soln	1 or 1b*	
ribavirin oral capsule	1 or 1b*	SP
ribavirin oral tablet 200 mg	1 or 1b*	SP
rimantadine oral tablet	1 or 1b*	
ritonavir oral tablet	1 or 1b*	
SELZENTRY ORAL SOLUTION	3	

Drug Name	Tier	Notes
SELZENTRY ORAL TABLET	2	
SITAVIG Buccal MUCO-ADHESIVE Buccal TABLET	3	PA; CE; QL
SOVALDI ORAL TABLET	3	PA; QL; SP
stavudine oral capsule	1 or 1b*	
STRIBILD ORAL TABLET	2	
SUSTIVA ORAL CAPSULE	3	
SUSTIVA ORAL TABLET	3	
SYMFLO ORAL TABLET	3	
SYMFLO ORAL TABLET	3	
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; QL; SP
TAMIFLU ORAL CAPSULE	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL
TECHNIVIE ORAL TABLET	3	PA; QL; SP
tenofovir disoproxil fumarate oral tablet	1 or 1b*	
TIVICAY ORAL TABLET	3	
trifluridine ophthalmic (eye) drops	1 or 1b*	
TRIUMEQ ORAL TABLET	2	
TRIZIVIR ORAL TABLET	3	
TROGARZO INTRAVENOUS SOLUTION	3	QL; LD
TRUVADA ORAL TABLET	2	
valacyclovir oral tablet	1 or 1b*	
VALCYTE ORAL RECON SOLN	3	SP
VALCYTE ORAL TABLET	3	SP
valganciclovir oral recon soln	1 or 1b*	SP
valganciclovir oral tablet	1 or 1b*	SP

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

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Drug Name	Tier	Notes
VALTREX ORAL TABLET	3	
VEMLIDY ORAL TABLET	3	SP
VEREGEN TOPICAL OINTMENT	3	
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN	2	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN	2	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	3	PA; QL; SP
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	PA; QL; SP
VIRACEPT ORAL TABLET	2	
VIRAMUNE ORAL SUSPENSION	3	
VIRAMUNE ORAL TABLET	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
VIRAZOLE INHALATION RECON SOLN	3	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VIROPTIC OPHTHALMIC (EYE) DROPS	3	
VOSEVI ORAL TABLET	3	PA; QL; SP
XERESE TOPICAL CREAM	3	PA; CE; QL
ZEPATIER ORAL TABLET	3	PA; QL; SP
ZERIT ORAL CAPSULE	3	
ZERIT ORAL RECON SOLN	3	
ZIAGEN ORAL SOLUTION	3	

Drug Name	Tier	Notes
ZIAGEN ORAL TABLET	3	
zidovudine oral capsule	1 or 1b*	
zidovudine oral syrup	1 or 1b*	
zidovudine oral tablet	1 or 1b*	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
ZOVIRAX ORAL CAPSULE	3	
ZOVIRAX ORAL SUSPENSION	3	
ZOVIRAX ORAL TABLET	3	
ZOVIRAX TOPICAL CREAM	3	PA; CE; QL
ZOVIRAX TOPICAL OINTMENT	3	
AUTONOMIC DRUGS		
ADDERALL ORAL TABLET	3	PA; QL
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	1 or 1b*	PA; QL
adrenalin injection solution	1 or 1b*	
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
anectine injection solution	1 or 1b*	
ARICEPT ORAL TABLET	3	
atracurium intravenous solution	1 or 1b*	
bethanechol chloride oral tablet	1 or 1b*	
BLOXIVERZ INTRAVENOUS SOLUTION	3	
BOTOX COSMETIC INJECTION RECON SOLN	3	PA; QL; SP
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
BOTOX INJECTION RECON SOLN	3	PA; QL; SP
cevimeline oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
cisatracurium intravenous solution	1 or 1b*		EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SOLUTION 1 MG/250 ML (4 MCG/ML), 2 MG/250 ML (8 MCG/ML), 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
CISATRACURIUM INTRAVENOUS SYRINGE	3		EPINEPHRINE HCL IN 0.9 % NACL INTRAVENOUS SYRINGE 0.16 MG/10 ML (16 MCG/ML), 200 MCG/10 ML (20 MCG/ML), 50 MCG/5 ML (10 MCG/ML), 800 MCG/50 ML (16 MCG/ML)	3	
DESOXYN ORAL TABLET	3	PA; QL	epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	1 or 1b*	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	3	PA; QL	EPINEPHRINE HCL IN 5% DEXTROSE INTRAVENOUS SOLUTION 1 MG/250 ML (4 MCG/ML), 16 MG/250 ML (64 MCG/ML), 4 MG/250 ML (16 MCG/ML), 5 MG/250 ML (20 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
dextroamphetamine oral capsule, extended release	1 or 1b*	PA; QL	epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml)	1 or 1b*	
dextroamphetamine oral solution	1 or 1b*	PA; QL	epinephrine injection solution	1 or 1b*	
dextroamphetamine oral tablet	1 or 1b*	PA; QL	epinephrine injection syringe 0.1 mg/ml	1 or 1b*	
dextroamphetamine-amphetamine oral capsule, extended release 24hr	1 or 1b*	PA; QL	EPISNAP INJECTION KIT	3	
dextroamphetamine-amphetamine oral tablet	1 or 1b*	PA; QL	EVEKEO ORAL TABLET	3	ST; QL
DIBENZYLINE ORAL CAPSULE	3		EVOXAC ORAL CAPSULE	3	
donepezil oral tablet	1 or 1b*		EXELON TRANSDERMAL PATCH 24 HOUR	3	ST; QL
donepezil oral tablet,disintegrating	1 or 1b*		galantamine oral capsule, ext rel. pellets 24 hr	1 or 1b*	
dopamine in 5 % dextrose intravenous solution	1 or 1b*		galantamine oral solution	1 or 1b*	
dopamine intravenous solution	1 or 1b*		galantamine oral tablet	1 or 1b*	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL	guanidine oral tablet	1 or 1b*	
DYSPORT INTRAMUSCULAR RECON SOLN	3	PA; QL; LD; SP			
epinephrine 0.15 mg auto-injct outer, suv	1 or 1b*	ST; QL; (Only generic EpiPen by Mylan)			
epinephrine 0.3 mg auto-inject outer, suv	1 or 1b*	ST; QL; (Only generic EpiPen by Mylan)			
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
isoproterenol hcl injection solution	1 or 1b*		NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION 15 MG/250 ML (60 MCG/ML), 16 MG/500 ML (32 MCG/ML), 8 MG/250 ML (32 MCG/ML), 8 MG/500 ML (16 MCG/ML)	3	
ISUPREL INJECTION SOLUTION	3		norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml)	1 or 1b*	
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3		NOREPINEPHRINE BITARTRATE-NACL INTRAVENOUS SYRINGE	3	
MESTINON ORAL SYRUP	2		NOREPINEPHRINE-0.9 % NACL (PF) INTRAVENOUS SYRINGE	3	
MESTINON ORAL TABLET	3		NORTHERA ORAL CAPSULE	3	LD; SP
MIESTINON TIMESSPAN ORAL TABLET EXTENDED RELEASE	3		pancuronium intravenous solution	1 or 1b*	
methamphetamine oral tablet	1 or 1b*	PA; QL	phenoxybenzamine oral capsule	1 or 1b*	
midodrine oral tablet	1 or 1b*		phentolamine injection recon soln	1 or 1b*	
MIVACRON INJECTION SOLUTION	3		physostigmine salicylate injection solution	1 or 1b*	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	PA; QL	pilocarpine hcl oral tablet	1 or 1b*	
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; QL; SP	procentra oral solution	1 or 1b*	PA; QL
neostigmine methylsulfate intravenous solution	1 or 1b*		pyridostigmine bromide oral tablet	1 or 1b*	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MIG/ML), 3 MG/3 ML (1 MIG/ML), 4 MG/4 ML (1 MIG/ML)	3		pyridostigmine bromide oral tablet extended release	1 or 1b*	
neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)	1 or 1b*		QUELICIN INJECTION SOLUTION 20 MG/ML	3	
NIMBEX INTRAVENOUS SOLUTION	3		RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
norepinephrine bitartrate intravenous solution	1 or 1b*		RAZADYNE ORAL TABLET	3	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	1 or 1b*		regonal injection solution	1 or 1b*	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/500 ML (8 MCG/ML), 8 MG/500 ML (16 MCG/ML)	3		rivastigmine tartrate oral capsule	1 or 1b*	
			rivastigmine transdermal patch 24 hour	1 or 1b*	
			rocuronium intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
ROCURONIUM INTRAVENOUS SYRINGE	3	
SALAGEN (PILOCARPINE) ORAL TABLET	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SYRINGE 100 MG/5 ML (20 MG/ML), 140 MG/7 ML (20 MG/ML), 200 MG/10 ML (20 MG/ML)	3	
SUCCINYLCHOLINE-SOD CL,ISO(PF) INTRAVENOUS SYRINGE 200 MG/10 ML (20 MG/ML)	3	
URECHOLINE ORAL TABLET	3	
vecuronium bromide intravenous recon soln	1 or 1b*	
VECURONIUM IN STERILE WATER INTRAVENOUS SYRINGE	3	
XEOMIN INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
zenzedi oral tablet 10 mg, 5 mg	1 or 1b*	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL
BIOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	\$0
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	\$0
AFLURIA 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0

Drug Name	Tier	Notes
AFLURIA QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0
AFLURIA QUAD 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0
ALL EXT-CAL PEPPER TREE POLLEN INJECTION SOLUTION	3	
ALL EXT-WEED POL-SHEEP SORREL INJECTION SOLUTION	3	
ALL XT-WEED POL-RUSSIAN THISTL INJECTION SOLUTION	3	
ALL.XT,KBLUE-JUNE GRASS POLLEN INJECTION SOLUTION	3	
ALLER EXT-ALTERNARIA ALTERNATA INJECTION SOLUTION	3	
ALLER EXT-AMERICAN COCKROACH INJECTION SOLUTION	3	
ALLER EXT-SPINY PIGWEED POLLEN INJECTION SOLUTION	3	
ALLER EXT-TREE POLL,RED CEDAR INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,AM ELM INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,BAYBERRY INJECTION SOLUTION	3	
ALLER EXT-TREE POLLEN,MESQUITE INJECTION SOLUTION	3	
ALLER EXT-WEED POLLEN-KOCHIA INJECTION SOLUTION	3	
ALLER XT-SHAGBARK HICKORY POLL INJECTION SOLUTION	3	
ALLER XT-TREE POL,E.COTTONWOOD INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLER XT-TREE POLLEN,BOX ELDER INJECTION SOLUTION	3		ALLERG EXT-PENICILLIUM NOTATUM INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,HACKBERRY INJECTION SOLUTION	3		ALLERG EXTRACT-FOOD-CANTALOUPE PERCUTANEOUS SOLUTION	3	
ALLER XT-TREE POLLEN,RED BIRCH INJECTION SOLUTION	3		ALLERG EXT-TALL RAGWEED POLLEN INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN,WHITE ASH INJECTION SOLUTION	3		ALLERG EXT-TREE POLLEN-ACACIA INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-MELALEUCA INJECTION SOLUTION	3		ALLERG EXT-TREE POLLEN-ALDER INJECTION SOLUTION	3	
ALLER XT-TREE POLLEN-WHITE OAK INJECTION SOLUTION	3		ALLERG EXT-TREE POLL-JUN, WEST INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-COCKLEBUR INJECTION SOLUTION	3		ALLERG EXT-TREE POLL-RED MAPLE INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-GOLDENROD INJECTION SOLUTION	3		ALLERG EXT-WEED POL- RGH PIGWEED INJECTION SOLUTION	3	
ALLER XT-WEED POLLEN-SAGEBRUSH INJECTION SOLUTION	3		ALLERG XT,D.FARINAE- D.PTERONYX INJECTION SOLUTION	3	
ALLER XT-WEED POLL-YELLOW DOCK INJECTION SOLUTION	3		ALLERG XT,GRASS POLLEN-TIMOTHY INJECTION SOLUTION	3	PA; QL
ALLERG EX,GRASS POLLEN-BERMUDA INJECTION SOLUTION	3		ALLERG XT,GRASS- MEADOW FESCUE INJECTION SOLUTION	3	
ALLERG EX,GRASS POLLEN-ORCHARD INJECTION SOLUTION	3		ALLERG XT-SHEEP SOR,YELLW DOCK INJECTION SOLUTION	3	
ALLERG EX-GRASS POLLEN-JOHNSON INJECTION SOLUTION	3		ALLERG XT-TREE POLL-ELM, CEDAR INJECTION SOLUTION	3	
ALLERG EXT,GRASS POLLEN-REDTOP INJECTION SOLUTION	3		ALLERG XT-WEED POLL-DOG FENNEL INJECTION SOLUTION	3	
ALLERG EXT- ACREMONIUM STRICTUM INJECTION SOLUTION	3		ALLERG XT-WHITE BIRCH POLLEN INJECTION SOLUTION	3	
ALLERG EXT-BLACK WALNUT POLLEN INJECTION SOLUTION	3				
ALLERG EXT- GRASS,PERENNIAL RYE INJECTION SOLUTION	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLERG XT-WHITE PINE POLLEN INJECTION SOLUTION	3		ALLERGEN EXTRACT-CHICKEN MEAT PERCUTANEOUS SOLUTION	3	
ALLERGEN EX-FUSARIUM OXYSPORUM INJECTION SOLUTION	3		ALLERGEN EXTRACT-D.SOROKINIANA INJECTION SOLUTION	3	
ALLERGEN EXT-AMER BEECH POLLEN INJECTION SOLUTION	3		ALLERGEN EXTRACT-FOOD-AVOCADO PERCUTANEOUS SOLUTION	3	
ALLERGEN EXT-ASPERGILLUS FUMIG INJECTION SOLUTION	3		ALLERGEN EXTRACT-S. CEREVISIAE INJECTION SOLUTION	3	
ALLERGEN EXT-ASPERGILLUS,MIXED INJECTION SOLUTION	3		ALLERGEN EXT-T. MENTAGROPHYTES INJECTION SOLUTION	3	
ALLERGEN EXT-AUREOBA.PULLULANS INJECTION SOLUTION	3		ALLERGEN EXT-TREE POLLEN,PECAN INJECTION SOLUTION	3	
ALLERGEN EXT-BOTRYTIS CINEREA INJECTION SOLUTION	3		ALLERGEN EXT-TREE POLLEN-KAPOK INJECTION SOLUTION	3	
ALLERGEN EXT-C.CLADOSPORIOIDES INJECTION SOLUTION	3		ALLERGEN XT TREE POL-AUST PINE INJECTION SOLUTION	3	
ALLERGEN EXT-C.SPHAEROSPERMUM INJECTION SOLUTION	3		ALLERGEN XT-AM.SYCAMORE POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT-CANDIDA ALBICANS INJECTION SOLUTION	3		ALLERGEN XT-GRASS POLLEN-BAHIA INJECTION SOLUTION	3	
ALLERGEN EXT-CATTLE EPITHELIUM INJECTION SOLUTION	3		ALLERGEN XT-GRASS POLLEN-BROME INJECTION SOLUTION	3	
ALLERGEN EXT-CROP POLLEN-CORN INJECTION SOLUTION	3		ALLERGEN XT-MITE,D.PTERONYSSIN INJECTION SOLUTION	3	
ALLERGEN EXT-ENGLISH PLANTAIN INJECTION SOLUTION	3		ALLERGEN XT-QUEEN PALM POLLEN INJECTION SOLUTION	3	
ALLERGEN EXT-GERMAN COCKROACH INJECTION SOLUTION	3		ALLERGEN XT-VIRGINIA LIVE OAK INJECTION SOLUTION	3	
ALLERGEN EXT-OLIVE TREE POLLEN INJECTION SOLUTION	3		ALLERGENIC EX-HORSE EPITHELIUM INJECTION SOLUTION	3	
ALLERGEN EXT-RABBIT EPITHELIUM INJECTION SOLUTION	3		ALLERGENIC EXT, MIXED FEATHERS INJECTION SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLERGENIC EXT-DOG EPITHELIUM INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-COCOA PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-FOOD-SOYBEAN PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FOOD-CORN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-MITE, D FARINAE INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-CRAB PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-MIXED RAGWEED INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-EGG PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-MUCOR PLUMBEUS INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-OATS PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXT-PHOMA HERBARUM INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-ORANGE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-CURVULARIA INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-PEANUT PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-EGG WHITE PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FOOD-PECAN PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FIRE ANT INJECTION SOLUTION	3		ALLERGENIC EXTRACT-FOOD-PORK PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-ALMOND PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FOOD-RICE PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-APPLE PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FOOD-SHRIMP PERCUTANEOUS SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-BANANA PERCUTANEOUS SOLUTION	3		ALLERGENIC EXTRACT-FOOD-MOSQUITO INJECTION SOLUTION	3	
ALLERGENIC EXTRACT-FOOD-BEEF PERCUTANEOUS SOLUTION	3				
ALLERGENIC EXTRACT-FOOD-CASEIN PERCUTANEOUS SOLUTION	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ALLERGENIC EXTRACT-PISTACHIO PERCUTANEOUS SOLUTION	3		BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
ALLERGENIC EXTRACT-SESAME SEED PERCUTANEOUS SOLUTION	3		BEXSERO INTRAMUSCULAR SYRINGE	3	\$0
ALLERGENIC EXTRACT-STRAWBERRY PERCUTANEOUS SOLUTION	3		BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
ALLERGENIC EXT-RHIZOPUS ORYZAE INJECTION SOLUTION	3		BIVIGAM INTRAVENOUS SOLUTION	3	PA; QL; SP
ALLERGENIC XT-EPICOCCUM NIGRUM INJECTION SOLUTION	3		BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	\$0
ALLERGENIC XT-MOUSE EPITHELIUM INJECTION SOLUTION	3		BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	\$0
ALLERGEN-WEED-LAMBSQUARTERS INJECTION SOLUTION	3		candin intradermal allergen	1 or 1b*	
ALLERGN EXT-MOUNT.CEDAR POLLEN INJECTION SOLUTION	3		CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	3	PA; QL; SP
ALLERGN XT-RED MULBERRY POLLEN INJECTION SOLUTION	3		CAT HAIR STD ALLERGENIC EXT INJECTION SOLUTION	3	
ALLERGN XT-WHT MULBERRY POLLEN INJECTION SOLUTION	3		CROFAB INJECTION RECON SOLN	3	
ANASCORP INTRAVENOUS RECON SOLN	3		CRYSVITA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN	3		CUVITRU SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	3		CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	LD; SP
APLISOL INTRADERMAL SOLUTION	3		DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	\$0
ATGAM INTRAVENOUS SOLUTION	3	SP	ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	\$0
			ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	\$0
			ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	\$0

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET	3		FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA; QL; SP	FLUZONE QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUAD 2017-2018 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	2	\$0	FLUZONE QUAD 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0
FLUARIX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0	FLUZONE QUAD PEDI 2017-18 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUBLOK 2017-2018 (PF) INTRAMUSCULAR SOLUTION	2	\$0	GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	PA; QL; SP
FLUBLOK QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMMAGARD LIQUID INJECTION SOLUTION	3	PA; QL; SP
FLUCELVAX QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	3	PA; QL; SP
FLUCELVAX QUAD 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0	GAMMAKED INJECTION SOLUTION	3	PA; QL; SP
FLULALVAL QUAD 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	3	PA; QL; SP
FLULALVAL QUAD 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0	GAMMAPLEX INTRAVENOUS SOLUTION	3	PA; QL; SP
FLUVIRIN 2017-2018 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GAMUNEX-C INJECTION SOLUTION	3	PA; QL; SP
FLUVIRIN 2017-2018 INTRAMUSCULAR SUSPENSION	2	\$0	GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	\$0
FLUZONE HIGH-DOSE 2017-18 (PF) INTRAMUSCULAR SYRINGE	2	\$0	GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	\$0
FLUZONE INTRADERM QUAD 2017-18 INTRADERMAL SYRINGE	2	\$0	GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
			GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	3	
			GRAFIX XC TOPICAL SHEET	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
GRASTEK SUBLINGUAL TABLET	3	PA; QL	INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	\$0
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	3	\$0	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	\$0
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0	IPOL INJECTION SUSPENSION	3	\$0
HEPAGAM B INJECTION SOLUTION	3	SP	IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION	3	\$0	KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	\$0
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	\$0	KINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
HIZENTRA SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP	MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	\$0
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	SP	MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	\$0
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	SP	MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	3	SP
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	3	SP	M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	\$0
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	3	SP	NABI-HB INTRAMUSCULAR SOLUTION	3	SP
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION	3	SP	OCTAGAM INTRAVENOUS SOLUTION	3	PA; QL; SP
HYPERRHO S/D INTRAMUSCULAR SYRINGE	3	SP	ODACTRA SUBLINGUAL TABLET	3	PA; QL
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	3		ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL; LD
HYQVIA SUBCUTANEOUS SOLUTION	3	PA; QL; SP	PALYNZIQ SUBCUTANEOUS SYRINGE	3	PA; QL
IMOgam RABIES-HT (PF) INTRAMUSCULAR SOLUTION	3	SP	PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3		PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	\$0
			PENTACEL (PF) INTRAMUSCULAR KIT	3	\$0

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	\$0	SPHERUSOL INTRADERMAL SOLUTION	3	
PNEUMOVAX 23 INJECTION SOLUTION	2	\$0	STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
PNEUMOVAX 23 INJECTION SYRINGE	2	\$0	STD GRASS POLLEN-SWEET VERNAL INJECTION SOLUTION	3	
PRE-PEN INTRADERMAL SOLUTION	3		STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	3	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	\$0	TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	\$0
PRIVIGEN INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	\$0
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0	TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	\$0
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	\$0	TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION	3	\$0
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3		THYMOGLOBULIN INTRAVENOUS RECON SOLN	3	SP
RAGWITEK SUBLINGUAL TABLET	3	PA; QL	TREE POLLEN-ARIZONA CYPRESS INJECTION SOLUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	\$0	TREE POLLEN-BALD CYPRESS INJECTION SOLUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	\$0	TREE POLLEN-BLACK WILLOW INJECTION SOLUTION	3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE	3	SP	TREE POLLEN-PRIVET INJECTION SOLUTION	3	
RHOPHYLAC INJECTION SYRINGE	3	SP	TREE POLLEN-SWEET GUM INJECTION SOLUTION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	\$0	TRUMENBA INTRAMUSCULAR SYRINGE	3	\$0
ROTATEQ VACCINE ORAL SOLUTION	3	\$0	TRUSKIN TOPICAL SHEET	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	\$0	TUBERSOL INTRADERMAL SOLUTION	3	

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Drug Name	Tier	Notes
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	\$0
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	\$0
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	\$0
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	\$0
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
WEED POLLEN-SHORT RAGWEED INJECTION SOLUTION	3	
WEED POLLEN-TRUE MARSH ELDER INJECTION SOLUTION	3	
WINRHO SDF INJECTION SOLUTION	3	SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZINPLAVA INTRAVENOUS SOLUTION	3	PA; QL
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	\$0
BLOOD		
ACTIVASE INTRAVENOUS RECON SOLN	3	

Drug Name	Tier	Notes
ADVATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
ADYNOVATE INTRAVENOUS SOLUTION	3	PA; QL; SP
AFSTYLA INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
albumin, human 25 % intravenous parenteral solution	1 or 1b*	
albumin, human 5 % intravenous parenteral solution	1 or 1b*	
albuminar 25 % intravenous parenteral solution	1 or 1b*	
albuminar 5 % intravenous parenteral solution	1 or 1b*	
alburx (human) 25 % intravenous parenteral solution	1 or 1b*	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
albutein 25 % intravenous parenteral solution	1 or 1b*	
albutein 5 % intravenous parenteral solution	1 or 1b*	
ALPHANATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
ALPHANINE SD INTRAVENOUS RECON SOLN	3	PA; QL; SP
ALPROLIX INTRAVENOUS RECON SOLN	3	PA; QL; SP
AMICAR ORAL SOLUTION	3	
AMICAR ORAL TABLET	3	
aminocaproic acid intravenous solution	1 or 1b*	

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

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Drug Name	Tier	Notes
ANDEXXA INTRAVENOUS RECON SOLN	3	PA; QL
ASTRINGYN TOPICAL SOLUTION	3	
AVITENE FLOUR TOPICAL POWDER	3	
AVITENE TOPICAL POWDER IN PACKET	3	
AVITENE TOPICAL SHEET	3	
BEBULIN INTRAVENOUS RECON SOLN	3	PA; QL; SP
BENEFIX INTRAVENOUS RECON SOLN	3	PA; QL; SP
buminate 25 % intravenous parenteral solution	1 or 1b*	
buminate 5 % intravenous parenteral solution	1 or 1b*	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN	3	
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	LD; SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	LD; SP
COAGADEX INTRAVENOUS RECON SOLN	3	PA; QL; LD
CORIFACT INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
DEFITELIO INTRAVENOUS SOLUTION	3	
DROXIA ORAL CAPSULE	2	
ELOCATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
ENDARI ORAL POWDER IN PACKET	3	PA; QL
ENDO AVITENE TOPICAL SHEET	3	

Drug Name	Tier	Notes
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	3	
FEIBA NF INTRAVENOUS RECON SOLN	3	PA; QL; SP
FIBRYGA INTRAVENOUS RECON SOLN	3	PA; QL
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE	3	
GELFOAM JMI POWDER TOPICAL KIT	3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK	3	
GELFOAM MUCOUS MEMBRANE POWDER	3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE	3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE	3	
GELFOAM TOPICAL SPONGE	3	
HELIXATE FS INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
HEMLIBRA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN	3	PA; QL; SP

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Drug Name	Tier	Notes
HEMOFIL M LOW INTRAVENOUS RECON SOLN	3	PA; QL; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN	3	PA; QL; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN	3	PA; QL; SP
HESSPAN 6 % IN NS INTRAVENOUS SOLUTION	3	
hetastarch 6 % in 0.9 % nacl intravenous solution	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION	3	
HUMATE-P INTRAVENOUS RECON SOLN	3	PA; QL; SP
IDELVION INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
IXINITY INTRAVENOUS RECON SOLN	3	PA; QL; SP
KCENTRA INTRAVENOUS RECON SOLN	3	
KEDBUMIN INTRAVENOUS PARENTERAL SOLUTION	3	
KOATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
KOGENATE FS INTRAVENOUS RECON SOLN	3	PA; QL; SP
KOVALTRY INTRAVENOUS RECON SOLN	3	PA; QL; SP
lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution	1 or 1b*	
lmd 10 % in 5 % dextrose intravenous parenteral solution	1 or 1b*	
LYSTEDA ORAL TABLET	3	
MONOCLATE-P INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP

Drug Name	Tier	Notes
MONONINE INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
MONSEL'S TOPICAL SOLUTION	3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR	3	
NOVOEIGHT INTRAVENOUS RECON SOLN	3	PA; QL; SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN	3	PA; QL; SP
NUWIQ INTRAVENOUS RECON SOLN	3	PA; QL; SP
OBIZUR INTRAVENOUS RECON SOLN	3	PA; QL
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
pentoxifylline oral tablet extended release	1 or 1b*	
plasbumin 25 % intravenous parenteral solution	1 or 1b*	
plasbumin 5 % intravenous parenteral solution	1 or 1b*	
plasmanate intravenous parenteral solution	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION	3	
PROFILNINE INTRAVENOUS RECON SOLN	3	PA; QL; SP
protamine intravenous solution	1 or 1b*	

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Drug Name	Tier	Notes
RAPLIXA TOPICAL POWDER	3	
REBINYN INTRAVENOUS RECON SOLN	3	PA; QL; SP
RECOMBINATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
RECOTHROM SPRAY KIT TOPICAL RECON SOLN	3	
RECOTHROM TOPICAL RECON SOLN	3	
RETAVASE INTRAVENOUS KIT 10 UNIT	3	
RIASTAP INTRAVENOUS RECON SOLN	3	PA; QL
RIXUBIS INTRAVENOUS RECON SOLN	3	PA; QL; SP
SOLIRIS INTRAVENOUS SOLUTION	3	PA; QL; SP
SYRINGE AVITENE TOPICAL POWDER	3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED	3	
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBI-GEL TOPICAL PADS, MEDICATED	3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL RECON SOLN	3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE	3	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL	3	
THROMBI-PAD TOPICAL PADS, MEDICATED	3	
TNKASE INTRAVENOUS KIT	3	
tranexamic acid intravenous solution	1 or 1b*	

Drug Name	Tier	Notes
tranexamic acid oral tablet	1 or 1b*	
TRETEN INTRAVENOUS RECON SOLN	3	PA; QL; SP
ULTRAFOAM TOPICAL SPONGE	3	
VOLUVEN 6 % INTRAVENOUS SOLUTION	3	
VONVENDI INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
WILATE INTRAVENOUS RECON SOLN	3	PA; QL; SP
XYNTHA INTRAVENOUS SOLUTION	3	PA; QL; SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE	3	PA; QL; SP
CARDIAC DRUGS		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG	3	DO
ADALAT CC ORAL TABLET EXTENDED RELEASE 60 MG, 90 MG	3	
ADENOCARD INTRAVENOUS SYRINGE	3	
adenosine intravenous solution	1 or 1b*	
adenosine intravenous syringe	1 or 1b*	
afeditab cr oral tablet extended release 30 mg	1 or 1b*	DO
afeditab cr oral tablet extended release 60 mg	1 or 1b*	
AMIODARONE IN DEXTROSE 5 % INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 450 MG/250 ML (1.8 MG/ML), 750 MG/500 ML (1.5 MG/ML), 900 MG/500 ML (1.8 MG/ML)	3	
amiodarone intravenous solution	1 or 1b*	
amiodarone intravenous syringe	1 or 1b*	

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

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Drug Name	Tier	Notes
amiodarone oral tablet	1 or 1b*	
amlodipine oral tablet 10 mg	1 or 1b*	
amlodipine oral tablet 2.5 mg, 5 mg	1 or 1b*	DO
CALAN ORAL TABLET	3	
CALAN SR ORAL TABLET EXTENDED RELEASE	3	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDENE IV INTRAVENOUS SOLUTION	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG	3	DO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
cartia xt oral capsule,extended release 24hr 240 mg, 300 mg	1 or 1b*	
CLEVIPREX INTRAVENOUS EMULSION	3	
CORLANOR ORAL TABLET	2	PA; QL

Drug Name	Tier	Notes
CORVERT INTRAVENOUS SOLUTION	3	
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin injection syringe	1 or 1b*	
digoxin oral solution 50 mcg/ml	1 or 1b*	
digoxin oral tablet	1 or 1b*	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	2	
DILTIAZEM HCL IN 0.9% NACL INTRAVENOUS SOLUTION	3	
diltiazem hcl intravenous recon soln	1 or 1b*	
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 12 hr	1 or 1b*	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 mg	1 or 1b*	
diltiazem hcl oral tablet	1 or 1b*	
diltiazem hcl oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
DILTIAZEM IN DEXTROSE 5 % INTRAVENOUS SOLUTION	3		LANOXIN PEDIATRIC INJECTION SOLUTION	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg	1 or 1b*	DO	lidocaine (pf) intravenous solution	1 or 1b*	
dilt-xr oral capsule,ext.rel 24h degradable 240 mg	1 or 1b*		lidocaine (pf) intravenous syringe	1 or 1b*	
disopyramide phosphate oral capsule	1 or 1b*		LIDOCAINE IN 5 % DEXTROSE (PF) INTRAVENOUS PARENTERAL SOLUTION 4 MG/ML (0.4 %)	3	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	1 or 1b*		lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)	1 or 1b*	
dobutamine intravenous solution	1 or 1b*		lidocaine in nacl,iso-osmo(pf) injection syringe	1 or 1b*	
dofetilide oral capsule	1 or 1b*		matzim la oral tablet extended release 24 hr 180 mg	1 or 1b*	DO
felodipine oral tablet extended release 24 hr 10 mg	1 or 1b*		matzim la oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	
felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg	1 or 1b*	DO	mexiletine oral capsule	1 or 1b*	
flecainide oral tablet	1 or 1b*		milrinone in 5 % dextrose intravenous piggyback	1 or 1b*	
GONITRO SUBLINGUAL POWDER IN PACKET	3		milrinone intravenous solution	1 or 1b*	
ibutilide fumarate intravenous solution	1 or 1b*		MINITRAN TRANSDERMAL PATCH 24 HOUR	3	
ISOCHRON ORAL TABLET EXTENDED RELEASE	3		MULTAQ ORAL TABLET	3	
ISORDIL ORAL TABLET	2		NEXTERONE INTRAVENOUS SOLUTION	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3		NICARDIPINE IN 0.9 % NAACL INTRAVENOUS SOLUTION	3	
isosorbide dinitrate oral tablet	1 or 1b*		NICARDIPINE IN 0.9 % NAACL INTRAVENOUS SYRINGE 1 MG/10 ML	3	
isosorbide dinitrate oral tablet extended release	1 or 1b*		NICARDIPINE IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
isosorbide mononitrate oral tablet	1 or 1b*		nicardipine intravenous solution	1 or 1b*	
isosorbide mononitrate oral tablet extended release 24 hr	1 or 1b*		nicardipine oral capsule	1 or 1b*	
isradipine oral capsule	1 or 1b*		nifedipine oral capsule	1 or 1b*	
LANOXIN INJECTION SOLUTION	3				
LANOXIN ORAL TABLET	2				

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

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Drug Name	Tier	Notes
nifedipine oral tablet extended release 24hr 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 24hr 60 mg, 90 mg	1 or 1b*	
nifedipine oral tablet extended release 30 mg	1 or 1b*	DO
nifedipine oral tablet extended release 60 mg, 90 mg	1 or 1b*	
nimodipine oral capsule	1 or 1b*	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	
nitro-bid transdermal ointment	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin in 5 % dextrose intravenous solution	1 or 1b*	
nitroglycerin intravenous solution	1 or 1b*	
nitroglycerin oral capsule, extended release	1 or 1b*	
nitroglycerin sublingual tablet	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual spray,non-aerosol	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	
NITROSTAT SUBLINGUAL TABLET	3	
nitro-time oral capsule, extended release	1 or 1b*	

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

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

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Drug Name	Tier	Notes
taztia xt oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg	1 or 1b*	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG	3	DO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 240 MG, 300 MG, 360 MG, 420 MG	3	
TIKOSYN ORAL CAPSULE	3	
verapamil intravenous solution	1 or 1b*	
verapamil intravenous syringe	1 or 1b*	
verapamil oral capsule, 24 hr er pellet ct 100 mg	1 or 1b*	DO
verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg	1 or 1b*	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg	1 or 1b*	DO
verapamil oral capsule,ext rel. pellets 24 hr 240 mg, 360 mg	1 or 1b*	
verapamil oral tablet	1 or 1b*	
verapamil oral tablet extended release	1 or 1b*	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG	3	DO
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 240 MG, 360 MG	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG	3	DO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG, 300 MG	3	
XYLOCAINE (CARDIAC) (PF) INTRAVENOUS SOLUTION	3	
CARDIOVASCULAR		
ACCUPRIL ORAL TABLET	3	

Drug Name	Tier	Notes
ACCURETIC ORAL TABLET	3	
acebutolol oral capsule	1 or 1b*	
ADCIRCA ORAL TABLET	3	PA; QL; SP
ADEMPAS ORAL TABLET	3	PA; QL; LD; SP
AKOVAZ INTRAVENOUS SOLUTION	3	
alprostadil injection solution	1 or 1b*	
ALTACE ORAL CAPSULE	3	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG	3	ST; DO; QL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 60 MG	3	ST; QL
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	DO
amlodipine-benazepril oral capsule	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	DO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	
amlodipine-valsartan oral tablet 5-160 mg	1 or 1b*	DO
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	1 or 1b*	DO
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST; CE; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ASCLERA INTRAVENOUS SOLUTION	3		bisoprolol fumarate oral tablet	1 or 1b*	
ATACAND HCT ORAL TABLET	3		bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	
ATACAND ORAL TABLET	3		BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
atenolol oral tablet	1 or 1a*		BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
atenolol-chlorthalidone oral tablet	1 or 1b*		BYSTOLIC ORAL TABLET	3	
atorvastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0	BYVALSON ORAL TABLET	3	
atorvastatin oral tablet 40 mg	1 or 1b*	DO	CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG	3	
atorvastatin oral tablet 80 mg	1 or 1b*		CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG	3	DO
ATROOPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	3		candesartan oral tablet	1 or 1b*	
AVALIDE ORAL TABLET	3		candesartan-hydrochlorothiazide oral tablet	1 or 1b*	
AVAPRO ORAL TABLET 150 MG, 75 MG	3	DO	captopril oral tablet	1 or 1b*	
AVAPRO ORAL TABLET 300 MG	3		captopril-hydrochlorothiazide oral tablet	1 or 1b*	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG	3		CARDURA ORAL TABLET	3	
AZOR ORAL TABLET 5-20 MG	3	DO	CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	
benazepril oral tablet	1 or 1a*		carvedilol oral tablet	1 or 1b*	
benazepril-hydrochlorothiazide oral tablet	1 or 1b*		carvedilol phosphate oral capsule, er multiphase 24 hr	1 or 1b*	
BENICAR HCT ORAL TABLET 20-12.5 MG	3	DO	CATAPRES ORAL TABLET	3	
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3		CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
BENICAR ORAL TABLET 20 MG	3	DO	CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
BENICAR ORAL TABLET 40 MG, 5 MG	3		CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	
BETAPACE AF ORAL TABLET	3				
BETAPACE ORAL TABLET	3				
betaxolol oral tablet	1 or 1b*				
BIDIL ORAL TABLET	2				

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

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Drug Name	Tier	Notes
cholestyramine (with sugar) oral powder	1 or 1b*	
cholestyramine (with sugar) oral powder in packet	1 or 1b*	
cholestyramine light oral powder	1 or 1b*	
cholestyramine light oral powder in packet	1 or 1b*	
clonidine hcl oral tablet	1 or 1a*	
clonidine transdermal patch weekly	1 or 1b*	
clorpres oral tablet 0.1-15 mg, 0.2-15 mg	1 or 1b*	
CLORPRES ORAL TABLET 0.3-15 MG	3	
colesevelam oral tablet	1 or 1b*	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	3	
COLESTID ORAL PACKET	3	
COLESTID ORAL TABLET	3	
colestipol oral granules	1 or 1b*	
colestipol oral packet	1 or 1b*	
colestipol oral tablet	1 or 1b*	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	
COREG ORAL TABLET	3	
CORGARD ORAL TABLET	3	
CORLOPAM INTRAVENOUS SOLUTION	3	
CORZIDE ORAL TABLET	3	
COZAAR ORAL TABLET	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; DO; QL
CRESTOR ORAL TABLET 40 MG	3	ST; QL
DEMSER ORAL CAPSULE	3	

Drug Name	Tier	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG	3	
DIOVAN ORAL TABLET	3	
doxazosin oral tablet	1 or 1b*	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR	3	
EDARBI ORAL TABLET 40 MG	3	DO
EDARBI ORAL TABLET 80 MG	3	
EDARBYCLOR ORAL TABLET	3	
enalapril maleate oral tablet	1 or 1b*	
enalaprilat intravenous solution	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	
ENTRESTO ORAL TABLET	3	PA; QL
EPANED ORAL SOLUTION	3	
ephedrine sulfate injection solution	1 or 1b*	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE-0.9%NaCl(PF) INTRAVENOUS SYRINGE	3	
epoprostenol (glycine) intravenous recon soln	1 or 1b*	PA; QL; LD; SP
eprosartan oral tablet	1 or 1b*	
ergoloid oral tablet	1 or 1b*	
ESMOLOL IN STERILE WATER INTRAVENOUS PARENTERAL SOLUTION	3	
esmolol intravenous solution	1 or 1b*	
esmolol intravenous syringe	1 or 1b*	
ETHAMOLIN INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG	3	
EXFORGE HCT ORAL TABLET 5-160-12.5 MG	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG	3	
EXFORGE ORAL TABLET 5-160 MG	3	DO
ezetimibe oral tablet	1 or 1b*	ST; QL
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL
fenofibrate micronized oral capsule	1 or 1b*	
fenofibrate nanocrystallized oral tablet	1 or 1b*	
FENOFIBRATE ORAL CAPSULE	3	ST; CE; QL
fenofibrate oral tablet 120 mg, 40 mg	1 or 1b*	ST; QL
fenofibrate oral tablet 160 mg, 54 mg	1 or 1b*	
fenofibric acid (choline) oral capsule,delayed release(dr/ec)	1 or 1b*	
fenofibric acid oral tablet	1 or 1b*	
FENOGLIDE ORAL TABLET	3	ST; CE; QL
FIBRICOR ORAL TABLET	3	ST; CE; QL
FLOLAN INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
FLOLIPID ORAL SUSPENSION	3	ST; QL
fluvastatin oral capsule	1 or 1b*	DO; \$0
fluvastatin oral tablet extended release 24 hr	1 or 1b*	\$0
fosinopril oral tablet	1 or 1b*	
fosinopril-hydrochlorothiazide oral tablet	1 or 1b*	
gemfibrozil oral tablet	1 or 1b*	
guanfacine oral tablet	1 or 1b*	
HEMANGEOL ORAL SOLUTION	3	
hydralazine injection solution	1 or 1b*	
hydralazine oral tablet	1 or 1b*	

Drug Name	Tier	Notes
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	
HYZAAR ORAL TABLET 50-12.5 MG	3	DO
ibuprofen lysine (pf) intravenous solution	1 or 1b*	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
indomethacin sodium intravenous recon soln	1 or 1b*	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	
irbesartan-hydrochlorothiazide oral tablet	1 or 1b*	
isoxsuprine oral tablet	1 or 1b*	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; DO; QL; LD; SP
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	3	PA; QL; LD; SP
KYNAMRO SUBCUTANEOUS SYRINGE	3	PA; QL; LD; SP
labetalol intravenous solution	1 or 1b*	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)	1 or 1b*	
LABETALOL INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML)	3	
labetalol oral tablet	1 or 1b*	
LESCOL ORAL CAPSULE	3	ST; DO; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
LETAIRIS ORAL TABLET	3	PA; QL; LD; SP
LEVATOL ORAL TABLET	3	

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

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Drug Name	Tier	Notes
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; DO; CE; QL
LIPITOR ORAL TABLET 80 MG	3	ST; CE; QL
LIPOCHOL PLUS ORAL TABLET	3	
LIPOFEN ORAL CAPSULE	3	ST; CE; QL
lisinopril oral tablet	1 or 1a*	
lisinopril-hydrochlorothiazide oral tablet	1 or 1b*	
LIVALO ORAL TABLET 1 MG, 2 MG	3	ST; DO; QL
LIVALO ORAL TABLET 4 MG	3	ST; QL
LOPID ORAL TABLET	3	ST; CE; QL
LOPRESSOR HCT ORAL TABLET	3	
LOPRESSOR INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL TABLET	3	
losartan oral tablet	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1 or 1b*	DO
LOTENSIN HCT ORAL TABLET	3	
LOTENSIN ORAL TABLET 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG	3	
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
lovastatin oral tablet 40 mg	1 or 1b*	\$0
methyldopa oral tablet	1 or 1b*	
methyldopa-hydrochlorothiazide oral tablet	1 or 1b*	
methyldopate intravenous solution	1 or 1b*	
metoprolol succinate oral tablet extended release 24 hr	1 or 1b*	

Drug Name	Tier	Notes
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
metoprolol ta-hydrochlorothiaz oral tablet	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous syringe	1 or 1a*	
metoprolol tartrate oral tablet	1 or 1a*	
MICARDIS HCT ORAL TABLET 40-12.5 MG	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG	3	
MICARDIS ORAL TABLET 20 MG, 40 MG	3	DO
MICARDIS ORAL TABLET 80 MG	3	
MINIPRESS ORAL CAPSULE	3	
minoxidil oral tablet	1 or 1b*	
moexipril oral tablet	1 or 1b*	
moexipril-hydrochlorothiazide oral tablet	1 or 1b*	
nadolol oral tablet	1 or 1b*	
nadolol-bendroflumethiazide oral tablet	1 or 1b*	
NATRECOR INTRAVENOUS RECON SOLN	3	
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
niacin oral tablet extended release 24 hr	1 or 1b*	PA; QL
NIACOR ORAL TABLET	3	PA; QL
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; CE; QL
NIPRIDE RTU INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
NITROPRESS INTRAVENOUS SOLUTION	3		PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SYRINGE 0.4 MG/10 ML (40 MCG/ML), 0.5 MG/10 ML (50 MCG/ML), 0.5 MG/5 ML (100 MCG/ML), 0.8 MG/10 ML (80 MCG/ML), 1 MG/10 ML (100 MCG/ML), 100 MCG/10 ML (10 MCG/ML), 20 MG/50 ML (400 MCG/ML), 200 MCG/2 ML (100 MCG/ML), 200 MCG/5 ML (40 MCG/ML), 5 MG/50 ML (100 MCG/ML)	3	
olmesartan oral tablet 20 mg	1 or 1b*	DO	PHENYLEPHRINE HCL IN D5W INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 100 MG/250 ML (400 MCG/ML), 20 MG/500 ML (40 MCG/ML), 200 MG/250 ML (800 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML), 8 MG/100 ML (80 MCG/ML)	3	
olmesartan oral tablet 40 mg, 5 mg	1 or 1b*		phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml)	1 or 1b*	
olmesartan-amlodipin- hcthiazid oral tablet 20-5- 12.5 mg	1 or 1b*	DO	phenylephrine hcl injection solution	1 or 1b*	
olmesartan-amlodipin- hcthiazid oral tablet 40-10- 12.5 mg, 40-10-25 mg, 40-5- 12.5 mg, 40-5-25 mg	1 or 1b*		pindolol oral tablet	1 or 1b*	
olmesartan- hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	DO	PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
olmesartan- hydrochlorothiazide oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*		PRAVACHOL ORAL TABLET 20 MG	3	ST; DO; QL
OPSUMIT ORAL TABLET	3	PA; QL; LD; SP	PRAVACHOL ORAL TABLET 40 MG, 80 MG	3	ST; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; QL; LD; SP	pravastatin oral tablet 10 mg, 20 mg	1 or 1b*	DO; \$0
papaverine injection solution	1 or 1b*		pravastatin oral tablet 40 mg, 80 mg	1 or 1b*	\$0
perindopril erbumine oral tablet	1 or 1b*		prazosin oral capsule	1 or 1b*	
PHENYLEPHRINE HCL IN 0.9% NACL INTRAVENOUS SOLUTION 10 MG/250 ML (40 MCG/ML), 100 MG/100 ML (1 MG/ML), 100 MG/250 ML (400 MCG/ML), 20 MG/250 ML (80 MCG/ML), 200 MG/250 ML (800 MCG/ML), 25 MG/250 ML (100 MCG/ML), 30 MG/250 ML (120 MCG/ML), 40 MG/250 ML (160 MCG/ML), 50 MG/250 ML (200 MCG/ML)	3		PRESTALIA ORAL TABLET 14-10 MG	3	
phenylephrine hcl in 0.9% nacl intravenous solution 80 mg/250 ml (320 mcg/ml)	1 or 1b*				

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

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Drug Name	Tier	Notes
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG	3	DO
prevalite oral powder	1 or 1b*	
prevalite oral powder in packet	1 or 1b*	
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG	3	
propranolol intravenous solution	1 or 1b*	
propranolol oral capsule,extended release 24 hr	1 or 1b*	
propranolol oral solution	1 or 1b*	
propranolol oral tablet	1 or 1b*	
propranolol-hydrochlorothiazide oral tablet	1 or 1b*	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
QBRELIS ORAL SOLUTION	3	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL POWDER	3	
QUESTRAN ORAL POWDER IN PACKET	3	
quinapril oral tablet	1 or 1b*	
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	
ramipril oral capsule	1 or 1b*	
REMODULIN INJECTION SOLUTION	3	PA; QL; LD; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL; SP
REVATIO INTRAVENOUS SOLUTION	3	PA; QL; SP

Drug Name	Tier	Notes
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL; SP
REVATIO ORAL TABLET	3	PA; QL; SP
rosuvastatin oral tablet 10 mg, 5 mg	1 or 1b*	DO; \$0
rosuvastatin oral tablet 20 mg	1 or 1b*	DO
rosuvastatin oral tablet 40 mg	1 or 1b*	
sildenafil (antihypertensive) intravenous solution	1 or 1b*	PA; QL; SP
sildenafil (antihypertensive) oral tablet	1 or 1b*	PA; QL; SP
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*	DO; \$0
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL
sodium nitroprusside intravenous solution	1 or 1b*	
sorine oral tablet	1 or 1b*	
sotalol af oral tablet	1 or 1b*	
SOTALOL INTRAVENOUS SOLUTION	3	
sotalol oral tablet	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION	3	
SOTYLIZE ORAL SOLUTION	3	
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	
TEKturna HCT Oral TABLET 150-12.5 MG	3	DO
TEKturna HCT Oral TABLET 150-25 MG, 300-12.5 MG, 300-25 MG	3	
TEKturna Oral TABLET 150 MG	3	DO
TEKturna Oral TABLET 300 MG	3	
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	

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

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Drug Name	Tier	Notes
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg	1 or 1b*	DO
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg, 80-25 mg	1 or 1b*	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
TENORMIN ORAL TABLET	3	
terazosin oral capsule	1 or 1b*	
timolol maleate oral tablet	1 or 1b*	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	
TRACLEER ORAL TABLET	3	PA; QL; SP
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; QL; SP
trandolapril oral tablet	1 or 1b*	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg	1 or 1b*	DO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	1 or 1b*	
TRIBENZOR ORAL TABLET 20-5-12.5 MG	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	
TRICOR ORAL TABLET	3	ST; CE; QL
TRIGLIDE ORAL TABLET 160 MG	3	ST; CE; QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; CE; QL
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG	3	
TWYNSTA ORAL TABLET 40-5 MG	3	DO

Drug Name	Tier	Notes
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
UPTRAVI ORAL TABLET	3	PA; QL; LD; SP
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; QL; LD; SP
valsartan oral tablet	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	DO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	
VARITHENA INTRAVENOUS FOAM	3	
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
VAZCULEP INJECTION SOLUTION	3	
VECAMYL ORAL TABLET	3	
veletri intravenous recon soln	1 or 1b*	PA; QL; LD; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	3	PA; QL; LD; SP
VYTORIN 10-10 ORAL TABLET	3	ST; QL
VYTORIN 10-20 ORAL TABLET	3	ST; QL
VYTORIN 10-40 ORAL TABLET	3	ST; QL

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

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Drug Name	Tier	Notes
VYTORIN 10-80 ORAL TABLET	3	ST; QL
WELCHOL ORAL POWDER IN PACKET	2	
WELCHOL ORAL TABLET	2	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
ZETIA ORAL TABLET	3	ST; QL
ZIAC ORAL TABLET	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; DO; QL
ZOCOR ORAL TABLET 80 MG	3	ST; QL
ZYPITAMAG ORAL TABLET	3	ST; QL
CNS DRUGS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL; SP
APTIOM ORAL TABLET	3	
AUBAGIO ORAL TABLET	3	PA; QL; SP
AUSTEDO ORAL TABLET	3	PA; QL; LD; SP
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT	3	PA; QL; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	3	PA; QL; SP
AVONEX INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BETASERON SUBCUTANEOUS KIT	3	PA; QL; SP
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	

Drug Name	Tier	Notes
CAF CIT INTRAVENOUS SOLUTION	3	
caffeine citrate intravenous solution	1 or 1b*	
caffeine citrate oral solution	1 or 1b*	
caffeine-sodium benzoate injection solution	1 or 1b*	
carbamazepine oral capsule, er multiphase 12 hr	1 or 1b*	
carbamazepine oral suspension 100 mg/5 ml	1 or 1b*	
carbamazepine oral tablet	1 or 1b*	
carbamazepine oral tablet extended release 12 hr	1 or 1b*	
carbamazepine oral tablet, chewable	1 or 1b*	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	2	
CELONTIN ORAL CAPSULE 300 MG	3	
CEREBYX INJECTION SOLUTION	3	
clonazepam oral tablet	1 or 1b*	
clonazepam oral tablet,disintegrating	1 or 1b*	
COPAXONE SUBCUTANEOUS SYRINGE	3	PA; QL; SP
DEHYDRATED ALCOHOL INJECTION SOLUTION	3	
DEPACON INTRAVENOUS SOLUTION	2	
DEPAKENE ORAL CAPSULE	2	
DEPAKENE ORAL SOLUTION	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	2	

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

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Drug Name	Tier	Notes
DIASTAT ACUDIAL RECTAL KIT	2	
DIASTAT RECTAL KIT	2	
diazepam rectal kit	1 or 1b*	
DILANTIN EXTENDED ORAL CAPSULE	2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE	2	
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	2	
divalproex oral capsule, delayed rel sprinkle	1 or 1b*	
divalproex oral tablet extended release 24 hr	1 or 1b*	
divalproex oral tablet,delayed release (dr/ec)	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION	3	
doxapram intravenous solution	1 or 1b*	
epitol oral tablet	1 or 1b*	
ethanol (ethyl alcohol) injection solution	1 or 1b*	
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
felbamate oral suspension	1 or 1b*	
felbamate oral tablet	1 or 1b*	
FELBATOL ORAL SUSPENSION	2	
FELBATOL ORAL TABLET	2	
fosphenytoin injection solution	1 or 1b*	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
gabapentin oral capsule	1 or 1b*	
gabapentin oral solution	1 or 1b*	
gabapentin oral tablet 600 mg, 800 mg	1 or 1b*	
GABITRIL ORAL TABLET	2	

Drug Name	Tier	Notes
GILENYA ORAL CAPSULE 0.5 MG	3	PA; QL; SP
glatiramer subcutaneous syringe	3	PA; QL; CTT1; SP
glatopa subcutaneous syringe	3	PA; QL; CTT1; SP
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; DO; QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; QL
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA ORAL CAPSULE 40 MG	3	PA; DO; QL; LD
INGREZZA ORAL CAPSULE 80 MG	3	PA; QL; LD
KEPPRA INTRAVENOUS SOLUTION	2	
KEPPRA ORAL SOLUTION	2	
KEPPRA ORAL TABLET	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	2	
KLONOPIN ORAL TABLET	3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATI NG	2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	2	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
LAMICTAL ORAL TABLET	2		levetiracetam oral tablet	1 or 1b*	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2		levetiracetam oral tablet extended release 24 hr	1 or 1b*	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3		LYRICA ORAL CAPSULE	3	PA; QL
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3		LYRICA ORAL SOLUTION	3	PA; QL
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3		memantine oral capsule,sprinkle,er 24hr	1 or 1b*	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3		memantine oral solution	1 or 1b*	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3		memantine oral tablet	1 or 1b*	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3		MEMANTINE ORAL TABLETS,DOSE PACK	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3		MYSOLINE ORAL TABLET	3	
lamotrigine oral tablet	1 or 1b*		NAMENDA ORAL TABLET	3	
lamotrigine oral tablet disintegrating, dose pk	1 or 1b*		NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	2	
lamotrigine oral tablet extended release 24hr	1 or 1b*		NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
lamotrigine oral tablet, chewable dispersible	1 or 1b*		NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	
lamotrigine oral tablet,disintegrating	1 or 1b*		NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	
lamotrigine oral tablets,dose pack	1 or 1b*		NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	
LEMTRADA INTRAVENOUS SOLUTION	3	PA; QL; SP	NEURONTIN ORAL CAPSULE	3	
levetiracetam in nacl (iso-os) intravenous piggyback	1 or 1b*		NEURONTIN ORAL SOLUTION	3	
levetiracetam intravenous solution	1 or 1b*		NEURONTIN ORAL TABLET	3	
levetiracetam oral solution	1 or 1b*		NUEDEXTA ORAL CAPSULE	3	PA; QL
			ONFI ORAL SUSPENSION	3	
			ONFI ORAL TABLET 10 MG, 20 MG	3	
			oxcarbazepine oral suspension	1 or 1b*	
			oxcarbazepine oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
PEGANONE ORAL TABLET	3	
PHENYTEK ORAL CAPSULE	2	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet, chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium intravenous solution	1 or 1b*	
phenytoin sodium intravenous syringe	1 or 1b*	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
PLEGRIDY SUBCUTANEOUS SYRINGE	3	PA; QL; SP
primidone oral tablet	1 or 1b*	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; QL
RILUTEK ORAL TABLET	3	SP
riluzole oral tablet	1 or 1b*	SP
roweepra oral tablet	1 or 1b*	
roweepra xr oral tablet extended release 24 hr	1 or 1b*	
SABRIL ORAL POWDER IN PACKET	3	LD; SP
SABRIL ORAL TABLET	3	LD; SP
SPRITAM ORAL TABLET FOR SUSPENSION	3	
subvenite oral tablet	1 or 1b*	
subvenite starter (blue) kit oral tablets, dose pack	1 or 1b*	
subvenite starter (green) kit oral tablets, dose pack	1 or 1b*	
subvenite starter (orange) kit oral tablets, dose pack	1 or 1b*	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; QL; SP

Drug Name	Tier	Notes
TEGRETOL ORAL SUSPENSION	2	
TEGRETOL ORAL TABLET	2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	2	
tetrabenazine oral tablet	1 or 1b*	PA; QL; LD; SP
tiagabine oral tablet	1 or 1b*	
TOPAMAX ORAL CAPSULE, SPRINKLE	2	
TOPAMAX ORAL TABLET	2	
topiramate oral capsule, sprinkle	1 or 1b*	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST; QL
topiramate oral tablet	1 or 1b*	
TRILEPTAL ORAL SUSPENSION	2	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
valproate sodium intravenous solution	1 or 1b*	
valproic acid (as sodium salt) oral solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	
vigabatrin oral powder in packet	1 or 1b*	LD; SP
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XENAZINE ORAL TABLET	3	PA; QL; LD; SP
ZARONTIN ORAL CAPSULE	2	
ZARONTIN ORAL SOLUTION	2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
zonisamide oral capsule	1 or 1b*	

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

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Drug Name	Tier	Notes
COLONY STIMULATING FACTORS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION	3	PA; QL; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; QL; SP
DOPTELET ORAL TABLET	3	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL; SP
GRANIX SUBCUTANEOUS SYRINGE	3	PA; QL; SP
LEUKINE INJECTION RECON SOLN	3	PA; QL; SP
MIRCERA INJECTION SYRINGE	3	PA; QL
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; QL; SP
NEUPOGEN INJECTION SOLUTION	3	PA; QL; SP
NEUPOGEN INJECTION SYRINGE	3	PA; QL; SP
NPLATE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
PROCRIIT INJECTION SOLUTION	3	PA; QL; SP
PROMACTA ORAL TABLET	3	PA; QL; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	
ZARXIO INJECTION SYRINGE	3	PA; QL; SP

Drug Name	Tier	Notes
CONTRACEPTIVES		
altavera (28) oral tablet	1 or 1a*	PA; QL; \$0
alyacen 1/35 (28) oral tablet	1 or 1a*	PA; QL; \$0
alyacen 7/7/7 (28) oral tablet	1 or 1a*	PA; QL; \$0
amethia lo oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
amethia oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
amethyst oral tablet	1 or 1b*	PA; QL; \$0
apri oral tablet	1 or 1a*	PA; QL; \$0
aranelle (28) oral tablet	1 or 1a*	PA; QL; \$0
ashlyna oral tablets,dose pack,3 month	1 or 1b*	\$0
aubra oral tablet	1 or 1a*	PA; QL; \$0
aviane oral tablet	1 or 1a*	PA; QL; \$0
azurette (28) oral tablet	1 or 1b*	PA; QL; \$0
BALCOLTRA ORAL TABLET	3	\$0
balziva (28) oral tablet	1 or 1a*	PA; QL; \$0
bekyree (28) oral tablet	1 or 1b*	PA; QL; \$0
BEYAZ ORAL TABLET	3	PA; QL
blisovi 24 fe oral tablet	1 or 1a*	PA; QL; \$0
blisovi fe 1.5/30 (28) oral tablet	1 or 1a*	\$0
blisovi fe 1/20 (28) oral tablet	1 or 1a*	PA; QL; \$0
BREVICON (28) ORAL TABLET	3	PA; QL
briellyn oral tablet	1 or 1a*	PA; QL; \$0
camila oral tablet	1 or 1b*	PA; QL; \$0
camrese lo oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
camrese oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
CAYA CONTOURED VAGINAL DIAPHRAGM	2	\$0
caziant (28) oral tablet	1 or 1a*	\$0
chateal oral tablet	1 or 1a*	PA; QL; \$0
cryselle (28) oral tablet	1 or 1a*	PA; QL; \$0
cyclafem 1/35 (28) oral tablet	1 or 1a*	\$0
cyclafem 7/7/7 (28) oral tablet	1 or 1a*	\$0
CYCLESSA (28) ORAL TABLET	3	PA; QL
cyred oral tablet	1 or 1a*	PA; QL; \$0
dasetta 1/35 (28) oral tablet	1 or 1a*	PA; QL; \$0

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

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Drug Name	Tier	Notes
dasetta 7/7/7 (28) oral tablet	1 or 1a*	PA; QL; \$0
daysee oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
deblitane oral tablet	1 or 1b*	PA; QL; \$0
delyla (28) oral tablet	1 or 1a*	PA; QL; \$0
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	PA; QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	PA; QL
desog-e.estradiol/e.estradiol oral tablet	1 or 1b*	PA; QL; \$0
desogestrel-ethinyl estradiol oral tablet	1 or 1a*	PA; QL; \$0
drosipренone-e.estradiol-lm.fa oral tablet	1 or 1b*	\$0
drosipренone-ethinyl estradiol oral tablet	1 or 1b*	PA; QL; \$0
elinest oral tablet	1 or 1a*	PA; QL; \$0
ELLA ORAL TABLET	3	\$0
emoquette oral tablet	1 or 1a*	\$0
enpresse oral tablet	1 or 1a*	PA; QL; \$0
enskyce oral tablet	1 or 1a*	PA; QL; \$0
errin oral tablet	1 or 1b*	PA; QL; \$0
estarylla oral tablet	1 or 1a*	PA; QL; \$0
ESTROSTEP FE-28 ORAL TABLET	3	PA; QL
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1 or 1a*	PA; QL; \$0
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1 or 1a*	\$0
falmina (28) oral tablet	1 or 1a*	PA; QL; \$0
fayosim oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
FEMCAP VAGINAL DEVICE	2	\$0
femynor oral tablet	1 or 1a*	\$0
GENERESS FE ORAL TABLET,CHEWABLE	3	PA; QL
gianvi (28) oral tablet	1 or 1b*	PA; QL; \$0
heather oral tablet	1 or 1b*	PA; QL; \$0
introvale oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0

Drug Name	Tier	Notes
isibloom oral tablet	1 or 1a*	\$0
jencycla oral tablet	1 or 1b*	PA; QL; \$0
jolessa oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
jolivette oral tablet	1 or 1b*	PA; QL; \$0
juleber oral tablet	1 or 1a*	\$0
junel 1.5/30 (21) oral tablet	1 or 1a*	PA; QL; \$0
junel 1/20 (21) oral tablet	1 or 1a*	PA; QL; \$0
junel fe 1.5/30 (28) oral tablet	1 or 1a*	PA; QL; \$0
junel fe 1/20 (28) oral tablet	1 or 1a*	PA; QL; \$0
junel fe 24 oral tablet	1 or 1a*	PA; QL; \$0
kaitlib fe oral tablet,chewable	1 or 1b*	\$0
kariva (28) oral tablet	1 or 1b*	PA; QL; \$0
kelnor 1/35 (28) oral tablet	1 or 1a*	PA; QL; \$0
kelnor 1-50 oral tablet	1 or 1a*	\$0
kimidess (28) oral tablet	1 or 1b*	\$0
kurvelo oral tablet	1 or 1a*	PA; QL; \$0
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
larin 1.5/30 (21) oral tablet	1 or 1a*	PA; QL; \$0
larin 1/20 (21) oral tablet	1 or 1a*	PA; QL; \$0
larin 24 fe oral tablet	1 or 1a*	PA; QL; \$0
larin fe 1.5/30 (28) oral tablet	1 or 1a*	PA; QL; \$0
larin fe 1/20 (28) oral tablet	1 or 1a*	PA; QL; \$0
larissia oral tablet	1 or 1a*	\$0
layolis fe oral tablet,chewable	1 or 1b*	PA; QL; \$0
leena 28 oral tablet	1 or 1a*	PA; QL; \$0
lessina oral tablet	1 or 1a*	PA; QL; \$0
levonest (28) oral tablet	1 or 1a*	PA; QL; \$0
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	1 or 1a*	PA; QL; \$0
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1 or 1b*	PA; QL; \$0
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
levonorg-eth estrad triphasic oral tablet	1 or 1a*	\$0

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

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Drug Name	Tier	Notes
levora-28 oral tablet	1 or 1a*	PA; QL; \$0
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	3	LD; SP
lilow oral tablet	1 or 1a*	\$0
LO LOESTRIN FE ORAL TABLET	2	\$0
LOESTRIN 1.5/30 (21) ORAL TABLET	3	PA; QL
LOESTRIN 1/20 (21) ORAL TABLET	3	PA; QL
LOESTRIN FE 1.5/30 (28- DAY) ORAL TABLET	3	PA; QL
LOESTRIN FE 1/20 (28- DAY) ORAL TABLET	3	PA; QL
loryna (28) oral tablet	1 or 1b*	PA; QL; \$0
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA; QL
low-ogestrel (28) oral tablet	1 or 1a*	PA; QL; \$0
lutera (28) oral tablet	1 or 1a*	PA; QL; \$0
lyza oral tablet	1 or 1b*	\$0
marlissa oral tablet	1 or 1a*	PA; QL; \$0
medroxyprogesterone intramuscular suspension	1 or 1b*	PA; QL; \$0
medroxyprogesterone intramuscular syringe	1 or 1b*	PA; QL; \$0
melodetta 24 fe oral tablet,chewable	1 or 1a*	\$0
mibelas 24 fe oral tablet,chewable	1 or 1a*	\$0
microgestin 1.5/30 (21) oral tablet	1 or 1a*	PA; QL; \$0
microgestin 1/20 (21) oral tablet	1 or 1a*	PA; QL; \$0
MICROGESTIN 24 FE ORAL TABLET	3	
microgestin fe 1.5/30 (28) oral tablet	1 or 1a*	PA; QL; \$0
microgestin fe 1/20 (28) oral tablet	1 or 1a*	PA; QL; \$0
milu oral tablet	1 or 1a*	\$0
MINASTRIN 24 FE ORAL TABLET,CHEWABLE	3	
MIRCETTE (28) ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
mono-linyah oral tablet	1 or 1a*	PA; QL; \$0
mononessa (28) oral tablet	1 or 1a*	PA; QL; \$0
myzilra oral tablet	1 or 1a*	\$0
NATAZIA ORAL TABLET	3	PA; QL; \$0
necon 0.5/35 (28) oral tablet	1 or 1a*	PA; QL; \$0
necon 7/7/7 (28) oral tablet	1 or 1a*	PA; QL; \$0
NEXPLANON SUBDERMAL IMPLANT	3	LD; SP
nikki (28) oral tablet	1 or 1b*	\$0
nora-be oral tablet	1 or 1b*	PA; QL; \$0
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg- 35mcg(21) and 75 mg (7)	1 or 1b*	\$0
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)	1 or 1b*	PA; QL; \$0
norethindrone (contraceptive) oral tablet	1 or 1b*	PA; QL; \$0
norethindrone ac-eth estradiol oral tablet 1-20 mg- mcg	1 or 1a*	PA; QL; \$0
norethindrone-e.estradiol- iron oral tablet	1 or 1a*	PA; QL; \$0
norethindrone-e.estradiol- iron oral tablet,chewable	1 or 1a*	\$0
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	1 or 1b*	\$0
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1 or 1b*	PA; QL; \$0
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	1 or 1a*	PA; QL; \$0
norlyda oral tablet	1 or 1b*	\$0
norlyroc oral tablet	1 or 1b*	PA; QL; \$0
nortrel 0.5/35 (28) oral tablet	1 or 1a*	PA; QL; \$0
nortrel 1/35 (21) oral tablet	1 or 1a*	PA; QL; \$0
nortrel 1/35 (28) oral tablet	1 or 1a*	PA; QL; \$0
nortrel 7/7/7 (28) oral tablet	1 or 1a*	PA; QL; \$0
NUVARING VAGINAL RING	2	\$0

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

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Drug Name	Tier	Notes
ocella oral tablet	1 or 1b*	PA; QL; \$0
ogestrel (28) oral tablet	1 or 1a*	PA; QL; \$0
orsythia oral tablet	1 or 1a*	\$0
ORTHO MICRONOR ORAL TABLET	3	
ORTHO TRI-CYCLEN (28) ORAL TABLET	3	
ORTHO TRI-CYCLEN LO (28) ORAL TABLET	3	
ORTHO-CYCLEN (28) ORAL TABLET	3	PA; QL
ORTHO-NOVUM 1/35 (28) ORAL TABLET	3	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET	3	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	3	
philith oral tablet	1 or 1a*	PA; QL; \$0
pimtrea (28) oral tablet	1 or 1b*	PA; QL; \$0
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	1 or 1a*	\$0
pirmella oral tablet 1-35 mg-mcg	1 or 1a*	PA; QL; \$0
portia oral tablet	1 or 1a*	PA; QL; \$0
previfem oral tablet	1 or 1a*	\$0
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA; QL
quasense oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
rajani oral tablet	1 or 1b*	\$0
reclipsen (28) oral tablet	1 or 1a*	PA; QL; \$0
rivelsa oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
SAFYRAL ORAL TABLET	3	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH	3	PA; QL
setlakin oral tablets,dose pack,3 month	1 or 1b*	PA; QL; \$0
sharobel oral tablet	1 or 1b*	PA; QL; \$0
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	LD
sprintec (28) oral tablet	1 or 1a*	PA; QL; \$0

Drug Name	Tier	Notes
sronyx oral tablet	1 or 1a*	PA; QL; \$0
syeda oral tablet	1 or 1b*	PA; QL; \$0
tarina fe 1/20 (28) oral tablet	1 or 1a*	PA; QL; \$0
TAYTULLA ORAL CAPSULE	3	\$0
tilia fe oral tablet	1 or 1b*	PA; QL; \$0
tri-femynor oral tablet	1 or 1b*	\$0
tri-estarrylla oral tablet	1 or 1b*	PA; QL; \$0
tri-legest fe oral tablet	1 or 1b*	PA; QL; \$0
tri-linyah oral tablet	1 or 1b*	PA; QL; \$0
tri-lo-estarrylla oral tablet	1 or 1b*	\$0
tri-lo-marzia oral tablet	1 or 1b*	\$0
tri-lo-sprintec oral tablet	1 or 1b*	\$0
tri-mili oral tablet	1 or 1b*	\$0
trinessa (28) oral tablet	1 or 1b*	PA; QL; \$0
trinessa lo oral tablet	1 or 1b*	\$0
TRI-NORINYL (28) ORAL TABLET	3	PA; QL
tri-previfem (28) oral tablet	1 or 1b*	\$0
tri-sprintec (28) oral tablet	1 or 1b*	PA; QL; \$0
trivora (28) oral tablet	1 or 1a*	PA; QL; \$0
tri-vylibra oral tablet	1 or 1b*	\$0
tulana oral tablet	1 or 1b*	\$0
tydemy oral tablet	1 or 1b*	\$0
velivet triphasic regimen (28) oral tablet	1 or 1a*	PA; QL; \$0
vienna oral tablet	1 or 1a*	\$0
viorele (28) oral tablet	1 or 1b*	PA; QL; \$0
vyfemla (28) oral tablet	1 or 1a*	\$0
vylibra oral tablet	1 or 1a*	\$0
wera (28) oral tablet	1 or 1a*	PA; QL; \$0
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	\$0
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	\$0

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

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

Drug Name	Tier	Notes
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1 or 1a*	
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	3	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
lortuss ex oral syrup	1 or 1b*	
MAR-COF BP ORAL LIQUID	3	
MAR-COF CG ORAL LIQUID	3	
m-clear wc oral liquid	1 or 1a*	
M-END PE ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
OBREDON ORAL SOLUTION	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
promethazine vc-codeine oral syrup	1 or 1b*	
promethazine-codeine oral syrup	1 or 1a*	
promethazine-dm oral syrup	1 or 1a*	
promethazine-phenyleph-codeine oral syrup	1 or 1b*	
PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID	3	
relcof c oral liquid	1 or 1a*	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	
roafen ac oral liquid	1 or 1a*	PA; QL
rydex oral liquid	1 or 1b*	
TESSALON PERLES ORAL CAPSULE	3	
tusnel c oral syrup	1 or 1b*	
TUSNEL PEDIATRIC ORAL LIQUID	3	
TUSSICAPS ORAL CAPSULE, EXTENDED RELEASE 12 HR	2	
tussigon oral tablet	1 or 1a*	

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

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Drug Name	Tier	Notes
TUSSIONEX PENN KINETIC ER ORAL SUSPENSION, EXTENDED REL 12 HR	3	
TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR	3	
virtussin ac oral liquid	1 or 1a*	
virtussin dac oral syrup	1 or 1b*	
VITUZ ORAL SOLUTION	3	
ZODRYL AC 25 ORAL SUSPENSION	3	
ZODRYL AC 30 ORAL SUSPENSION	3	
ZODRYL AC 35 ORAL SUSPENSION	3	
ZODRYL AC 40 ORAL SUSPENSION	2	
ZODRYL AC 50 ORAL SUSPENSION	3	
ZODRYL AC 60 ORAL SUSPENSION	3	
ZODRYL AC 80 ORAL SUSPENSION	3	
ZODRYL DAC 25 ORAL SUSPENSION	3	
ZODRYL DAC 30 ORAL SUSPENSION	3	
ZODRYL DAC 35 ORAL SUSPENSION	3	
ZODRYL DAC 40 ORAL SUSPENSION	3	
ZODRYL DAC 50 ORAL SUSPENSION	3	
ZODRYL DAC 60 ORAL SUSPENSION	3	
ZODRYL DAC 80 ORAL SUSPENSION	3	
ZODRYL DEC 25 ORAL SUSPENSION	3	
ZODRYL DEC 30 ORAL SUSPENSION	2	
ZODRYL DEC 35 ORAL SUSPENSION	3	
ZODRYL DEC 40 ORAL SUSPENSION	3	
ZODRYL DEC 50 ORAL SUSPENSION	3	

Drug Name	Tier	Notes
ZODRYL DEC 60 ORAL SUSPENSION	3	
ZODRYL DEC 80 ORAL SUSPENSION	3	
Z-TUSS AC ORAL LIQUID	2	
DIAGNOSTIC		
ACCU-CHEK AVIVA PLUS TEST STRIP STRIP	2	QL
ACCU-CHEK COMPACT PLUS TEST STRIP	2	QL
ACCU-CHEK GUIDE STRIP	2	QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	2	QL
ACCUTREND GLUCOSE STRIP	2	QL
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	
ONETOUCH VERIO STRIP	2	QL
DIURETICS		
acetazolamide oral capsule, extended release	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection recon soln	1 or 1b*	
ALDACTAZIDE ORAL TABLET	3	
ALDACTONE ORAL TABLET	3	
amiloride oral tablet	1 or 1b*	
amiloride- hydrochlorothiazide oral tablet	1 or 1b*	
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION	3	
chlorothiazide oral tablet	1 or 1b*	
chlorothiazide sodium intravenous recon soln	1 or 1b*	
chlorthalidone oral tablet 25 mg, 50 mg	1 or 1a*	
DEMADEX ORAL TABLET 10 MG, 20 MG	3	

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

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Drug Name	Tier	Notes
DIURIL IV INTRAVENOUS RECON SOLN	3	
DIURIL ORAL SUSPENSION	3	
DYAZIDE ORAL CAPSULE	3	
DYRENIUM ORAL CAPSULE	3	
EDECIN ORAL TABLET	3	
eplerenone oral tablet	1 or 1b*	
ethacrynone sodium intravenous recon soln	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSEMIDE IN 0.9 % NaCl INTRAVENOUS PIGGYBACK	3	
furosemide injection solution	1 or 1a*	
furosemide injection syringe	1 or 1a*	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 or 1a*	
furosemide oral tablet	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
INSPRA ORAL TABLET	3	
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; QL
LASIX ORAL TABLET	3	
mannitol 10 % intravenous parenteral solution	1 or 1b*	
mannitol 20 % intravenous parenteral solution	1 or 1b*	
mannitol 25 % intravenous solution	1 or 1b*	
mannitol 5 % intravenous parenteral solution	1 or 1b*	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25MG ORAL TABLET	3	
methazolamide oral tablet	1 or 1b*	
methyclothiazide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	

Drug Name	Tier	Notes
MICROZIDE ORAL CAPSULE	3	
NEPTAZANE ORAL TABLET 25 MG	3	
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
osmitrol 15 % intravenous parenteral solution	1 or 1b*	
osmitrol 20 % intravenous parenteral solution	1 or 1b*	
OSMITROL 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
RESECTISOL URETHRAL SOLUTION	3	
SAMSCA ORAL TABLET	3	LD; SP
SODIUM EDECIN INTRAVENOUS RECON SOLN	3	
spironolactone oral tablet	1 or 1a*	
spironolactone- hydrochlorothiazide oral tablet	1 or 1b*	
tosemide oral tablet	1 or 1b*	
triamterene- hydrochlorothiazide oral capsule	1 or 1a*	
triamterene- hydrochlorothiazide oral tablet	1 or 1a*	
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION	3	
EENT PREPS		
acetic acid otic (ear) solution	1 or 1b*	
acuicyn topical spray, non- aerosol	1 or 1b*	
ACULAR LS OPHTHALMIC (EYE) DROPS	3	
ACULAR OPHTHALMIC (EYE) DROPS	3	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
ADRENALIN NASAL SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
AKTEN (PF) OPHTHALMIC (EYE) GEL	3		BECONASE AQ NASAL SPRAY, NON-AEROSOL	3	ST; CE; QL
ALOCRIL OPHTHALMIC (EYE) DROPS	3	ST; CE; QL	BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
ALOMIDE OPHTHALMIC (EYE) DROPS	3	ST; CE; QL	BETAGAN OPHTHALMIC (EYE) DROPS 0.5 %	3	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2		betaxolol ophthalmic (eye) drops	1 or 1b*	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3		BETIMOL OPHTHALMIC (EYE) DROPS	3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3		BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
altacaine ophthalmic (eye) drops	1 or 1b*		BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML	3	PA; QL
altafluor ophthalmic (eye) drops	1 or 1b*		bimatoprost ophthalmic (eye) drops	1 or 1b*	
ALZAIR NASAL SPRAY,NON-AEROSOL	3		brimonidine ophthalmic (eye) drops	1 or 1b*	
AMVISC INTRAOCULAR SYRINGE	3		bromfenac ophthalmic (eye) drops	1 or 1b*	
AMVISC PLUS INTRAOCULAR SYRINGE	3		BROMSITE OPHTHALMIC (EYE) DROPS	3	
apraclonidine ophthalmic (eye) drops	1 or 1b*		bss intraocular solution	1 or 1b*	
ASTEPRO NASAL SPRAY,NON-AEROSOL	2		BSS PLUS INTRAOCULAR SOLUTION	3	
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE) DROPS	3		carteolol ophthalmic (eye) drops	1 or 1a*	
atropine ophthalmic (eye) drops	1 or 1b*		CELLUGEL INTRAOCULAR SYRINGE	3	
atropine ophthalmic (eye) ointment	1 or 1b*		COCAINE NASAL SOLUTION	3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL	3		COMBIGAN OPHTHALMIC (EYE) DROPS	2	
azelastine nasal aerosol,spray	1 or 1b*		CORTANE-B TOPICAL LOTION	3	
azelastine nasal spray,non- aerosol	1 or 1b*		COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	2		COSOPT OPHTHALMIC (EYE) DROPS	3	
balanced salt intraocular solution	1 or 1b*				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
cromolyn ophthalmic (eye) drops	1 or 1a*		flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	ST; CE; QL; CTT1
CYCLOGYL OPTHALMIC (EYE) DROPS	3		fluocinolone acetonide oil otic (ear) drops	1 or 1b*	
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	3		fluorescein-proparacaine ophthalmic (eye) drops	1 or 1b*	
cyclopentolate ophthalmic (eye) drops	1 or 1b*		fluorometholone ophthalmic (eye) drops,suspension	1 or 1b*	
CYCOPEN-TROPIC-PHENYLEPH-WATR OPTHALMIC (EYE) DROPS	3		flurbiprofen sodium ophthalmic (eye) drops	1 or 1b*	
CYSTARAN OPTHALMIC (EYE) DROPS	3	LD	FML FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	3	
DERMOTIC OIL OTIC (EAR) DROPS	3		FML LIQUIFILM OPTHALMIC (EYE) DROPS,SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic (eye) drops	1 or 1b*		FML S.O.P. OPTHALMIC (EYE) OINTMENT	3	
DEXYCU INTRAOCULAR SUSPENSION	3		GELFILM OPTHALMIC (EYE) FILM	3	
diclofenac sodium ophthalmic (eye) drops	1 or 1b*		GORETEX NASAL SOLUTION	3	
DISCOVISC INTRAOCULAR SYRINGE	3		homatropaire ophthalmic (eye) drops	1 or 1b*	
dorzolamide ophthalmic (eye) drops	1 or 1b*		homatropine hbr ophthalmic (eye) drops	1 or 1b*	
dorzolamide-timolol ophthalmic (eye) drops	1 or 1b*		hydrocortisone-acetic acid otic (ear) drops	1 or 1b*	
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE	3		ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	2	
DUREZOL OPTHALMIC (EYE) DROPS	2		ILUVIEN INTRAVITREAL IMPLANT	3	PA; QL; SP
DYMISTA NASAL SPRAY,NON-AEROSOL	3		IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	
EYLEA INTRAVITREAL SOLUTION	3	PA; QL; LD; SP	IOPIDINE OPTHALMIC (EYE) DROPS	3	
FLAREX OPTHALMIC (EYE) DROPS,SUSPENSION	3		ipratropium bromide nasal spray,non-aerosol	1 or 1b*	
flucaine ophthalmic (eye) drops	1 or 1b*		ISOPTO CARPINE OPTHALMIC (EYE) DROPS	3	
			ISTALOL OPTHALMIC (EYE) DROPS, ONCE DAILY	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML)	3	PA; QL; LD	MITOSOL OPHTHALMIC (EYE) KIT	3	
ketorolac ophthalmic (eye) drops	1 or 1b*		mometasone nasal spray,non-aerosol	3	ST; QL; CTT1
latanoprost ophthalmic (eye) drops	1 or 1b*		MYDRIACYL OPHTHALMIC (EYE) DROPS	3	
levobunolol ophthalmic (eye) drops 0.5 %	1 or 1b*		NASONEX NASAL SPRAY,NON-AEROSOL	3	ST; CE; QL
LIDOCAINE-PHENYLEPHRIN IN WATER INTRAOCULAR SOLUTION	3		NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LIDOCAN-PHENYLEPH-BSS NO.2(PF) INTRAOCULAR SYRINGE	3		ocucoat intraocular syringe	1 or 1b*	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2		olopatadine nasal spray,non-aerosol	1 or 1b*	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3		OMIDRIA INTRAOCULAR CONCENTRATE	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3		OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; CE; QL
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	3	PA; QL; SP	OMNIPRED OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LUCENTIS INTRAVITREAL SYRINGE	3	PA; QL; SP	OZURDEX INTRAVITREAL IMPLANT	3	PA; QL; SP
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2		PAREMYD OPHTHALMIC (EYE) DROPS	3	
MACUGEN INTRAVITREAL SYRINGE	3	PA; QL; LD; SP	PATANASE NASAL SPRAY,NON-AEROSOL	3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3		phenylephrine hcl ophthalmic (eye) drops	1 or 1b*	
MEMBRANEBLUE INTRAOCULAR SYRINGE	3		PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
metipranolol ophthalmic (eye) drops	1 or 1b*		PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOSUS	3	
MIOCHOL-E INTRAOCULAR KIT	3		PHOTREXA VISCOSUS OPHTHALMIC (EYE) DROPS, VISCOSUS	3	
miostat intraocular solution	1 or 1b*		pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1 or 1b*	
			PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	

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

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Drug Name	Tier	Notes
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
prednisolone acetate ophthalmic (eye) drops,suspension	1 or 1b*	
prednisolone sodium phosphate ophthalmic (eye) drops	1 or 1b*	
PROLENSA OPHTHALMIC (EYE) DROPS	3	
proparacaine ophthalmic (eye) drops	1 or 1b*	
PROVISC INTRAOCULAR SYRINGE	3	
QNASL NASAL HFA AEROSOL INHALER	3	ST; CE; QL
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
RETISERT INTRAVITREAL IMPLANT	3	PA; QL; SP
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	
SINUVA NASAL IMPLANT	3	LD
tetrahydrozoline (eye) drops	1 or 1b*	
TETRACAIN HCL (PF) OPHTHALMIC (EYE) DROPS	3	
tetracaine hcl ophthalmic (eye) drops	1 or 1b*	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPPERETTE,HYPER VISCOSUS	3	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCOSUS	3	

Drug Name	Tier	Notes
TETRAVISC OPHTHALMIC (EYE) DROPPERETTE,VISCOUS	3	
TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOSUS	3	
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY	3	CE
timolol maleate ophthalmic (eye) drops	1 or 1b*	
timolol maleate ophthalmic (eye) drops, once daily	1 or 1b*	
timolol maleate ophthalmic (eye) gel forming solution	1 or 1b*	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
TIMOPTIC OPHTHALMIC (EYE) DROPS	3	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS	2	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
tropicamide ophthalmic (eye) drops	1 or 1b*	
TRUSOPT OPHTHALMIC (EYE) DROPS	3	
TYZINE NASAL DROPS 0.1 %	3	
TYZINE NASAL SPRAY,NON-AEROSOL	3	
VISCOAT INTRAOCULAR SYRINGE	3	
VISIONBLUE INTRAOCULAR SYRINGE	3	
VYZULTA OPHTHALMIC (EYE) DROPS	3	

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

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Drug Name	Tier	Notes
XALATAN OPHTHALMIC (EYE) DROPS	3	
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; CE; QL
Xiidra OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; CE; QL
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
ELECT/CALORIC/H2O		
ACTIVE FE ORAL TABLET	3	
ADDAMEL N INTRAVENOUS SOLUTION	3	
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	2	
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION	3	

Drug Name	Tier	Notes
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION	3	
AURYXIA ORAL TABLET	3	ST; QL
bd posiflush normal saline 0.9 injection syringe	1 or 1b*	
bd pre-filled normal saline injection syringe	1 or 1b*	
bd pre-filled saline blunt can injection syringe	1 or 1b*	
BIFERA RX ORAL TABLET	3	
calcium acetate oral capsule	1 or 1b*	
calcium acetate oral tablet 667 mg	1 or 1b*	
calcium chloride intravenous solution	1 or 1b*	
calcium chloride intravenous syringe	1 or 1b*	
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/100 ML	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CALCIUM GLUCONATE IN 0.9% NACL INTRAVENOUS SYRINGE	3		CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CALCIUM GLUCONATE IN D5W INTRAVENOUS SOLUTION 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 4 GRAM/250 ML	3		CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	
calcium gluconate intravenous solution	1 or 1b*		CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
calcium-folic acid-vitamin d oral wafer	1 or 1b*		CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
centratex oral capsule	1 or 1b*		CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
chromium chloride intravenous solution	1 or 1b*		CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CITRANATAL BLOOM ORAL TABLET	3		CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3		CLINIMIX N14G30E 4.25%-D15W SF INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3				
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION	3				

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

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Drug Name	Tier	Notes
CLINIMIX N9G15E 2.75%-D7.5W SF INTRAVENOUS PARENTERAL SOLUTION	3	
CLINIMIX N9G20E 2.75%-D10W(SF) INTRAVENOUS PARENTERAL SOLUTION	3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	
CLINPRO 5000 DENTAL PASTE	3	
copper chloride intravenous solution	1 or 1b*	
corvita 150 oral tablet	1 or 1b*	
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	
cysteine (l-cysteine) intravenous solution	1 or 1b*	
cytra k crystals oral packet	1 or 1b*	
cytra-2 oral solution	1 or 1b*	
cytra-3 oral solution	1 or 1b*	
cytra-k oral solution	1 or 1b*	
d10 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1 or 1b*	
d5 %-0.45 % sodium chloride intravenous parenteral solution	1 or 1b*	
delflex with 2.5 % dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/1.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/2.5% dextrose intraperitoneal solution	1 or 1b*	
delflex-lc/4.25% dextrose intraperitoneal solution	1 or 1b*	

Drug Name	Tier	Notes
DELFFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	2	
dentagel dental gel	1 or 1a*	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1 or 1b*	
dextrose 10 % in water (d10w) intravenous parenteral solution	1 or 1b*	
dextrose 20 % in water (d20w) intravenous parenteral solution	1 or 1b*	
dextrose 25 % in water (d25w) intravenous syringe	1 or 1b*	
dextrose 30 % in water (d30w) intravenous parenteral solution	1 or 1b*	
dextrose 40 % in water (d40w) intravenous parenteral solution	1 or 1b*	
dextrose 5 % in ringer's intravenous parenteral solution	1 or 1b*	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	3	
dextrose 5 % in water (d5w) intravenous piggyback	1 or 1b*	
dextrose 5 %-lactated ringers intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1 or 1b*	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous parenteral solution	1 or 1b*	
dextrose 50 % in water (d50w) intravenous syringe	1 or 1b*	
dextrose 70 % in water (d70w) intravenous parenteral solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION	3		FERIVA FA (SUMALATE) ORAL CAPSULE	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION	3		FERIVA ORAL CAPSULE,EXT RELEASE MULTIPHASE	3	
ferocon oral capsule	1 or 1b*				
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION	3		FERRALET 90 DUAL-IRON DELIVERY ORAL TABLET	3	
ferraplus 90 oral tablet	1 or 1b*				
ferrex 150 forte oral capsule	1 or 1b*				
ferrex 150 forte plus oral capsule	1 or 1b*				
ferrex 28 oral tablet	1 or 1b*				
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3		FERRLECIT INTRAVENOUS SOLUTION	3	
ferrocite plus oral tablet	1 or 1b*				
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION	3		FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS	3	
FLUORABON ORAL DROPS	3				
fluoride (sodium) oral drops	1 or 1a*	\$0			
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1 or 1a*	\$0			
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1 or 1a*				
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3		FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
effer-k oral tablet, effervescent 25 meq	1 or 1b*		fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)	1 or 1a*	\$0
electrolyte-48 in d5w intravenous parenteral solution	1 or 1b*		fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	1 or 1a*	
eliphos oral tablet	1 or 1b*	ST; QL	FLURA-DROPS ORAL DROPS	3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION	3		FOLGARD OS ORAL TABLET	3	
fe c plus oral tablet	1 or 1a*		folivane-f oral capsule	1 or 1b*	
FERAHHEME INTRAVENOUS SOLUTION	3		folivane-plus oral capsule	1 or 1b*	
FERIVA 21-7 TABLET ORAL TABLET	3		FOSRENOL ORAL POWDER IN PACKET	3	ST; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL	INJECTAFER INTRAVENOUS SOLUTION	3	
FREAMEINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION	3		INTEGRA F ORAL CAPSULE	3	
freamine iii 10 % intravenous parenteral solution	1 or 1b*		INTEGRA PLUS ORAL CAPSULE	3	
FUSION PLUS ORAL CAPSULE	3		IODOPEN INTRAVENOUS SOLUTION	3	
FUSION SPRINKLES ORAL POWDER IN PACKET	3		IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	2		IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT	2		IROSPAN 24/6 ORAL TABLET	3	
GLYCOPHOS INTRAVENOUS SOLUTION	3		ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
hematinic plus vit/minerals oral tablet	1 or 1b*		ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
hematinic/folic acid oral tablet	1 or 1b*		ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
hematogen fa oral capsule	1 or 1b*		KABIVEN INTRAVENOUS EMULSION	3	
hematogen forte oral capsule	1 or 1b*		k-effervescent oral tablet, effervescent	1 or 1b*	
hematogen oral capsule	1 or 1b*		kionex (with sorbitol) oral suspension	1 or 1b*	
HEMATRON-AF ORAL TABLET EXTENDED RELEASE 24 HR	3		kionex oral powder	1 or 1b*	
hemetab oral tablet	1 or 1b*		klor-con 10 oral tablet extended release	1 or 1b*	
HEMOCYTE-F ORAL TABLET	3		klor-con 8 oral tablet extended release	1 or 1b*	
HEMOCYTE-PLUS ORAL CAPSULE	3		klor-con m10 oral tablet,er particles/crystals	1 or 1a*	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3		klor-con m15 oral tablet,er particles/crystals	1 or 1a*	
HYPERTONIC CR INTRAVENOUS SOLUTION	3		klor-con m20 oral tablet,er particles/crystals	1 or 1a*	
ICAR-C PLUS ORAL TABLET	3				
ifex 150 forte oral capsule	1 or 1b*				
infed injection solution	1 or 1b*				

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
klor-con oral packet	1 or 1b*		MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS SOLUTION 40 GRAM/1,000ML (40 MG/ML), 40 GRAM/500 ML (80 MG/ML)	3	
klor-con sprinkle oral capsule, extended release	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
klor-con/ef oral tablet, effervescent	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
K-PHOS NO 2 ORAL TABLET	3		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
k-phos-neutral oral tablet	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
k-tab oral tablet extended release 8 meq	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
lactated ringers intravenous parenteral solution	1 or 1b*		MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
lanthanum oral tablet,chewable	1 or 1b*	ST; QL	MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML, 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 5 GRAM/100 ML, 6 GRAM/100 ML, 6 GRAM/50 ML	3	
LEUCINE ORAL POWDER	3		MAGNESIUM SULFATE IN LR INTRAVENOUS SOLUTION	3	
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)	1 or 1a*	\$0	magnesium sulfate in water intravenous parenteral solution	1 or 1b*	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1 or 1a*		magnesium sulfate in water intravenous piggyback	1 or 1b*	
lugols oral solution	1 or 1b*		magnesium sulfate injection solution	1 or 1b*	
LYSIPLEX PLUS ORAL TABLET	3		magnesium sulfate injection syringe	1 or 1b*	
MAGNEBIND 400 ORAL TABLET	3		manganese chloride intravenous solution	1 or 1b*	
magnesium chloride injection solution	1 or 1b*		manganese sulfate intravenous solution	1 or 1b*	
MAGNESIUM SULFATE IN 0.9 %NACL INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/100 ML, 2 GRAM/50 ML, 3 GRAM/150 ML, 3 GRAM/50 ML, 4 GRAM/100 ML, 4 GRAM/50 ML, 6 GRAM/100 ML (60 MG/ML), 6 GRAM/150 ML (40 MG/ML), 6 GRAM/50 ML	3		MAXFE (FOLATE-DOCUSATE) ORAL TABLET	3	
			monoject 0.9% sodium chloride injection syringe	1 or 1b*	
			monoject prefill advanced ns injection syringe	1 or 1b*	
			monoject prefill saline flush injection syringe	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
multigen folic oral tablet	1 or 1b*		NUTRESTORE ORAL POWDER IN PACKET	3	
multigen plus oral tablet	1 or 1b*		nutrilyte intravenous solution	1 or 1b*	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION	3		ORACIT ORAL SOLUTION	3	
MULTITRACE-4 INTRAVENOUS SOLUTION	3		PEDITRACE INTRAVENOUS SOLUTION	3	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION	3		PERIKABIVEN INTRAVENOUS EMULSION	3	
multitrace-4 pediatric intravenous solution	1 or 1b*		PHOSLYRA ORAL SOLUTION	3	ST; QL
MULTITRACE-5 CONCENTRATE INTRAVENOUS SOLUTION	3		phospha 250 neutral oral tablet	1 or 1b*	
MULTITRACE-5 INTRAVENOUS SOLUTION	3		phosphorous oral tablet	1 or 1b*	
myferon 150 forte oral capsule	1 or 1b*		PHOXILLUM BK HEMODIALYSIS SOLUTION	3	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	3		PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
NEPHRON FA ORAL TABLET	3		PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
NEUT INTRAVENOUS SOLUTION	3		plenamine intravenous parenteral solution	1 or 1b*	
normal saline flush injection syringe	1 or 1b*		poly-iron 150 forte oral capsule	1 or 1b*	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3		potassium citrate-citric acid oral solution	1 or 1b*	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3		potassium acetate intravenous solution 2 meq/ml	1 or 1b*	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3		potassium bicarb and chloride oral tablet, effervescent	1 or 1b*	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3		potassium bicarb-citric acid oral tablet, effervescent	1 or 1b*	
			potassium chlorid-d5-0.45%nacl intravenous parenteral solution	1 or 1b*	
			POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/250 ML (80 MEQ/L)	3	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1 or 1b*		POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS PIGGYBACK	3	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PIGGYBACK	3		POTASSIUM PHOS IN 0.9 % NACL INTRAVENOUS SOLUTION 10 MMOL/250 ML, 15 MMOL/250 ML, 30 MMOL/250 ML, 30 MMOL/500 ML	3	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1 or 1b*		potassium phosphate m-d-basic intravenous solution	1 or 1b*	
potassium chloride in lr-d5 intravenous parenteral solution	1 or 1b*		premasol 10 % intravenous parenteral solution	1 or 1b*	
potassium chloride in water intravenous piggyback	1 or 1b*		PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride intravenous solution	1 or 1b*		PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
potassium chloride oral capsule, extended release	1 or 1b*		PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
potassium chloride oral liquid	1 or 1b*		PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
potassium chloride oral packet	1 or 1b*		PREVIDENT 5000 PLUS DENTAL CREAM	3	
potassium chloride oral tablet extended release	1 or 1b*		PREVIDENT DENTAL GEL	3	
potassium chloride oral tablet,er particles/crystals	1 or 1a*		PREVIDENT DENTAL SOLUTION	3	
potassium chloride-0.45 % nacl intravenous parenteral solution	1 or 1b*		PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L - MG 1.5 MEQ/L	3	
potassium chloride-d5-0.2%nacl intravenous parenteral solution	1 or 1b*		PRISMASOL BGK HEMODIALYSIS SOLUTION K (2 MEQ/L) - CA (3.5)-MG(1), K (2 MEQ/L) -MG (1 MEQ/L)	3	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1 or 1b*		PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION	3	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	1 or 1b*		PROFERRIN-FORTE ORAL TABLET	3	
potassium citrate oral tablet extended release	1 or 1b*		PROGLYCEM ORAL SUSPENSION	3	
potassium citrate-citric acid oral solution	1 or 1b*		PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	
POTASSIUM CL-LIDO-0.9 % NACL INTRAVENOUS PIGGYBACK	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
purevit dualfe plus oral capsule	1 or 1b*		sodium chloride 3 % intravenous parenteral solution	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION 6.602-3.268 GRAM/100 ML	3		sodium chloride 5 % intravenous parenteral solution	1 or 1b*	
RENAGEL ORAL TABLET 800 MG	3	ST; QL	sodium chloride intravenous parenteral solution	1 or 1b*	
RENVELA ORAL POWDER IN PACKET	3	QL	sodium citrate-citric acid oral solution	1 or 1b*	
RENVELA ORAL TABLET	3	QL	sodium ferric gluconat-sucrose intravenous solution	1 or 1b*	
ringer's intravenous parenteral solution	1 or 1b*		sodium lactate intravenous solution	1 or 1b*	
SACCHARIN POWDER	3		SODIUM PHOSPHATE IN 0.9 % NaCl INTRAVENOUS SOLUTION 15 MMOL/250 ML, 30 MMOL/250 ML, 40 MMOL/250 ML, 7.5 MMOL/100 ML	3	
selenium intravenous solution	1 or 1b*		SODIUM PHOSPHATE IN D5W INTRAVENOUS SOLUTION	3	
se-tan plus oral capsule	1 or 1b*		sodium phosphate intravenous solution	1 or 1b*	
sevelamer carbonate oral powder in packet	1 or 1b*		sodium polystyrene (sorb free) oral suspension	1 or 1b*	
sevelamer carbonate oral tablet	1 or 1b*		sodium polystyrene sulfonate oral powder	1 or 1b*	
sf dental gel	1 or 1a*		sodium polystyrene sulfonate oral suspension	1 or 1b*	
SHOHL'S MODIFIED ORAL SOLUTION	3		sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1 or 1b*	
sodium acetate intravenous solution	1 or 1b*		SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	3	
sodium bicarbonate intravenous solution	1 or 1b*		sps (with sorbitol) oral suspension	1 or 1b*	
sodium bicarbonate intravenous syringe	1 or 1b*		sps (with sorbitol) rectal enema	1 or 1b*	
sodium chloride 0.45 % intravenous parenteral solution	1 or 1b*		SSKI ORAL SOLUTION	3	
sodium chloride 0.45 % intravenous piggyback	1 or 1b*		strong iodine oral solution	1 or 1b*	
sodium chloride 0.9 % injection solution	1 or 1b*		SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP	3	
sodium chloride 0.9 % injection syringe	1 or 1b*				
SODIUM CHLORIDE 0.9 % INJECTION SYRINGE, WITH SWAB CAP	3				
sodium chloride 0.9 % intravenous parenteral solution	1 or 1b*				
sodium chloride 0.9 % intravenous piggyback	1 or 1b*				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
SYNTHAMIN 17 WITHOUT ELYTE INTRAVENOUS PARENTERAL SOLUTION	3		ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION	3	
syrex sodium chloride 0.9 % injection syringe	1 or 1b*		ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION	3	
TANDEM PLUS ORAL CAPSULE	3		UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
taron forte oral capsule	1 or 1b*		UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
THAM INTRAVENOUS SOLUTION	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
tl g-fol os oral tablet	1 or 1b*		UROQID-ACID NO.2 ORAL TABLET	3	
tl icon oral capsule	1 or 1b*		VELPHORO ORAL TABLET,CHEWABLE	3	ST; QL
TPN ELECTROLYTES II INTRAVENOUS SOLUTION	3		VELTASSA ORAL POWDER IN PACKET	3	SP
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3		VENOFER INTRAVENOUS SOLUTION	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION	3		virt-phos 250 neutral oral tablet	1 or 1b*	
travasol 10 % intravenous parenteral solution	1 or 1b*		virtrate-2 oral solution	1 or 1b*	
tricitrates oral solution	1 or 1b*		virtrate-3 oral solution	1 or 1b*	
tricon oral capsule	1 or 1b*		virtrate-k oral solution	1 or 1b*	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3		VITAFOL ORAL TABLET	3	
trigels-f forte oral capsule	1 or 1b*		XURIDEN ORAL GRANULES IN PACKET	3	PA; QL; LD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3		zinc chloride intravenous solution	1 or 1b*	
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION	3		zinc sulfate intravenous solution	1 or 1b*	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION	3		GASTROINTESTINAL		
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION	3		ACTIGALL ORAL CAPSULE	3	
			AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	
			AKYNZEO (NETUPITANT) ORAL CAPSULE	3	
			alosetron oral tablet	1 or 1b*	PA; QL

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

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Drug Name	Tier	Notes
ALOXI INTRAVENOUS SOLUTION	3	PA; QL
AMITIZA ORAL CAPSULE	2	
AMMONUL INTRAVENOUS SOLUTION	3	
amoxicil-clarithromy-lansopraz oral combo pack	1 or 1b*	
ANALPRAM-HC RECTAL CREAM	3	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
anaspaz oral tablet,disintegrating	1 or 1b*	
anucort-hc rectal suppository	1 or 1b*	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANZEMET ORAL TABLET	3	QL
aprepitant oral capsule	1 or 1b*	
aprepitant oral capsule,dose pack	1 or 1b*	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; QL
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)	1 or 1b*	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 2 MG/5 ML (0.4 MG/ML)	3	
atropine injection solution	1 or 1b*	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	1 or 1b*	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
AZULFIDINE ORAL TABLET	3	
balsalazide oral capsule	1 or 1b*	

Drug Name	Tier	Notes
BENTYL INTRAMUSCULAR SOLUTION	3	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; QL
BUPHENYL ORAL POWDER	3	PA; QL
BUPHENYL ORAL TABLET	3	PA; QL
CANASA RECTAL SUPPOSITORY	2	
CARAFATE ORAL SUSPENSION	2	
CARAFATE ORAL TABLET	3	
CESAMET ORAL CAPSULE	3	
CHENODAL ORAL TABLET	3	QL; LD
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
CHOLBAM ORAL CAPSULE	3	PA; QL; LD
cimetidine hcl oral solution	1 or 1b*	
cimetidine oral tablet	1 or 1b*	
CINVANTI INTRAVENOUS EMULSION	3	
CLENPIQ ORAL SOLUTION	3	
COLAZAL ORAL CAPSULE	3	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	3	
COMPazine ORAL TABLET	3	
COMPazine RECTAL SUPPOSITORY	3	
compro rectal suppository	1 or 1b*	
constulose oral solution	1 or 1b*	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
CUVPOSA ORAL SOLUTION	3	

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

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Drug Name	Tier	Notes
CYTOTEC ORAL TABLET	3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; QL
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
dicyclomine intramuscular solution	1 or 1b*	
dicyclomine oral capsule	1 or 1a*	
dicyclomine oral solution	1 or 1a*	
dicyclomine oral tablet	1 or 1a*	
dimenhydrinate injection solution	1 or 1b*	
DIPENTUM ORAL CAPSULE	3	ST; QL
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
dronabinol oral capsule	1 or 1b*	
ed-spaz oral tablet,disintegrating	1 or 1b*	
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	PA; QL
EMEND ORAL CAPSULE	3	
EMEND ORAL CAPSULE,DOSE PACK	3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTEREG ORAL CAPSULE	3	
ENTYVIO INTRAVENOUS RECON SOLN	3	PA; QL; SP
enulose oral solution	1 or 1b*	
ESOMEPEZ ORAL KIT, CAP DR AND SPRAY	3	

Drug Name	Tier	Notes
esomeprazole sodium intravenous recon soln	1 or 1b*	
famotidine (pf) intravenous solution	1 or 1b*	
famotidine (pf)-nacl (iso-os) intravenous piggyback	1 or 1b*	
FAMOTIDINE IN 0.9 % NAACL INTRAVENOUS SYRINGE	3	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension	1 or 1b*	
famotidine oral tablet 20 mg, 40 mg	1 or 1b*	
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT	3	PA; QL; LD; SP
gavilyte-c oral recon soln	1 or 1a*	\$0
gavilyte-g oral recon soln	1 or 1a*	\$0
gavilyte-n oral recon soln	1 or 1a*	\$0
generlac oral solution	1 or 1b*	
GIAZO ORAL TABLET	3	
glycopyrrolate injection solution	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SYRINGE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1 or 1b*	
GOLYTELY ORAL POWDER IN PACKET	3	
GOLYTELY ORAL RECON SOLN	3	
gransetron (pf) intravenous solution	1 or 1b*	
gransetron hcl intravenous solution	1 or 1b*	
gransetron hcl oral tablet	1 or 1b*	QL
hemmorex-hc rectal suppository	1 or 1b*	
hydrocortisone acetate rectal suppository	1 or 1b*	
hydrocortisone-pramoxine rectal cream	1 or 1b*	
hyoscyamine sulfate oral drops	1 or 1b*	

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

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Drug Name	Tier	Notes
hyoscyamine sulfate oral elixir	1 or 1b*	
hyoscyamine sulfate oral tablet	1 or 1b*	
hyoscyamine sulfate oral tablet extended release 12 hr	1 or 1b*	
hyoscyamine sulfate oral tablet,disintegrating	1 or 1b*	
hyoscyamine sulfate sublingual tablet	1 or 1b*	
hyosyne oral drops	1 or 1b*	
hyosyne oral elixir	1 or 1b*	
intralipid intravenous emulsion 20 %	1 or 1b*	
INTRALIPID INTRAVENOUS EMULSION 30 %	3	
KEPIVANCE INTRAVENOUS RECON SOLN	3	LD
KINEVAC INJECTION RECON SOLN	3	
KRISTALOSE ORAL PACKET	3	
lactulose oral solution	1 or 1b*	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	
LEVSIN INJECTION SOLUTION	2	
LEVSIN ORAL TABLET	3	
LEVSIN/SL SUBLINGUAL TABLET	3	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	
LINZESS ORAL CAPSULE	2	
LITHOSTAT ORAL TABLET	3	
LOMOTIL ORAL TABLET	3	
loperamide oral capsule	1 or 1b*	
LOTRONEX ORAL TABLET	3	PA; QL

Drug Name	Tier	Notes
MARINOL ORAL CAPSULE	3	
meclizine oral tablet 12.5 mg, 25 mg	1 or 1a*	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1 or 1b*	
MESALAMINE ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	ST; QL
mesalamine rectal enema	1 or 1b*	
mesalamine with cleansing wipe rectal enema kit	1 or 1b*	
methscopolamine oral tablet	1 or 1b*	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl injection syringe	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
metoclopramide hcl oral tablet,disintegrating	1 or 1a*	
misoprostol oral tablet	1 or 1a*	
MOTOFEN ORAL TABLET	3	
MOVIPREP ORAL POWDER IN PACKET	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	
nizatidine oral capsule	1 or 1b*	
nizatidine oral solution	1 or 1b*	
NULEV ORAL TABLET,DISINTEGRATING	3	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	3	
NUTRILIPID INTRAVENOUS EMULSION	3	
NUTRIPORT BALLOON KIT	2	

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

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Drug Name	Tier	Notes
OCALIVA ORAL TABLET	3	PA; QL; LD; SP
omeprazole oral capsule,delayed release(dr/ec)	1 or 1b*	QL
ondansetron hcl (pf) injection solution	1 or 1b*	
ondansetron hcl (pf) injection syringe	1 or 1b*	
ondansetron hcl intravenous solution	1 or 1b*	
ondansetron hcl oral solution	1 or 1b*	QL
ondansetron hcl oral tablet	1 or 1b*	QL
ONDANSETRON IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 8 MG/50 ML	3	
ONDANSETRON IN D5W INTRAVENOUS PIGGYBACK	3	
ondansetron oral tablet,disintegrating	1 or 1b*	QL
opium tincture oral tincture	1 or 1b*	
oscimin oral tablet	1 or 1b*	
oscimin oral tablet,disintegrating	1 or 1b*	
oscimin sl sublingual tablet	1 or 1b*	
oscimin sr oral tablet extended release 12 hr	1 or 1b*	
OSMOPREP ORAL TABLET	3	
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	3	PA; QL
palonosetron intravenous solution 0.25 mg/5 ml	1 or 1b*	PA; QL
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; QL
pantoprazole intravenous recon soln	1 or 1b*	
pantoprazole oral tablet,delayed release (dr/ec)	1 or 1b*	QL

Drug Name	Tier	Notes
paregoric oral liquid	1 or 1b*	
peg 3350-electrolytes oral recon soln	1 or 1a*	\$0
peg-electrolyte soln oral recon soln	1 or 1a*	\$0
peg-prep oral kit	1 or 1b*	\$0
PENTASA ORAL CAPSULE, EXTENDED RELEASE	2	
PEPCID ORAL SUSPENSION	3	
PEPCID ORAL TABLET	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; QL
phenadoz rectal suppository	1 or 1b*	
phenergan rectal suppository	1 or 1b*	
phenobarb-hyoscy-atropine-scop oral elixir	1 or 1b*	
phenobarb-hyoscy-atropine-scop oral tablet	1 or 1b*	
phenohydro oral tablet	1 or 1b*	
polyethylene glycol 3350 oral powder	1 or 1b*	\$0
polyethylene glycol 3350 oral powder in packet	1 or 1b*	\$0
pramcort rectal cream	1 or 1b*	
PREPOPIK ORAL POWDER IN PACKET	3	
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	
PROCTOFOAM HC RECTAL FOAM	3	
promethazine rectal suppository	1 or 1b*	
promethegan rectal suppository	1 or 1b*	
propantheline oral tablet	1 or 1b*	

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

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Drug Name	Tier	Notes
PROTONIX INTRAVENOUS RECON SOLN	3	
PYLERA ORAL CAPSULE	3	
ranitidine hcl injection solution	1 or 1b*	
ranitidine hcl oral capsule	1 or 1b*	
ranitidine hcl oral syrup	1 or 1b*	
ranitidine hcl oral tablet 150 mg, 300 mg	1 or 1b*	
RAVICTI ORAL LIQUID	3	PA; QL; LD; SP
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	3	
RESTORA RX ORAL CAPSULE	3	
RESTORA SPRINKLES ORAL POWDER IN PACKET	3	
ROBINUL FORTE ORAL TABLET	3	
ROBINUL INJECTION SOLUTION	3	
ROBINUL ORAL TABLET	3	
ROWASA RECTAL ENEMA KIT	3	
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
scopolamine base transdermal patch 3 day	1 or 1b*	
SENSURA CLICK OSTOMY POUCH	3	
SENSURA OSTOMY BASE PLATE	3	
SFROWASA RECTAL ENEMA	3	
SMOFLIPID INTRAVENOUS EMULSION	3	
sodium benzoate-sod phenylacet intravenous solution	1 or 1b*	
sodium phenylbutyrate oral powder	1 or 1b*	PA; QL
sodium phenylbutyrate oral tablet	1 or 1b*	PA; QL

Drug Name	Tier	Notes
SUCRAID ORAL SOLUTION	3	LD
sucralfate oral tablet	1 or 1b*	
sulfasalazine oral tablet	1 or 1b*	
sulfasalazine oral tablet,delayed release (dr/ec)	1 or 1b*	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
symax fastabs oral tablet,disintegrating	1 or 1b*	
symax-sl sublingual tablet	1 or 1b*	
symax-sr oral tablet extended release 12 hr	1 or 1b*	
SYNDROS ORAL SOLUTION	3	
TIGAN INTRAMUSCULAR SOLUTION	3	
TIGAN ORAL CAPSULE 300 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	
trilyte with flavor packets oral recon soln	1 or 1a*	\$0
trimethobenzamide oral capsule	1 or 1b*	
TRULANCE ORAL TABLET	3	ST; QL
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
VARUBI INTRAVENOUS EMULSION	3	
VARUBI ORAL TABLET	3	
VIBERZI ORAL TABLET	3	PA; QL
VIOKACE ORAL TABLET	3	

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

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Drug Name	Tier	Notes
XERMELO ORAL TABLET	3	PA; QL; LD
ZANTAC INJECTION SOLUTION	3	
ZANTAC ORAL TABLET 300 MG	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZOFRAN ODT ORAL TABLET,DISINTEGRATING	3	QL
ZOFRAN ORAL SOLUTION	3	QL
ZOFRAN ORAL TABLET	3	QL
ZUPLENZ ORAL FILM	3	QL
HORMONES		
ACTHAR H.P. INJECTION GEL	3	PA; QL; SP
ACTHREL INTRAVENOUS RECON SOLN	3	
ACTIVE INJECTION KIT D (PF) INJECTION KIT	3	
ACTIVELLA ORAL TABLET	3	
a-hydrocort injection recon soln	1 or 1b*	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	3	
amabelz oral tablet	1 or 1b*	
ANADROL-50 ORAL TABLET	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA; QL

Drug Name	Tier	Notes
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; QL
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	2	PA; QL
ANDROID ORAL CAPSULE	3	
ANGELIQ ORAL TABLET	3	
ARISTOSPIN INTRA-ARTICULAR INJECTION SUSPENSION	3	
ARISTOSPIN INTRALESIONAL INJECTION SUSPENSION	3	
AVEED INTRAMUSCULAR SOLUTION	3	PA; QL; LD
AYGESTIN ORAL TABLET	3	
BETALOAN SUIK KIT	3	
betamethasone acet,sod phos injection suspension	1 or 1b*	
BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION	3	
BRAVELLE INJECTION RECON SOLN	3	ST; QL; SP
budesonide oral capsule,delayed,extend.release	1 or 1b*	
cabergoline oral tablet	1 or 1b*	
calcitonin (salmon) nasal spray,non-aerosol	1 or 1b*	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; QL; SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; QL; SP	DEPO-MEDROL INJECTION SUSPENSION	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2		DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	PA; QL
CLIMARA TRANSDERMAL PATCH WEEKLY	3		DEPO-TESTOSTERONE INTRAMUSCULAR OIL	3	PA; QL
clomiphene citrate oral tablet	1 or 1b*	PA; QL	desmopressin injection solution	1 or 1b*	
colocort rectal enema	1 or 1b*		desmopressin nasal spray with pump	1 or 1b*	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2		desmopressin nasal spray,non-aerosol	1 or 1b*	
CORTEF ORAL TABLET	3		desmopressin oral tablet	1 or 1b*	
CORTENEMA RECTAL ENEMA	3		dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 ml	1 or 1b*	
CORTIFOAM RECTAL FOAM	3		dexamethasone intensol oral drops	1 or 1a*	
cortisone oral tablet	1 or 1b*		dexamethasone oral elixir	1 or 1a*	
CORTROSYN INJECTION RECON SOLN	3		dexamethasone oral solution	1 or 1a*	
cosyntropin injection recon soln	1 or 1b*		dexamethasone oral tablet	1 or 1a*	
covaryx h.s. oral tablet	1 or 1b*		dexamethasone sodium phos (pf) injection solution	1 or 1b*	
covaryx oral tablet	1 or 1b*		dexamethasone sodium phosphate injection solution	1 or 1b*	
CRINONE VAGINAL GEL 4 %	3	SP	dexamethasone sodium phosphate injection syringe	1 or 1b*	
CRINONE VAGINAL GEL 8 %	3	PA; QL; SP	DEXPAK 10 DAY ORAL TABLETS,DOSE PACK	3	
danazol oral capsule	1 or 1b*		DEXPAK 13 DAY ORAL TABLETS,DOSE PACK	3	
DDAVP INJECTION SOLUTION	3		DEXPAK 6 DAY ORAL TABLETS,DOSE PACK	3	
DDAVP NASAL SOLUTION	3		DIVIGEL TRANSDERMAL GEL IN PACKET	2	
DDAVP NASAL SPRAY WITH PUMP	3		DUAVEE ORAL TABLET	3	PA; QL
DDAVP ORAL TABLET	3		eemt hs oral tablet	1 or 1b*	
decadron oral elixir	1 or 1a*		eemt oral tablet	1 or 1b*	
decadron oral tablet	1 or 1a*		EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PA; QL
DELESTROGEN INTRAMUSCULAR OIL	3		ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
deltasone oral tablet 20 mg	1 or 1a*		EMFLAZA ORAL SUSPENSION	3	PA; QL; LD
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3				

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

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Drug Name	Tier	Notes
EMFLAZA ORAL TABLET	3	PA; QL; LD
ENDOMETRIN VAGINAL INSERT	3	PA; QL
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE	3	
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch semiweekly	1 or 1b*	
estradiol transdermal patch weekly	1 or 1b*	
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1 or 1b*	
estradiol-norethindrone acet oral tablet	1 or 1b*	
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	
estrogens-methyltestosterone oral tablet	1 or 1b*	
estropipate oral tablet 0.75 mg	1 or 1a*	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL	2	
FEMHRT LOW DOSE ORAL TABLET	3	
FEMRING VAGINAL RING	3	
fludrocortisone oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
GANIRELIX SUBCUTANEOUS SYRINGE	3	PA; QL; SP
GIAPREZA INTRAVENOUS SOLUTION	3	

Drug Name	Tier	Notes
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	3	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	3	SP
GONAL-F SUBCUTANEOUS RECON SOLN	3	SP
HEMABATE INTRAMUSCULAR SOLUTION	3	
HUMATROPE INJECTION CARTRIDGE	3	PA; QL; SP
HUMATROPE INJECTION RECON SOLN	3	PA; QL; SP
hydrocortisone oral tablet	1 or 1b*	
hydrocortisone rectal enema	1 or 1b*	
hydroxyprogesterone caproate intramuscular oil	1 or 1b*	
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
INTRAROSA VAGINAL INSERT	3	ST; QL
jevantique lo oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION	3	
LIDOCIDEX-I INJECTION SOLUTION	3	
LIDOCILINE I INJECTION SUSPENSION	3	
lopreeza oral tablet	1 or 1b*	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	3	PA; QL; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	3	PA; QL; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	3	PA; QL; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	3	PA; QL; SP

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	PA; QL; SP	millipred dp oral tablets,dose pack	1 or 1a*	
LUPRON DEPOT-PED INTRAMUSCULAR KIT	3	PA; QL; SP	MILLIPRED ORAL SOLUTION	3	
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP	millipred oral tablet	1 or 1a*	
MAKENA INTRAMUSCULAR OIL	3	PA; QL; LD; SP	mimvey lo oral tablet	1 or 1b*	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3		mimvey oral tablet	1 or 1b*	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3		MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	2	
MEDROL ORAL TABLET 2 MG	2		MYALEPT SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
medroxyprogesterone oral tablet	1 or 1a*		NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; QL; LD; SP
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2		NOCTIVA NASAL SPRAY,NON-AEROSOL	3	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	3	PA; QL; SP	norethindrone acetate oral tablet	1 or 1b*	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3		norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1 or 1b*	
methergine oral tablet	1 or 1b*		NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; QL; SP
METHITEST ORAL TABLET	3		NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	2	SP
METHYLERGONOVINE INJECTION SOLUTION	3		NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
methylergonovine oral tablet	1 or 1b*		octreotide acetate injection solution	1 or 1b*	PA; QL; SP
methylprednisolone acetate injection suspension	1 or 1b*		octreotide acetate injection syringe	1 or 1b*	PA; QL; SP
methylprednisolone oral tablet	1 or 1a*		ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	
methylprednisolone oral tablets,dose pack	1 or 1a*		OVIDREL SUBCUTANEOUS SYRINGE	3	PA; QL; SP
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1 or 1b*		OXANDRIN ORAL TABLET	3	PA; QL
methylprednisolone sodium succ intravenous recon soln	1 or 1b*		oxandrolone oral tablet	1 or 1b*	PA; QL
methyltestosterone oral capsule	1 or 1b*		OXYTOCIN IN 0.9 % SOD CHLORIDE INTRAVENOUS SOLUTION	3	
MIACALCIN INJECTION SOLUTION	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
OXYTOCIN IN DEXTROSE 5 % IN LR INTRAVENOUS SOLUTION 10 UNIT/500 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML, 40 UNIT/1,000 ML	3		PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; QL; SP
OXYTOCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 10 UNIT/1,000 ML, 10 UNIT/500 ML, 15 UNIT/250 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML	3		PREMARIN INJECTION RECON SOLN	2	
OXYTOCIN IN LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/1,000 ML, 10 UNIT/500 ML, 15 UNIT/250 ML, 20 UNIT/1,000 ML, 20 UNIT/500 ML, 30 UNIT/1,000 ML, 30 UNIT/500 ML, 40 UNIT/1,000 ML, 40 UNIT/500 ML	3		PREMARIN ORAL TABLET	2	
oxytocin injection solution	1 or 1b*		PREMARIN VAGINAL CREAM	2	
PITOCIN INJECTION SOLUTION	3		PREMPHASE ORAL TABLET	2	
prednisolone oral solution 15 mg/5 ml	1 or 1a*		PREMPRO ORAL TABLET	2	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1 or 1a*		PREPIDIL VAGINAL GEL	3	
prednisolone sodium phosphate oral tablet,disintegrating	1 or 1a*		progesterone in oil intramuscular oil	1 or 1b*	
prednisone intensol oral concentrate	1 or 1a*		progesterone intramuscular oil	1 or 1b*	
prednisone oral solution	1 or 1a*		progesterone micronized oral capsule	1 or 1b*	
prednisone oral tablet	1 or 1a*		PROMETRIUM ORAL CAPSULE	3	
prednisone oral tablets,dose pack	1 or 1a*		PROSTIN E2 VAGINAL SUPPOSITORY	3	
PREFEST ORAL TABLET	3		PROVERA ORAL TABLET	3	
			SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; QL; SP
			SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; QL; SP
			serophene oral tablet	1 or 1b*	PA; QL
			SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; QL
			SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; LD; SP
			SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP
			SOLU-CORTEF (PF) INJECTION RECON SOLN	3	

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

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Drug Name	Tier	Notes
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; QL; SP
STIMATE NASAL SPRAY, NON-AEROSOL	3	
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR	3	PA; QL
SUPPRELIN LA IMPLANT KIT	3	PA; QL; SP
SYNAREL NASAL SPRAY, NON-AEROSOL	3	PA; QL; SP
TAPERDEX ORAL TABLETS, DOSE PACK	3	
TESTOPEL IMPLANT PELLET	3	PA; QL; LD
testosterone cypionate intramuscular oil	1 or 1b*	PA; QL
testosterone enanthate intramuscular oil	1 or 1b*	PA; QL
testosterone transdermal gel	1 or 1b*	PA; QL
testosterone transdermal gel in packet 1% (25 mg/2.5gram)	1 or 1b*	PA; QL
testosterone transdermal solution in metered pump w/app	1 or 1b*	PA; QL
TESTRED ORAL CAPSULE	3	
triamcinolone acetonide injection suspension	1 or 1b*	
TRILOAN II SUIK KIT	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL; LD
TYMLOS SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP

Drug Name	Tier	Notes
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	3	
UCERIS RECTAL FOAM	3	
VAGIFEM VAGINAL TABLET	3	
VASOPRESSIN IN 0.9 % NAACL INTRAVENOUS SOLUTION 40 UNIT/100 ML(0.4 UNIT/ML)	3	
vasopressin in 0.9 % nacl intravenous solution 60 unit/100 ml (0.6 unit/ml)	1 or 1b*	
VASOPRESSIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 25 UNIT/250 ML (0.1 UNIT/ML), 50 UNIT/250 ML (0.2 UNIT/ML), 60 UNIT/100 ML (0.6 UNIT/ML)	3	
vasopressin injection solution	1 or 1b*	
VASOSTRICT INTRAVENOUS SOLUTION	3	
veripred 20 oral solution	1 or 1a*	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	
yuvafem vaginal tablet	1 or 1b*	
ZILRETTA INTRA-ARTICULAR SUSPENSION, EXTENDED REL RECON	3	LD
ZORBTIVE SUBCUTANEOUS RECON SOLN	3	PA; QL; SP
IMMUNOSUPPRESSANT S		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR	3	SP
AZASAN ORAL TABLET	2	
azathioprine oral tablet	1 or 1b*	
azathioprine sodium injection recon soln	1 or 1b*	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	SP

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

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Drug Name	Tier	Notes
CELLCEPT ORAL CAPSULE	2	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	2	SP
CELLCEPT ORAL TABLET	2	SP
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	SP
cyclosporine modified oral solution	1 or 1b*	SP
cyclosporine oral capsule	1 or 1b*	SP
ELIDEL TOPICAL CREAM	2	ST; QL
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	SP
gengraf oral capsule 100 mg, 25 mg	1 or 1b*	SP
gengraf oral solution	1 or 1b*	SP
IMURAN ORAL TABLET	3	
mycophenolate mofetil hcl intravenous recon soln	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	SP
mycophenolate mofetil oral suspension for reconstitution	1 or 1b*	SP
mycophenolate mofetil oral tablet	1 or 1b*	SP
mycophenolate sodium oral tablet,delayed release (dr/ec)	1 or 1b*	SP
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	SP
NEORAL ORAL CAPSULE	2	SP
NEORAL ORAL SOLUTION	2	SP
NULOJIX INTRAVENOUS RECON SOLN	3	PA; QL; SP
PROGRAF INTRAVENOUS SOLUTION	2	SP
PROGRAF ORAL CAPSULE	2	SP

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

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

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Drug Name	Tier	Notes
ACCU-CHEK SOFT DEV LANCETS KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
acti-lance lancets	1 or 1b*	
ADVANCED LANCING DEVICE KIT	2	
ADVANCED TRAVEL LANCETS	2	
ADVOCATE LANCET	2	
ADVOCATE PEN NEEDLE NEEDLE	2	
ALTERNATE SITE LANCET	2	
ASSURE HAEMOLANCE PLUS	2	
ASSURE LANCE	2	
ASSURE LANCE PLUS	2	
AUTOLET IMPRESSION LANC DEV KIT	2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	2	
BD MICROTAINER LANCET	2	
BD ULTRA FINE LANCETS	2	
BD ULTRA-FINE II LANCETS	2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE	2	
BULLSEYE MINI SAFETY LANCETS	2	
CAREFINE PEN NEEDLE NEEDLE	2	
CAREONE ULTRA THIN LANCET	2	
CARETOUCH PEN NEEDLE NEEDLE	2	
CARETOUCH TWIST LANCET	2	

Drug Name	Tier	Notes
CLEVER CHEK LANCETS	2	
CLICKFINE NEEDLE	2	
COAGUCHEK LANCETS	2	
COLOR LANCETS	2	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	2	
COMFORT EZ PEN NEEDLES NEEDLE	2	
COMFORT LANCETS	2	
DROPLET LANCETS	2	
DROPLET PEN NEEDLE NEEDLE	2	
EASY COMFORT LANCETS	2	
EASY COMFORT PEN NEEDLES NEEDLE	2	
EASY GLIDE PEN NEEDLE NEEDLE	2	
EASY TOUCH LANCETS	2	
EASY TOUCH NEEDLE	2	
EASY TOUCH PEN NEEDLE NEEDLE	2	
EASY TOUCH SAFETY LANCETS	2	
EASY TOUCH TWIST LANCETS	2	
EASY TWIST AND CAP LANCETS	2	
EMBRACE LANCETS	2	
e-z ject lancets	1 or 1b*	
E-Z JECT THIN LANCETS	1 or 1b*	
EZ SMART LANCETS	2	
FIFTY50 SAFETY SEAL LANCETS	2	
FINE 30 UNIVERSAL LANCETS	2	
FINGERSTIX LANCETS	2	
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK	3	
FORACARE LANCETS	2	
FREESTYLE LANCETS	2	
FREESTYLE UNISTIK 2	2	
GLUCOCOM LANCETS	2	

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

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Drug Name	Tier	Notes
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE	2	
HEALTHY ACCENTS UNILET LANCET	2	
HYPOLANCE AST LANCING KIT	2	
INCONTROL PEN NEEDLE NEEDLE	2	
INCONTROL SUPER THIN LANCETS	2	
INCONTROL ULTRA THIN LANCETS	2	
INJECT EASE LANCETS	2	
INSUPEN NEEDLE	2	
INVACARE LANCETS	2	
LANCETS	2	
LANCETS, SUPER THIN	2	
LANCETS, THIN	2	
LANCETS, ULTRA THIN	2	
LANCING DEVICE WITH LANCETS KIT	2	
LANZO LANCING DEVICE KIT	2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE	2	
LITE TOUCH LANCETS	2	
MEDISENSE THIN LANCETS	2	
medlance plus lancets 21 gauge, 25 gauge	1 or 1b*	
MEDLANCE PLUS LANCETS 30 GAUGE	2	
MEDLANCE PLUS SPECIAL BLADE	2	
MICRO THIN LANCETS	2	
MICROLET 2 LANCING DEVICE KIT	2	
MICROLET LANCET	2	
MICROLET NEXT LANCING DEVICE KIT	2	
MINI ULTRA-THIN II NEEDLE	2	
MONOLET LANCETS	2	
MONOLET THIN LANCETS	2	
MULTI-LANCET DEVICE 2 KIT	2	

Drug Name	Tier	Notes
MYGLUCOHEALTH LANCETS	2	
NOVA SAFETY LANCETS	2	
NOVA SUREFLEX LANCETS	2	
NOVOFINE 32 NEEDLE	2	
NOVOFINE AUTOCOVER NEEDLE	2	
NOVOFINE PLUS NEEDLE	2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	
ON CALL LANCET	2	
ON CALL PLUS LANCET	2	
ONETOUCH DELICA LANC DEVICE KIT	2	
ONETOUCH DELICA LANCETS	2	
ONETOUCH SURESOFT LANCING DEV	2	
ONETOUCH ULTRASOFT LANCETS	2	
ON-THE-GO LANCETS	2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
PEN NEEDLE, DIABETIC NEEDLE	2	
PENTIPS NEEDLE	2	
PRESSURE ACTIVATED LANCETS	2	
PRO COMFORT LANCET	2	
PRO COMFORT PEN NEEDLE NEEDLE	2	
PRODIGY LANCETS	2	
PRODIGY TWIST TOP LANCET	2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE	2	
READYLANCE SAFETY LANCETS	2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	2	

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

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Drug Name	Tier	Notes
RELIAMED SAFETY SEAL LANCETS	2	
RELION NEEDLES NEEDLE	2	
RELION PEN NEEDLES NEEDLE	2	
RELION THIN LANCETS	2	
RELION ULTRA THIN PLUS LANCETS	2	
RIGHTEST GL300 LANCETS	2	
SAFETY LANCETS	2	
SAFETY SEAL LANCETS	2	
SAFETY-LET LANCETS	2	
SINGLE-LET	2	
SMART SENSE LANCETS	2	
SMARTEST LANCET	2	
SOFT TOUCH LANCETS	2	
SOLUS V2 LANCETS	2	
SOLUS V2 LANCING DEVICE KIT	2	
STERILANCE TL	2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	2	
SURE COMFORT LANCETS	2	
SURE COMFORT PEN NEEDLE NEEDLE	2	
SURE-FINE PEN NEEDLES NEEDLE	2	
SUREFLEX DEVICE WITH LANCETS KIT	2	
SURE-LANCE	2	
SURE-LANCE ULTRA THIN	2	
SURE-TOUCH LANCET	2	
TECHLITE LANCETS	2	
TECHLITE PEN NEEDLE NEEDLE	2	
TEL CARE LANCETS	2	
THIN LANCETS	2	
TOPCARE CLICKFINE NEEDLE	2	
TOPCARE UNIVERSAL1 LANCET	2	
TRUEPLUS LANCETS	2	

Drug Name	Tier	Notes
TRUEPLUS PEN NEEDLE NEEDLE	2	
ULTICARE PEN NEEDLE NEEDLE	2	
ULTI-LANCE KIT	2	
ULTILET BASIC LANCETS	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET PEN NEEDLE NEEDLE	2	
ULTILET SAFETY LANCETS	2	
ULTRA THIN II LANCETS	2	
ULTRA THIN LANCETS	2	
ULTRA THIN PLUS LANCETS	2	
ULTRA TLC LANCETS	2	
ULTRALANCE LANCETS	2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE	2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE	2	
ULTRA-THIN II LANCETS	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II LANCET	2	
UNILET EXCELITE LANCET	2	
UNILET GP LANCET	2	
UNILET LANCET 28 GAUGE, 33 GAUGE	2	
UNILET LANCETS	2	

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

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Drug Name	Tier	Notes
UNILET SUPER THIN LANCETS	2	
UNISTIK 2 DEVICE KIT	2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	
UNISTIK 3 COMFORT DEVICE KIT	2	
UNISTIK 3 COMFORT LANCET	2	
UNISTIK 3 EXTRA LANCET	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 KIT	2	
UNISTIK 3 LANCETS	2	
UNISTIK 3 NEONATAL DEVICE KIT	2	
UNISTIK 3 NEONATAL KIT	2	
UNISTIK 3 NORMAL LANCET	2	
UNISTIK CZT LANCET	2	
UNISTIK PRO LANCET	2	
UNISTIK SAFETY	2	
UNISTIK TOUCH LANCETS	2	
UNIVERSAL 1 LANCETS	2	
MUSCLE RELAXANTS		
baclofen oral tablet 10 mg, 20 mg	1 or 1b*	
BACLOFEN ORAL TABLET 5 MG	3	
carisoprodol oral tablet	1 or 1b*	
carisoprodol-aspirin oral tablet	1 or 1b*	
chlorzoxazone oral tablet	1 or 1b*	
cyclobenzaprine oral tablet	1 or 1b*	
CYCLOTENS REFILL COMBO PACK	3	
CYCLOTENS STARTER COMBO PACK	3	
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	
dantrolene oral capsule	1 or 1b*	
FEXMID ORAL TABLET	3	ST; QL

Drug Name	Tier	Notes
GABLOFEN INTRATHECAL SOLUTION	3	
GABLOFEN INTRATHECAL SYRINGE	3	
LORESAL INTRATHECAL SOLUTION	3	
LORZONE ORAL TABLET	3	ST; QL
metaxall oral tablet	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST; QL
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
orphenadrine citrate oral tablet extended release	1 or 1b*	
revonto intravenous recon soln	1 or 1b*	
ROBAXIN INJECTION SOLUTION	3	ST; QL
ROBAXIN ORAL TABLET	3	ST; QL
ROBAXIN-750 ORAL TABLET	3	ST; QL
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	
SKELAXIN ORAL TABLET	3	ST; QL
SOMA ORAL TABLET	3	ST; QL
tizanidine oral capsule	1 or 1b*	
tizanidine oral tablet	1 or 1b*	
ZANAFLEX ORAL CAPSULE	3	ST; QL
ZANAFLEX ORAL TABLET	3	ST; QL
PRE-NATAL VITAMINS		
ATABEX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	2	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	

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

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Drug Name	Tier	Notes
bal-care dha oral combo pack,tablet and cap,dr	1 or 1b*	
CADEAU DHA ORAL CAPSULE	3	
calcium pnv oral capsule	1 or 1b*	
CITRANATAL (DUAL-IRON) ORAL TABLET	3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	3	
c-nate dha oral capsule	1 or 1b*	
complete natal dha oral combo pack	1 or 1b*	
completenate oral tablet,chewable	1 or 1a*	
CONCEPT DHA ORAL CAPSULE	3	
CONCEPT OB ORAL CAPSULE	3	
dothelle dha oral capsule	1 or 1b*	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
elite ob with dha oral capsule	1 or 1b*	
elite-ob 400 oral capsule	1 or 1b*	
elite-ob oral tablet	1 or 1b*	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE	2	

Drug Name	Tier	Notes
FOLET ONE ORAL CAPSULE	3	
folivane-ob oral capsule	1 or 1a*	
hemenatal ob + dha oral combo pack	1 or 1b*	
hemenatal ob oral tablet	1 or 1b*	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
MARNATAL-F ORAL CAPSULE	3	
mynatal advance oral tablet	1 or 1b*	
mynatal oral capsule	1 or 1b*	
mynatal oral tablet	1 or 1b*	
mynatal plus oral tablet	1 or 1a*	
mynatal-z oral tablet	1 or 1a*	
mynate 90 plus oral tablet extended release	1 or 1a*	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
newgen oral tablet	1 or 1b*	
NEXA PLUS ORAL CAPSULE	3	
NIVA-PLUS ORAL TABLET	3	
OB COMPLETE GOLD ORAL CAPSULE	3	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	

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

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Drug Name	Tier	Notes
OB COMPLETE WITH DHA ORAL CAPSULE	3	
obstetrix dha oral combo pack,tablet and cap,dr	1 or 1b*	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
OBSTETRIX ONE ORAL CAPSULE	3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR	3	
O-CAL FA ORAL TABLET	3	
O-CAL PRENATAL ORAL TABLET	3	
pnv 29-1 oral tablet	1 or 1a*	
pnv ob+dha oral combo pack 27-1-50-250 mg	1 or 1b*	
pnv-dha + docusate oral capsule	1 or 1b*	
pnv-dha oral capsule	1 or 1b*	
pnv-ferrous fumarate-docu-fa oral tablet	1 or 1a*	
pnv-omega oral capsule	1 or 1b*	
pnv-select oral tablet	1 or 1b*	
pnv-vp-u oral capsule	1 or 1a*	
pr natal 400 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 400 oral combo pack	1 or 1a*	
pr natal 430 ec oral combo pack,tablet and cap,dr	1 or 1a*	
pr natal 430 oral combo pack	1 or 1a*	
PREFERA-OB ONE ORAL CAPSULE	3	
PREFERA-OB ORAL TABLET	3	
PREFERA-OB PLUS DHA ORAL COMBO PACK	3	
prena1 chew oral tablet,chew,ir - dr,biphase	1 or 1b*	
prena1 pearl oral capsule,ir - delay rel,biphase	1 or 1b*	
prena1 true oral combo pack	1 or 1b*	
prenaissance oral capsule	1 or 1b*	
prenaissance plus oral capsule	1 or 1b*	

Drug Name	Tier	Notes
PRENATA ORAL TABLET,CHEWABLE	3	
prenatabs fa oral tablet	1 or 1a*	
prenatabs rx oral tablet	1 or 1a*	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET	3	
PRENATAL 19 ORAL TABLET,CHEWABLE	3	
prenatal low iron oral tablet	1 or 1a*	
prenatal plus (calcium carb) oral tablet	1 or 1a*	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
prenatal plus oral tablet	1 or 1a*	
prenatal vitamin plus low iron oral tablet	1 or 1a*	
prenatal-u oral capsule	1 or 1a*	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ELITE ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	

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

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Drug Name	Tier	Notes
preplus oral tablet	1 or 1a*	
pretab oral tablet	1 or 1a*	
PRIMACARE ORAL CAPSULE	3	
PROVIDA DHA ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
PUREFE OB PLUS ORAL CAPSULE	3	
PUREFE PLUS ORAL CAPSULE	3	
relnate dha oral capsule	1 or 1b*	
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
se-natal 19 (with docusate) oral tablet	1 or 1a*	
se-natal 19 oral tablet,chewable	1 or 1a*	
taron-c dha oral capsule	1 or 1b*	
taron-prex prenatal-dha oral capsule	1 or 1b*	
THRIVITE RX ORAL TABLET	3	
thrivite-19 oral tablet	1 or 1a*	
tl-select oral capsule	1 or 1b*	
triadvance oral tablet	1 or 1b*	
TRICARE ORAL TABLET	3	
trinatal gt oral tablet	1 or 1b*	
trinatal rx 1 oral tablet	1 or 1a*	
trinate oral tablet	1 or 1a*	
TRISTART DHA ORAL CAPSULE	3	
tri-tabs dha oral combo pack	1 or 1b*	
triveen-duo dha oral combo pack	1 or 1b*	
triveen-one oral capsule	1 or 1b*	
triveen-prx rnf oral capsule	1 or 1b*	

Drug Name	Tier	Notes
trust natal dha oral combo pack	1 or 1b*	
ultimatecare one oral capsule	1 or 1b*	
vemavite-prx-2 oral capsule	1 or 1b*	
vena-bal dha oral combo pack,tablet and cap,dr	1 or 1b*	
vinate care oral tablet,chewable	1 or 1a*	
VINATE DHA RF ORAL CAPSULE	3	
vinate ii oral tablet	1 or 1a*	
vinate m oral tablet	1 or 1a*	
vinate one oral tablet	1 or 1a*	
virt-advance oral tablet	1 or 1b*	
virt-c dha oral capsule	1 or 1b*	
virt-nate dha oral capsule	1 or 1b*	
virt-nate oral tablet	1 or 1a*	
virt-pn dha oral capsule	1 or 1b*	
virt-pn oral tablet	1 or 1b*	
virt-pn plus oral capsule	1 or 1b*	
VIRTPREX ORAL CAPSULE	3	
virt-select oral capsule	1 or 1b*	
virt-vite gt oral tablet	1 or 1b*	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL NANO ORAL TABLET	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	2	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMED MD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	

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

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Drug Name	Tier	Notes
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
VITATRUE ORAL COMBO PACK	3	
vol-nate oral tablet	1 or 1a*	
vol-plus oral tablet	1 or 1a*	
vol-tab rx oral tablet	1 or 1a*	
vp-ch plus oral capsule	1 or 1b*	
vp-ch-pnv oral capsule	1 or 1b*	
vp-ggr-b6 oral tablet	1 or 1a*	
vp-heme ob oral tablet	1 or 1b*	
vp-heme one oral capsule	1 or 1b*	
VP-PNV-DHA ORAL CAPSULE	3	
zatean-ch oral capsule	1 or 1b*	
zatean-pn dha oral capsule	1 or 1b*	
zatean-pn plus oral capsule	1 or 1b*	
zingiber oral tablet	1 or 1a*	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
ABILIFY ORAL TABLET	3	ST; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDYI ORAL TABLET	3	PA; QL
alprazolam intensol oral concentrate	1 or 1b*	
alprazolam oral tablet	1 or 1b*	
alprazolam oral tablet extended release 24 hr	1 or 1b*	
alprazolam oral tablet,disintegrating	1 or 1b*	
amitriptyline oral tablet	1 or 1a*	
amitriptyline-chlordiazepoxide oral tablet	1 or 1b*	
amoxapine oral tablet	1 or 1b*	
ANAFRANIL ORAL CAPSULE	3	

Drug Name	Tier	Notes
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG	3	ST; DO; QL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 348 MG, 522 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; QL
aripiprazole oral solution	1 or 1b*	
aripiprazole oral tablet	1 or 1b*	
aripiprazole oral tablet,disintegrating	1 or 1b*	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	
armodafinil oral tablet	1 or 1b*	PA; QL
ATIVAN ORAL TABLET	3	
atomoxetine oral capsule	1 or 1b*	PA; QL
bupropion hcl oral tablet 100 mg	1 or 1b*	
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 12 hr 100 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 12 hr 150 mg, 200 mg	1 or 1b*	
bupropion hcl oral tablet extended release 24 hr 150 mg	1 or 1b*	DO
bupropion hcl oral tablet extended release 24 hr 300 mg	1 or 1b*	QL
buspirone oral tablet	1 or 1b*	
CELEXA ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
CELEXA ORAL TABLET 40 MG	3	ST; QL
chlordiazepoxide hcl oral capsule	1 or 1b*	
chlorpromazine injection solution	1 or 1b*	
chlorpromazine oral tablet	1 or 1b*	
citalopram oral solution	1 or 1b*	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
citalopram oral tablet 10 mg, 20 mg	1 or 1b*	DO	DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO; QL
citalopram oral tablet 40 mg	1 or 1b*		desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	1 or 1b*	
clomipramine oral capsule	1 or 1b*		desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	1 or 1b*	DO
clonidine hcl oral tablet extended release 12 hr	1 or 1b*	PA; QL	dexamphetamine oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
clorazepate dipotassium oral tablet	1 or 1b*		dexamphetamine oral tablet	1 or 1b*	PA; QL
clozapine oral tablet	1 or 1b*		diazepam injection solution	1 or 1a*	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1 or 1b*		diazepam injection syringe	1 or 1a*	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3		diazepam intensol oral concentrate	1 or 1a*	
CLOZARIL ORAL TABLET	2		diazepam oral concentrate	1 or 1a*	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	PA; QL	diazepam oral solution	1 or 1a*	
COTEMPLA XR-ODT ORAL TABLET,DISINTEGRATING BIPHASE 24H	3	PA; QL	diazepam oral tablet	1 or 1a*	
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	PA; QL	doxepin oral capsule	1 or 1b*	
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	PA; DO; QL	doxepin oral concentrate	1 or 1b*	
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	PA; QL	droperidol injection solution	1 or 1b*	
desipramine oral tablet	1 or 1b*		duloxetine oral capsule,delayed release(dr/ec) 20 mg	1 or 1b*	PA; QL
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL	duloxetine oral capsule,delayed release(dr/ec) 30 mg	1 or 1b*	DO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	ST; QL	duloxetine oral capsule,delayed release(dr/ec) 40 mg, 60 mg	1 or 1b*	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	ST; DO; QL	EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	3	ST; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL	EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG, 75 MG	3	ST; DO; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	3		EMSAM TRANSDERMAL PATCH 24 HOUR	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3		EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
escitalopram oxalate oral solution			escitalopram oxalate oral solution	1 or 1b*	
escitalopram oxalate oral tablet 10 mg, 5 mg			escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	DO

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

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Drug Name	Tier	Notes
escitalopram oxalate oral tablet 20 mg	1 or 1b*	
FANAPT ORAL TABLET	3	ST; QL
FANAPT ORAL TABLETS,DOSE PACK	3	ST; QL
FAZACLO ORAL TABLET,DISINTEGRATING	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL
fluoxetine oral capsule 10 mg, 20 mg	1 or 1b*	DO
fluoxetine oral capsule 40 mg	1 or 1b*	
fluoxetine oral capsule,delayed release(dr/ec)	1 or 1b*	
fluoxetine oral solution	1 or 1b*	
fluoxetine oral tablet 10 mg	1 or 1b*	DO
fluoxetine oral tablet 20 mg, 60 mg	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*	
fluvoxamine oral capsule,extended release 24hr	1 or 1b*	
fluvoxamine oral tablet 100 mg	1 or 1b*	
fluvoxamine oral tablet 25 mg, 50 mg	1 or 1b*	DO
FOCALIN ORAL TABLET	3	PA; QL
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	PA; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL

Drug Name	Tier	Notes
GEODON INTRAMUSCULAR RECON SOLN	2	
GEODON ORAL CAPSULE	3	ST; QL
guanfacine oral tablet extended release 24 hr	1 or 1b*	PA; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
HALDOL INJECTION SOLUTION	3	
haloperidol decanoate intramuscular solution	1 or 1b*	
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate intramuscular syringe	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; QL
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	3	ST; QL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	3	ST; DO; QL
LATUDA ORAL TABLET	3	
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
LEXAPRO ORAL TABLET 20 MG	3	ST; QL

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

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Drug Name	Tier	Notes
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
lithium carbonate oral tablet extended release	1 or 1a*	
lithium citrate oral solution 8 meq/5 ml	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE	2	
lorazepam intensol oral concentrate	1 or 1b*	
lorazepam oral concentrate	1 or 1b*	
lorazepam oral tablet	1 or 1b*	
loxapine succinate oral capsule	1 or 1b*	
maprotiline oral tablet	1 or 1b*	
MARPLAN ORAL TABLET	3	
meprobamate oral tablet	1 or 1b*	
metadate er oral tablet extended release	1 or 1b*	PA; QL
METHYLIN ORAL SOLUTION	3	PA; QL
methylphenidate hcl oral capsule, er biphasic 30-70	1 or 1b*	PA; QL
methylphenidate hcl oral capsule,er biphasic 50-50	1 or 1b*	PA; QL
methylphenidate hcl oral solution	1 or 1b*	PA; QL
methylphenidate hcl oral tablet	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release	1 or 1b*	PA; QL
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1 or 1b*	PA; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	PA; QL
methylphenidate hcl oral tablet,chewable	1 or 1b*	PA; QL
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet,disintegrating	1 or 1b*	
modafinil oral tablet 100 mg	1 or 1b*	PA; DO; QL
modafinil oral tablet 200 mg	1 or 1b*	PA; QL

Drug Name	Tier	Notes
NARDIL ORAL TABLET	3	
nefazodone oral tablet	1 or 1b*	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
nortriptyline oral capsule	1 or 1b*	
NORTRIPTYLINE ORAL SOLUTION	3	
NUPLAZID ORAL TABLET	3	PA; QL; LD; SP
NUVIGIL ORAL TABLET	3	PA; QL
olanzapine intramuscular recon soln	1 or 1b*	
olanzapine oral tablet	1 or 1b*	
olanzapine oral tablet,disintegrating	1 or 1b*	
olanzapine-fluoxetine oral capsule	1 or 1b*	
ORAP ORAL TABLET	3	
oxazepam oral capsule	1 or 1b*	
paliperidone oral tablet extended release 24hr	1 or 1b*	
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	DO
paroxetine hcl oral tablet 30 mg, 40 mg	1 or 1b*	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	1 or 1b*	DO
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	3	ST; DO; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST; QL
PAXIL ORAL TABLET 10 MG, 20 MG	3	ST; DO; QL
PAXIL ORAL TABLET 30 MG, 40 MG	3	ST; QL
perphenazine oral tablet	1 or 1b*	

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

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

Drug Name	Tier	Notes
risperidone oral tablet,disintegrating	1 or 1b*	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	PA; QL
RITALIN ORAL TABLET	3	PA; QL
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET	3	ST; QL
SARAFEM ORAL TABLET 10 MG	3	DO
SARAFEM ORAL TABLET 20 MG	3	
SEROQUEL ORAL TABLET	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	ST; QL
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG, 300 MG, 400 MG, 50 MG	3	
sertraline oral concentrate	1 or 1b*	
sertraline oral tablet 100 mg	1 or 1b*	
sertraline oral tablet 25 mg, 50 mg	1 or 1b*	DO
STRATTERA ORAL CAPSULE	3	PA; QL
SURMONTIL ORAL CAPSULE	3	
SYMBYAX ORAL CAPSULE	3	
thioridazine oral tablet	1 or 1b*	
thiothixene oral capsule	1 or 1b*	
TOFRANIL ORAL TABLET	3	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	
tranylcypromine oral tablet	1 or 1b*	
trazodone oral tablet	1 or 1a*	
trifluoperazine oral tablet	1 or 1b*	
trimipramine oral capsule	1 or 1b*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	ST; DO; QL
TRINTELLIX ORAL TABLET 20 MG	3	ST; QL
VALIUM ORAL TABLET	3	

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

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

Drug Name	Tier	Notes
ZOLOFT ORAL TABLET 100 MG	3	ST; QL
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	ST; DO; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	
ZYPREXA ORAL TABLET	3	ST; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	ST; QL
SEDATIVE/HYPNOTICS		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	ST; QL
AMBIEN ORAL TABLET	3	ST; QL
AMYTAL INJECTION RECON SOLN	3	
ATIVAN INJECTION SOLUTION	3	
BELSOMRA ORAL TABLET	3	ST; QL
BUTISOL ORAL TABLET 30 MG	3	
DEXMEDETOMIDINE INTRAVENOUS SOLUTION	3	
DORAL ORAL TABLET	3	
EDLUAR SUBLINGUAL TABLET	3	ST; QL
estazolam oral tablet	1 or 1b*	
eszopiclone oral tablet	1 or 1b*	
flurazepam oral capsule	1 or 1b*	
HALCION ORAL TABLET 0.25 MG	3	
HETLIOZ ORAL CAPSULE	3	PA; QL; LD; SP
INTERMEZZO SUBLINGUAL TABLET	3	ST; QL
LORAZEPAM IN 0.9% SOD CHLORIDE INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	

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

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Drug Name	Tier	Notes
LORAZEPAM IN DEXTROSE 5 % INTRAVENOUS SOLUTION 100 MG/100 ML (1 MG/ML)	3	
lorazepam injection solution	1 or 1b*	
lorazepam injection syringe	1 or 1b*	
LUNESTA ORAL TABLET	3	ST; QL
midazolam oral syrup 2 mg/ml	1 or 1b*	
NEMBUTAL SODIUM INJECTION SOLUTION	3	
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	
phenobarbital oral tablet	1 or 1b*	
phenobarbital sodium injection solution	1 or 1b*	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION	3	
QUAZEPAM ORAL TABLET	3	
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	ST; QL
seconal sodium oral capsule	1 or 1b*	
SILENOR ORAL TABLET	3	ST; QL
SONATA ORAL CAPSULE	3	ST; QL
temazepam oral capsule	1 or 1b*	
triazolam oral tablet	1 or 1b*	
XYREM ORAL SOLUTION	3	PA; QL; LD; SP
zaleplon oral capsule	1 or 1b*	ST; QL
zolpidem oral tablet	1 or 1b*	
zolpidem oral tablet,ext release multiphase	1 or 1b*	ST; QL
zolpidem sublingual tablet	1 or 1b*	ST; QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL	3	ST; QL

Drug Name	Tier	Notes
SKIN PREPS		
ABSORICA ORAL CAPSULE	3	PA; QL
ACANYA TOPICAL GEL WITH PUMP	2	
acetic acid irrigation solution	1 or 1b*	
acitretin oral capsule	1 or 1b*	
ACZONE TOPICAL GEL	3	
ACZONE TOPICAL GEL WITH PUMP	3	
adapalene topical cream	1 or 1b*	PA; QL
adapalene topical gel	1 or 1b*	PA; QL
adapalene topical gel with pump	1 or 1b*	PA; QL
ADAPALENE TOPICAL LOTION	3	PA; CE; QL
adapalene-benzoyl peroxide topical gel with pump	1 or 1b*	
ala-cort topical cream	1 or 1a*	
ALA-QUIN TOPICAL CREAM	3	
ALA-SCALP TOPICAL LOTION	3	ST; CE; QL
alclometasone topical cream	1 or 1b*	
alclometasone topical ointment	1 or 1b*	
ALCORTIN A TOPICAL GEL	3	
ALCORTIN A TOPICAL GEL IN PACKET	3	
ALDARA TOPICAL CREAM IN PACKET	3	ST; QL
ALEVICYN PLUS TOPICAL COMBO PACK, CREAM AND GEL	3	
ALTABAX TOPICAL OINTMENT	2	
amcinonide topical cream	3	ST; CE; QL; CTT1
amcinonide topical lotion	3	ST; CE; QL; CTT1
amcinonide topical ointment	3	ST; CE; QL; CTT1
ammonium lactate topical cream	1 or 1b*	
ammonium lactate topical lotion	1 or 1b*	
amnesteem oral capsule	2	PA; QL; CTT1

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
AMPHADASE INJECTION SOLUTION	3		betamethasone dipropionate topical ointment	3	ST; CE; QL; CTT1
ANALPRAM-HC TOPICAL LOTION	3		betamethasone valerate topical cream	3	ST; CE; QL; CTT1
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3		betamethasone valerate topical foam	3	ST; CE; QL; CTT1
apexicon e topical cream	3	ST; CE; QL; CTT1	betamethasone valerate topical lotion	3	ST; CE; QL; CTT1
ARTISS TOPICAL SYRINGE	3		betamethasone valerate topical ointment	3	ST; CE; QL; CTT1
ATOPADERM TOPICAL CREAM	3		betamethasone, augmented topical cream	1 or 1b*	
ATOPICLAIR TOPICAL CREAM	3		betamethasone, augmented topical gel	1 or 1b*	ST; QL
ATRALIN TOPICAL GEL	3	PA; CE; QL	betamethasone, augmented topical lotion	1 or 1b*	ST; QL
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL	3		betamethasone, augmented topical ointment	1 or 1b*	
AVAGE TOPICAL CREAM	3	PA; QL	BIAFINE EMULSION TOPICAL EMULSION	3	
avita topical cream	1 or 1b*	PA; QL	bimatoprost base of the eyelashes drops with applicator	1 or 1b*	
AVITA TOPICAL GEL	3	PA; CE; QL	BIONECT TOPICAL CREAM	3	
avo cream topical emulsion	1 or 1b*		BIONECT TOPICAL FOAM	3	
AZELEX TOPICAL CREAM	3	PA; QL	BIONECT TOPICAL GEL	3	
BEAU RX TOPICAL GEL	3		blanche topical cream	1 or 1b*	
BENSAL HP TOPICAL OINTMENT 3 %	3		bpo topical gel	1 or 1b*	PA; QL
BENZACLIN PUMP TOPICAL GEL WITH PUMP	3	ST; QL	bpo topical towelette 6 %	1 or 1b*	PA; QL
BENZACLIN TOPICAL GEL	3	ST; QL	calcipotriene scalp solution	1 or 1b*	
BENZEFOAM TOPICAL FOAM	3	PA; QL	calcipotriene topical cream	1 or 1b*	
BENZEFOAM ULTRA TOPICAL FOAM	3	PA; QL	calcipotriene topical ointment	1 or 1b*	
BENZEPRO (MICROSPPHERES) TOPICAL CLEANSER	3	PA; QL	calcipotriene-betamethasone topical ointment	1 or 1b*	
benzepro topical towelette	1 or 1b*	PA; QL	calcitrene topical ointment	1 or 1b*	
benzoyl peroxide topical foam 5.3 %	1 or 1b*	PA; QL	calcitriol topical ointment	1 or 1b*	PA; QL
betamethasone dipropionate topical cream	3	ST; CE; QL; CTT1	CAPEX TOPICAL SHAMPOO	3	ST; CE; QL
betamethasone dipropionate topical lotion	3	ST; CE; QL; CTT1	cem-urea topical gel	1 or 1b*	

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

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Drug Name	Tier	Notes
clindamycin-benzoyl peroxide topical gel	1 or 1b*	
clindamycin-benzoyl peroxide topical gel with pump	1 or 1b*	
clindamycin-tretinoin topical gel	1 or 1b*	
clobetasol scalp solution	1 or 1b*	
clobetasol topical cream	1 or 1b*	
clobetasol topical foam	1 or 1b*	
clobetasol topical gel	1 or 1b*	
clobetasol topical lotion	1 or 1b*	
clobetasol topical ointment	1 or 1b*	
clobetasol topical shampoo	1 or 1b*	
clobetasol topical spray,non-aerosol	1 or 1b*	
clobetasol-emollient topical cream	1 or 1b*	
clobetasol-emollient topical foam	1 or 1b*	
CLOBEX TOPICAL LOTION	3	ST; CE; QL
CLOBEX TOPICAL SHAMPOO	3	ST; CE; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; CE; QL
CLOCORTOLONE PIVALATE TOPICAL CREAM	3	ST; CE; QL
clodan topical shampoo	1 or 1b*	
CLODERM TOPICAL CREAM	3	ST; CE; QL
COAL TAR TOPICAL SOLUTION	3	
CONDYLOX TOPICAL GEL	3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST; CE; QL
CORDRAN TOPICAL CREAM	3	ST; CE; QL
CORDRAN TOPICAL LOTION	3	ST; CE; QL
CORDRAN TOPICAL OINTMENT	3	ST; CE; QL
cormax scalp solution	1 or 1b*	

Drug Name	Tier	Notes
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	3	PA; QL; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
COSENTYX SUBCUTANEOUS SYRINGE	3	PA; QL; SP
CUTIVATE TOPICAL CREAM	3	ST; CE; QL
CUTIVATE TOPICAL LOTION	3	ST; CE; QL
dapsone topical gel	1 or 1b*	
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST; CE; QL
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST; CE; QL
DERMATOP TOPICAL CREAM	3	ST; CE; QL
DERMATOP TOPICAL OINTMENT	3	ST; CE; QL
DESONATE TOPICAL GEL	3	ST; CE; QL
desonide topical cream	3	ST; CE; QL; CTT1
desonide topical lotion	3	ST; CE; QL; CTT1
desonide topical ointment	3	ST; CE; QL; CTT1
DESOWEN TOPICAL CREAM	3	ST; CE; QL
DESOWEN TOPICAL LOTION	3	ST; CE; QL
desoximetasone topical cream	3	ST; CE; QL; CTT1
desoximetasone topical gel	3	ST; CE; QL; CTT1
desoximetasone topical ointment	3	ST; CE; QL; CTT1
DEXERYL TOPICAL CREAM	3	
diclofenac sodium topical gel 1 %	1 or 1b*	
DICLOZOR TOPICAL KIT	3	ST; CE; QL

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

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Drug Name	Tier	Notes
DIFFERIN TOPICAL CREAM	3	PA; QL
DIFFERIN TOPICAL GEL	3	PA; QL
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; QL
DIFFERIN TOPICAL LOTION	3	PA; CE; QL
diflorasone topical cream	3	ST; CE; QL; CTT1
diflorasone topical ointment	3	ST; CE; QL; CTT1
DIPROLENE TOPICAL OINTMENT	3	ST; CE; QL
DOVONEX TOPICAL CREAM	3	
doxepin topical cream	1 or 1b*	
drithocreme hp topical cream	1 or 1b*	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUAC TOPICAL GEL	3	ST; QL
DUPIXENT SUBCUTANEOUS SYRINGE	3	PA; QL; SP
eletone topical cream	1 or 1b*	
ELIMITE TOPICAL CREAM	3	
ELOCON TOPICAL CREAM	3	ST; CE; QL
ELOCON TOPICAL OINTMENT	3	ST; CE; QL
emulsion sb topical emulsion	1 or 1b*	
ENSTILAR TOPICAL FOAM	3	
ENTTY TOPICAL SPRAY, NON-AEROSOL	3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	PA; QL
EPIDUO TOPICAL GEL WITH PUMP	3	PA; QL
EPIFOAM TOPICAL FOAM	3	
EUCRISA TOPICAL OINTMENT	3	ST; QL

Drug Name	Tier	Notes
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
FABIOR TOPICAL FOAM	3	ST; CE; QL
FINACEA TOPICAL FOAM	2	
FINACEA TOPICAL GEL	2	
fluocinolone and shower cap scalp oil	3	ST; CE; QL; CTT1
fluocinolone topical cream	3	ST; CE; QL; CTT1
fluocinolone topical oil	3	ST; CE; QL; CTT1
fluocinolone topical ointment	3	ST; CE; QL; CTT1
fluocinolone topical solution	3	ST; CE; QL; CTT1
fluocinonide topical cream	1 or 1b*	
fluocinonide topical gel	1 or 1b*	ST; QL
fluocinonide topical ointment	1 or 1b*	
fluocinonide topical solution	1 or 1b*	
fluocinonide-e topical cream	1 or 1b*	
fluocinonide-emollient topical cream	1 or 1b*	
flurandrenolide topical cream	3	ST; CE; QL; CTT1
flurandrenolide topical lotion	3	ST; CE; QL; CTT1
flurandrenolide topical ointment	3	ST; CE; QL; CTT1
fluticasone topical cream	3	ST; CE; QL; CTT1
fluticasone topical lotion	3	ST; CE; QL; CTT1
fluticasone topical ointment	3	ST; CE; QL; CTT1
forma-ray solution	1 or 1b*	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
GENADUR TOPICAL LIQUID	3	
GORDONS UREA TOPICAL OINTMENT 22%	3	
GUAIACOL LIQUID	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
halobetasol propionate topical cream	1 or 1b*		hydrocortisone-min oil-wht pet topical ointment	1 or 1a*	
halobetasol propionate topical ointment	1 or 1b*		hydrocortisone-pramoxine topical cream	1 or 1b*	
HALOG TOPICAL CREAM	3	ST; CE; QL	hydroquinone microspheres topical cream,extended release	1 or 1b*	
HALOG TOPICAL OINTMENT	3	ST; CE; QL	hydroquinone topical cream	1 or 1b*	
hpr plus hydrogel topical kit,cream and gel	1 or 1b*		HYGEL TOPICAL GEL	3	
hpr plus topical cream	1 or 1b*		HYLATOPIC TOPICAL FOAM	3	
hpr plus topical foam	1 or 1b*		HYLATOPICPLUS TOPICAL CREAM	3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM	3		HYLATOPICPLUS TOPICAL FOAM	3	
hpr topical foam	1 or 1b*		HYLATOPICPLUS TOPICAL LOTION	3	
HYCLODEX TOPICAL SPRAY,NON-AEROSOL	3		imiquimod topical cream in packet	1 or 1b*	
HYDRO 35 TOPICAL FOAM	3		IMPOYZ TOPICAL CREAM	3	ST; CE; QL
HYDRO 40 TOPICAL FOAM	3		IODOFLEX TOPICAL PADS, MEDICATED	3	
hydrocortisone butyrate topical cream	3	ST; CE; QL; CTT1	iodoquinol-hc topical cream	1 or 1b*	
hydrocortisone butyrate topical lotion	3	ST; CE; QL; CTT1	IODOSORB TOPICAL GEL	3	
hydrocortisone butyrate topical ointment	3	ST; CE; QL; CTT1	isotretinoin oral capsule	2	CTT1
hydrocortisone butyrate topical solution	3	ST; CE; QL; CTT1	KENALOG TOPICAL AEROSOL	3	ST; CE; QL
hydrocortisone butyr-emollient topical cream	3	ST; CE; QL; CTT1	KERAFOAM TOPICAL FOAM	3	
hydrocortisone topical cream 1 %, 2.5 %	1 or 1a*		KERALAC TOPICAL CREAM	3	
hydrocortisone topical cream with perineal applicator	1 or 1b*		KLARON TOPICAL SUSPENSION	3	
hydrocortisone topical lotion 2.5 %	1 or 1a*		lactated ringers irrigation solution	1 or 1b*	
hydrocortisone topical ointment 1 %, 2.5 %	1 or 1a*		LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR	3	
hydrocortisone valerate topical cream	3	ST; CE; QL; CTT1	LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	3	
hydrocortisone valerate topical ointment	3	ST; CE; QL; CTT1	LEVICYN ANTIPRURITIC TOPICAL GEL	3	
hydrocortisone-iodoquinol-aloe2 topical gel	1 or 1b*		LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL	3	
hydrocortisone-iodoquinol-aloe topical cream in packet	1 or 1b*				

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

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Drug Name	Tier	Notes
lindane topical shampoo	1 or 1b*	
LOCOID LIPOCREAM TOPICAL CREAM	3	ST; CE; QL
LOCOID TOPICAL CREAM	3	ST; CE; QL
LOCOID TOPICAL LOTION	3	ST; CE; QL
LOCOID TOPICAL OINTMENT	3	ST; CE; QL
LOCOID TOPICAL SOLUTION	3	ST; CE; QL
LOUTREX TOPICAL CREAM	3	
LOYON TOPICAL SPRAY, NON-AEROSOL	3	
lugols topical solution	1 or 1b*	
luxamend topical cream	1 or 1b*	
LUXIQ TOPICAL FOAM	3	ST; CE; QL
malathion topical lotion	1 or 1b*	
methoxsalen oral capsule, liqd-filled, rapid rel	1 or 1b*	SP
METOPIC TOPICAL CREAM	3	
METROCREAM TOPICAL CREAM	3	ST; QL
METROGEL TOPICAL GEL 1 %	3	ST; QL
METROGEL TOPICAL GEL WITH PUMP	3	ST; QL
METROLOTION TOPICAL LOTION	3	ST; QL
metronidazole topical cream	1 or 1b*	
metronidazole topical gel	1 or 1b*	
metronidazole topical gel with pump	1 or 1b*	
metronidazole topical lotion	1 or 1b*	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	
MICROCYN HYDROGEL TOPICAL GEL	3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL	3	
MIRVASO TOPICAL GEL	3	
MIRVASO TOPICAL GEL WITH PUMP	3	

Drug Name	Tier	Notes
mometasone topical cream	1 or 1b*	
mometasone topical ointment	1 or 1b*	
mometasone topical solution	1 or 1b*	
myorisan oral capsule	2	PA; QL; CTT1
NATROBA TOPICAL SUSPENSION	3	
NEOCERA TOPICAL CREAM	3	
neomycin-polymyxin b gu irrigation solution	1 or 1b*	
NEOSALUS TOPICAL CREAM	3	
NEOSALUS TOPICAL FOAM	3	
NEOSALUS TOPICAL LOTION	3	
neuac topical gel	1 or 1b*	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR	3	
nivatopic plus topical cream	1 or 1b*	
nolix topical cream	3	ST; CE; QL; CTT1
nolix topical lotion	3	ST; CE; QL; CTT1
NORITATE TOPICAL CREAM	3	ST; QL
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR	3	
NUOX TOPICAL GEL	3	PA; QL
NUTRASEB TOPICAL CREAM	3	
NUVAIL TOPICAL NAIL FILM SOLUTION	3	
OLUX TOPICAL FOAM	3	ST; CE; QL
OLUX-E TOPICAL FOAM	3	ST; CE; QL
ONEXTON TOPICAL GEL WITH PUMP	2	
OVACE TOPICAL CLEANSER	3	
OVIDE TOPICAL LOTION	3	
OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL	3	SP

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

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Drug Name	Tier	Notes
PANDEL TOPICAL CREAM	3	ST; CE; QL
permethrin topical cream	1 or 1b*	
PHENOL LIQUID	3	
PHLAG SPRAY TOPICAL SPRAY,NON-AEROSOL	3	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
PODOCON TOPICAL LIQUID	3	
podofilox topical solution	1 or 1b*	
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	PA; QL
pr cream topical cream	1 or 1b*	
PRAMOSONE E TOPICAL CREAM	3	
PRAMOSONE TOPICAL CREAM 1-1 %	2	
PRAMOSONE TOPICAL CREAM 2.5-1 %	3	
PRAMOSONE TOPICAL LOTION	2	
PRAMOSONE TOPICAL OINTMENT	2	
prednicarbate topical cream	3	ST; CE; QL; CTT1
prednicarbate topical ointment	3	ST; CE; QL; CTT1
PRESERA TOPICAL FOAM	3	
PROCTOCORT TOPICAL CREAM	3	
procto-med hc topical cream with perineal applicator	1 or 1b*	
procto-pak topical cream with perineal applicator	1 or 1b*	
proctosol hc topical cream with perineal applicator	1 or 1b*	
protozone-hc topical cream with perineal applicator	1 or 1b*	
PROMISEB TOPICAL CREAM	3	
pruclair topical cream	1 or 1b*	
prudoxin topical cream	1 or 1b*	

Drug Name	Tier	Notes
prumyx topical cream	1 or 1b*	
prutect topical emulsion	1 or 1b*	
PSORCON TOPICAL CREAM	3	CE
QUINJA TOPICAL GEL	3	
recedo topical gel	1 or 1b*	
refissa topical cream	1 or 1b*	PA; QL
REGRANEX TOPICAL GEL	3	
RENOVA TOPICAL CREAM 0.02 %	3	PA; QL
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	PA; QL
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; CE; QL
RETIN-A MICRO TOPICAL GEL	3	PA; QL
RETIN-A TOPICAL CREAM	3	PA; QL
RETIN-A TOPICAL GEL	3	PA; QL
RHOFADE TOPICAL CREAM	3	
ringer's irrigation solution	1 or 1b*	
rosadan topical cream	1 or 1b*	
rosadan topical gel	1 or 1b*	
RYNODERM TOPICAL CREAM	3	
SALEX TOPICAL SHAMPOO	3	
salicylic acid topical cream	1 or 1b*	
salicylic acid topical cream,extended release	1 or 1b*	
salicylic acid topical foam	1 or 1b*	
salicylic acid topical gel	1 or 1b*	
salicylic acid topical lotion	1 or 1b*	
salicylic acid topical lotion,extended release	1 or 1b*	
salicylic acid topical shampoo	1 or 1b*	
SALKERA TOPICAL FOAM	3	
SALVAX DUO PLUS TOPICAL FOAM	3	
salvax topical foam	1 or 1b*	

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

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Drug Name	Tier	Notes
SANTYL TOPICAL OINTMENT	3	
scalacort topical lotion	1 or 1a*	
seb-prev topical cleanser	1 or 1b*	
SEBUDERM TOPICAL GEL	3	
selenium sulfide topical lotion	1 or 1a*	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1 or 1a*	
SELRX TOPICAL SHAMPOO	3	
SERNIVO TOPICAL SPRAY WITH PUMP	3	ST; CE; QL
SILIQ SUBCUTANEOUS SYRINGE	3	PA; QL; SP
silver nitrate applicators topical stick	1 or 1b*	
silver nitrate topical ointment	1 or 1b*	
silver nitrate topical solution	1 or 1b*	
SILVRSTAT TOPICAL GEL	3	
SKLICE TOPICAL LOTION	3	
sodium chloride irrigation solution	1 or 1b*	
sonafine topical emulsion	1 or 1b*	
SOOLANTRA TOPICAL CREAM	3	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL URETHRAL SOLUTION	3	
SORIA TANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG	3	
SORILUX TOPICAL FOAM	3	
sp antipruritic topical gel	1 or 1b*	
sp scar management topical gel with pump	1 or 1b*	
spinosad topical suspension	1 or 1b*	
sulfacetamide sodium (acne) topical suspension	1 or 1b*	
sulfacetamide sodium topical cleanser	1 or 1b*	
sulfacetamide sodium topical cleanser, gel	1 or 1b*	

Drug Name	Tier	Notes
sulfacetamide sodium topical shampoo	1 or 1b*	
SYNALAR CREAM KIT TOPICAL CREAM	3	CE
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	3	CE
SYNALAR TOPICAL CREAM	3	ST; CE; QL
SYNALAR TOPICAL OINTMENT	3	ST; CE; QL
SYNALAR TOPICAL SOLUTION	3	ST; CE; QL
TACLONEX TOPICAL OINTMENT	3	
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL; SP
tazarotene topical cream	1 or 1b*	
TAZORAC TOPICAL CREAM 0.05 %	2	
TAZORAC TOPICAL CREAM 0.1 %	3	
TAZORAC TOPICAL GEL	2	
TEMOVATE TOPICAL CREAM	3	ST; CE; QL
TEMOVATE TOPICAL OINTMENT	3	ST; CE; QL
TERSI FOAM TOPICAL FOAM	3	
TETRIX TOPICAL CREAM	3	
TEXACORT TOPICAL SOLUTION	3	ST; CE; QL

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT	3		ULESFIA TOPICAL LOTION	3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE	3		ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL	3	
tis-u-sol pentalyte irrigation solution	1 or 1b*		ULTRAVATE TOPICAL CREAM	3	ST; CE; QL
TOPICORT TOPICAL CREAM	3	ST; CE; QL	ULTRAVATE TOPICAL LOTION	3	ST; CE; QL
TOPICORT TOPICAL GEL	3	CE	ULTRAVATE TOPICAL OINTMENT	3	ST; CE; QL
TOPICORT TOPICAL OINTMENT	3	ST; CE; QL	umecta topical foam	1 or 1b*	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	ST; CE; QL	urea nail stick topical solution	1 or 1b*	
tretinoin (emollient) topical cream	1 or 1b*	PA; QL	urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %	1 or 1b*	
tretinoin microspheres topical gel	1 or 1b*	PA; QL	urea topical foam	1 or 1b*	
tretinoin microspheres topical gel with pump	1 or 1b*	PA; QL	urea topical gel 45 %	1 or 1b*	
tretinoin topical cream	1 or 1b*	PA; QL	UREA TOPICAL LOTION 40 %	3	
tretinoin topical gel	1 or 1b*	PA; QL	urea topical lotion 45 %	1 or 1b*	
TRETIN-X TOPICAL CREAM 0.075 %	3	PA; CE; QL	UTOPIC TOPICAL CREAM	3	
triamcinolone acetonide topical aerosol	1 or 1a*	ST; QL	VANIQA TOPICAL CREAM	3	
triamcinolone acetonide topical cream	1 or 1a*		VANOS TOPICAL CREAM	3	ST; CE; QL
triamcinolone acetonide topical lotion	1 or 1a*		VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	3	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1 or 1a*		VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION	3	
trianex topical ointment	1 or 1a*	ST; QL	VECTICAL TOPICAL OINTMENT	3	
tri-chlor topical solution	1 or 1b*		VELTIN TOPICAL GEL	3	ST; QL
TRICHLOROACETIC ACID TOPICAL RECON SOLN 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 85 %, 90 %	3		VERDESO TOPICAL FOAM	3	ST; CE; QL
triderm topical cream 0.1 %	1 or 1a*		VIRASAL TOPICAL FILM FORMING LIQUID W/APPL	3	
triderm topical cream 0.5 %	1 or 1a*	ST; QL	VITRASE INJECTION SOLUTION	3	
TRIDESILON TOPICAL CREAM	3	CE	VOLTAREN TOPICAL GEL	3	ST; QL
TRI-LUMA TOPICAL CREAM	3		VYTONE TOPICAL CREAM IN PACKET	3	

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

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Drug Name	Tier	Notes
water for irrigation, sterile irrigation solution	1 or 1b*	
XCLAIR TOPICAL CREAM	3	
zenatane oral capsule	2	PA; QL; CTT1
ZIANA TOPICAL GEL	3	ST; QL
ZITHRANOL TOPICAL SHAMPOO	3	
ZONALON TOPICAL CREAM	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	ST; QL
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	1 or 1b*	PA; QL; \$0
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	PA; QL; \$0
CHANTIX ORAL TABLET	3	PA; QL; \$0
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	PA; QL; \$0
NICOTROL INHALATION CARTRIDGE	3	PA; QL; \$0
NICOTROL NS NASAL SPRAY, NON-AEROSOL	3	PA; QL; \$0
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL; \$0
THYROID PREPS		
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	
LEVO-T ORAL TABLET	3	
LEVOTHYROXINE INTRAVENOUS RECON SOLN 100 MCG	3	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	1 or 1a*	
levothyroxine oral tablet	1 or 1a*	

Drug Name	Tier	Notes
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1 or 1a*	
liothyronine intravenous solution	1 or 1b*	
liothyronine oral tablet	1 or 1b*	
methimazole oral tablet 10 mg, 5 mg	1 or 1a*	
nature-throid oral tablet	1 or 1a*	
np thyroid oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
SYNTHROID ORAL TABLET	2	
TAPAZOLE ORAL TABLET	3	
THYROGEN INTRAMUSCULAR RECON SOLN	3	LD; SP
thyroid (pork) oral tablet	1 or 1a*	
THYROLAR-1 ORAL TABLET	3	
THYROLAR-1/2 ORAL TABLET	3	
THYROLAR-1/4 ORAL TABLET	3	
THYROLAR-2 ORAL TABLET	3	
THYROLAR-3 ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TRIOSTAT INTRAVENOUS SOLUTION	3	
unithroid oral tablet	1 or 1a*	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1 or 1a*	
WP THYROID ORAL TABLET	3	
UNCLASSIFIED DRUG PRODUCTS		
acamprosate oral tablet,delayed release (dr/ec)	1 or 1b*	
ACETADOTE INTRAVENOUS SOLUTION	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
acetylcysteine intravenous solution	1 or 1b*		ARALAST NP INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
ACTONEL ORAL TABLET	3		ARCALYST SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
ADAGEN INTRAMUSCULAR SOLUTION	3	LD	ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; QL; SP	AVODART ORAL CAPSULE	3	
alendronate oral solution	1 or 1b*		bacteriostatic water(parabens) injection solution	1 or 1b*	
alendronate oral tablet	1 or 1b*		BAL IN OIL INTRAMUSCULAR SOLUTION	3	PA; QL
alfuzosin oral tablet extended release 24 hr	1 or 1b*		BENLYSTA INTRAVENOUS RECON SOLN	3	PA; QL; SP
ALLER EX-VENOM-MIX VESPID PROT INJECTION RECON SOLN	3		BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL; SP
ALLER EX-VENOM-MIX VESPID PROT SUBCUTANEOUS RECON SOLN	3		BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ALLER EX-VENOM-WHT HORNET PROT INJECTION RECON SOLN	3		BERINERT INTRAVENOUS KIT	3	PA; QL; LD
ALLER EX-VENOM-YLW HORNET PROT INJECTION RECON SOLN	3		BINOSTO ORAL TABLET, EFFERVESCENT	3	
ALLER EX-VENOM-YLW JACKET PROT INJECTION RECON SOLN	3		BOCASAL MUCOUS MEMBRANE POWDER IN PACKET	3	
ALLERGEN EXT-VENOM-HONEY BEE INJECTION RECON SOLN	3		BONIVA INTRAVENOUS SYRINGE	3	
ALLERGEN EX-VENOM-WASP PROTEIN INJECTION RECON SOLN	3		BONIVA ORAL TABLET	3	ST; QL
amifostine crystalline intravenous recon soln	1 or 1b*	SP	BRIDION INTRAVENOUS SOLUTION	3	
ANTABUSE ORAL TABLET	3		BRISDELLE ORAL CAPSULE	3	
APLIGRAF TOPICAL DISK	3		BUNAVAIL BUCCAL FILM	3	QL
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	3		buprenorphine hcl sublingual tablet	1 or 1b*	QL
			buprenorphine-naloxone sublingual tablet	1 or 1b*	QL
			BUTYLATED HYDROXYTOLUENE POWDER	3	

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	PA; QL	CUROSURF INTRATRACHEAL SUSPENSION	3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	3		CYANOKIT INTRAVENOUS RECON SOLN	3	
CARBAGLU ORAL TABLET, DISPERSIBLE	3	PA; QL; LD	CYSTADANE ORAL POWDER	3	LD
CARDIOVID PLUS ORAL CAPSULE	3		CYSTAGON ORAL CAPSULE	3	LD
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3		darifenacin oral tablet extended release 24 hr	1 or 1b*	
CARNITOR INTRAVENOUS SOLUTION	3		DEBACTEROL MUCOUS MEMBRANE SOLUTION	3	
CARNITOR ORAL SOLUTION	3		DEBACTEROL MUCOUS MEMBRANE SWAB	3	
CARNITOR ORAL TABLET	3		deferoxamine injection recon soln	1 or 1b*	PA; QL; SP
CAVERJECT IMPULSE INTRACAVERNOSAL KIT	3	PA; QL	DERMAGRAFT TOPICAL SHEET	3	
CAVERJECT INTRACAVERNOSAL RECON SOLN	3	PA; QL	DESFERAL INJECTION RECON SOLN	3	PA; QL; SP
CELLULOSE (BULK) POWDER	3		DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST; QL
CERDELGA ORAL CAPSULE	3	PA; QL; SP	DETROL ORAL TABLET	3	ST; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; QL; SP	dexrazoxane hcl intravenous recon soln	1 or 1b*	SP
CETYLEV ORAL TABLET, EFFERVESCENT	3		DIGIFAB INTRAVENOUS RECON SOLN	3	
CHEMET ORAL CAPSULE	3	PA; QL	DILUENT FOR EPOPROSTENOL/FLOLA INTRAVENOUS SOLUTION	3	LD
chlorhexidine gluconate mucous membrane mouthwash	1 or 1a*		disulfiram oral tablet	1 or 1b*	
CIALIS ORAL TABLET 10 MG, 20 MG	2	PA; QL	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL	doxercalciferol intravenous solution	1 or 1b*	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP	doxercalciferol oral capsule	1 or 1b*	PA; QL
CONCEPTION KIT	3		doxycycline hyclate oral tablet 20 mg	1 or 1b*	
CO-VERATROL ORAL CAPSULE	3		DUODOTE INTRAMUSCULAR PEN INJECTOR	3	
cryoserv solution	1 or 1b*		dutasteride oral capsule	1 or 1b*	
			dutasteride-tamsulosin oral capsule, er multiphase 24 hr	1 or 1b*	

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
EDEX INTRACAVERNOSAL KIT	3	PA; QL	FIRAZYR SUBCUTANEOUS SYRINGE	3	PA; QL; SP
ELAPRASE INTRAVENOUS SOLUTION	3	PA; QL	flavoxate oral tablet	1 or 1b*	
ELELYSO INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP	FLOMAX ORAL CAPSULE	3	
ELLIOTTS B (PF) INTRATHECAL SOLUTION	3		flumazenil intravenous solution	1 or 1b*	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL	fomepizole intravenous solution	1 or 1b*	
ENDOFORM FENESTRATED TOPICAL SHEET	3		FORTEO SUBCUTANEOUS PEN INJECTOR	3	PA; QL; SP
ENDOFORM TOPICAL SHEET 2 X 2 ", 4 X 5 "	3		FOSAMAX ORAL TABLET 70 MG	3	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3		FOSAMAX PLUS D ORAL TABLET	2	
ESBRIET ORAL CAPSULE	3	PA; QL; LD; SP	FUSILEV INTRAVENOUS RECON SOLN	3	PA; QL
ESBRIET ORAL TABLET	3	PA; QL; LD; SP	GALZIN ORAL CAPSULE	3	
ethyl acetate liquid	1 or 1b*		GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
ETHYOL INTRAVENOUS RECON SOLN	3	QL; SP	GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	3	ST; QL
etidronate disodium oral tablet	1 or 1b*		GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST; QL
EUCALYPTUS FLAVOR OIL	3		GELX MUCOUS MEMBRANE GEL	3	
EVISTA ORAL TABLET	3		GLASSIA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
EXJADE ORAL TABLET, DISPERISIBLE	3	PA; QL; SP	HAEGARDA SUBCUTANEOUS RECON SOLN	3	PA; QL; LD; SP
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA; QL; LD	HECTOROL INTRAVENOUS SOLUTION	3	PA; QL
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; QL; SP	HYLENEX INJECTION SOLUTION	3	
FERRIPROX ORAL SOLUTION	3	PA; QL; LD	HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
FERRIPROX ORAL TABLET	3	PA; QL; LD	ibandronate intravenous solution	1 or 1b*	
FIBRIK ORAL CAPSULE	3				
finasteride oral tablet	1 or 1b*				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
ibandronate intravenous syringe	1 or 1b*		LUMIZYME INTRAVENOUS RECON SOLN	3	PA; QL; SP
ibandronate oral tablet	1 or 1b*	ST; QL	LUTATHERA INTRAVENOUS SOLUTION	3	
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; DO; QL
INFASURF INTRATRACHEAL SUSPENSION	3		LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL
JADENU ORAL TABLET	3	PA; QL; SP	MEGACE ES ORAL SUSPENSION	3	
JADENU SPRINKLE ORAL GRANULES IN PACKET	3	PA; QL; SP	megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1 or 1b*	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3		MEPSEVII INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; QL; LD; SP	mesna intravenous solution	1 or 1b*	PA; QL
KALYDECO ORAL GRANULES IN PACKET	3	PA; QL; LD; SP	MESNEX INTRAVENOUS SOLUTION	3	PA; QL
KALYDECO ORAL TABLET	3	PA; QL; LD; SP	MESNEX ORAL TABLET	2	PA; QL
KANUMA INTRAVENOUS SOLUTION	3	PA; QL; LD; SP	METASTRON INTRAVENOUS SOLUTION	3	
KERAMATRIX TOPICAL SHEET	3		METHAZEL ORAL CAPSULE	3	
KEVEYIS ORAL TABLET	3	PA; QL; LD	methylene blue (antidote) intravenous solution	1 or 1b*	
KUVAN ORAL POWDER IN PACKET	2	PA; QL; LD; SP	MIFEPREX ORAL TABLET	3	
KUVAN ORAL TABLET,SOLUBLE	2	PA; QL; LD; SP	miglustat oral capsule	1 or 1b*	PA; QL; SP
leucovorin calcium injection recon soln	1 or 1b*		MUGARD MUCOUS MEMBRANE SOLUTION	3	
leucovorin calcium oral tablet	1 or 1b*		MURI-LUBE OIL	2	
levocarnitine (with sugar) oral solution	1 or 1b*		MUSE URETHRAL SUPPOSITORY	3	PA; QL
levocarnitine oral tablet	1 or 1b*		MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	3	PA; QL	NAGLAZYME INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
levoleucovorin intravenous recon soln 50 mg	1 or 1b*	PA; QL	nebusal inhalation solution for nebulization 3 %	1 or 1b*	
levoleucovorin intravenous solution	1 or 1b*				
LUCEMYRA ORAL TABLET	3				

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

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2		pamidronate intravenous recon soln	1 or 1b*	SP
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	3		pamidronate intravenous solution	1 or 1b*	SP
NEXAVIR INJECTION SOLUTION	3		PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	3	
niacin-aze ac-turmer-fa-b6-zn oral tablet	1 or 1b*		PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION	3	
NICADAN ORAL TABLET	3		PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION	3	
NICAZEL FORTE ORAL TABLET	3		PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	PA; QL
NICAZEL ORAL TABLET	3		paricalcitol intravenous solution	1 or 1b*	PA; QL
NITHIODOTE INTRAVENOUS SOLUTION	3		paricalcitol oral capsule	1 or 1b*	PA; QL
NITYR ORAL TABLET	3	PA; QL; LD	paroex oral rinse mucous membrane mouthwash	1 or 1a*	
NUMOISYN MUCOUS MEMBRANE LIQUID	3		paroxetine mesylate(menop.sym) oral capsule	1 or 1b*	
NUMOISYN MUCOUS MEMBRANE LOZENGE	3		PARSABIV INTRAVENOUS SOLUTION	3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT	3		PENTETATE CALCIUM TRISODIUM INTRAVENOUS SOLUTION	3	
OFEV ORAL CAPSULE	3	PA; QL; LD; SP	PENTETATE ZINC TRISODIUM INTRAVENOUS SOLUTION	3	
oralone dental paste	1 or 1b*		PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3		periogard mucous membrane mouthwash	1 or 1a*	
ORFADIN ORAL CAPSULE	3	PA; QL; LD	PH 12 DILUENT FOR FLOLAN INTRAVENOUS SOLUTION	3	LD
ORFADIN ORAL SUSPENSION	3	PA; QL; LD	PRALIDOXIME INTRAMUSCULAR PEN INJECTOR	3	
ORKAMBI ORAL TABLET	3	PA; QL; LD; SP	PROBUPHINE SUBDERMAL IMPLANT	3	PA; QL
OSPHENA ORAL TABLET	3	PA; QL			
oxybutynin chloride oral syrup	1 or 1b*				
oxybutynin chloride oral tablet	1 or 1b*				
oxybutynin chloride oral tablet extended release 24hr	1 or 1b*				
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL			

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Drug Name	Tier	Notes	Drug Name	Tier	Notes
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL; LD; SP	SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET	3	
PROLASTIN-C INTRAVENOUS RECON SOLN	3	PA; QL; LD	SAVELLA ORAL TABLET	2	
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; QL; LD	SAVELLA ORAL TABLETS,DOSE PACK	2	
PROLIA SUBCUTANEOUS SYRINGE	3	PA; QL; SP	SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	3	
PROPECIA ORAL TABLET	3		SENSIPAR ORAL TABLET	3	PA; QL
PROSCAR ORAL TABLET	3		sildenafil oral tablet	1 or 1b*	PA; QL
PROTOPAM CHLORIDE INJECTION RECON SOLN	3		sodium chlor 0.9% bacteriostat injection solution	1 or 1b*	
PROVAYBLUE INTRAVENOUS SOLUTION	3		sodium chloride inhalation solution for nebulization	1 or 1b*	
pulmosal inhalation solution for nebulization	1 or 1b*		SODIUM NITRITE INTRAVENOUS SOLUTION	3	
PULMOZYME INHALATION SOLUTION	3	SP	sodium succinate powder	1 or 1b*	
Q-CARE RX Q2 KIT	3		sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	1 or 1b*	
Q-CARE RX Q4 KIT	3		SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	3	PA; QL; LD; SP
QUADRAMET INTRAVENOUS SOLUTION	3		sorbitol solution 70 %	1 or 1b*	
RADIOGARDASE ORAL CAPSULE	3		STERILE TALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION	3	
raloxifene oral tablet	1 or 1b*	\$0	sterile water for injection injection solution	1 or 1b*	
RAPAFLO ORAL CAPSULE	3		STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION	3	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	PA; QL	STRENSIQ SUBCUTANEOUS SOLUTION	3	PA; QL; LD
RECLAST INTRAVENOUS PIGGYBACK	3	SP	SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	PA; QL; LD; SP
risedronate oral tablet	1 or 1b*		SUBOXONE SUBLINGUAL FILM	2	QL
risedronate oral tablet, delayed release (dr/ec)	1 or 1b*				
RUCONEST INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP			

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

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Drug Name	Tier	Notes
SULFZIX (FOLIC ACID) ORAL CAPSULE 400-1 MG	3	
SURFAXIN INTRATRACHEAL SUSPENSION	3	
SURVANTA INTRATRACHEAL SUSPENSION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL	3	PA; QL; SP
SYPRINE ORAL CAPSULE	3	PA; QL; SP
tamsulosin oral capsule	1 or 1b*	
TAVALISSE ORAL TABLET	3	PA; QL
THIOLA ORAL TABLET	3	PA; QL
tolterodine oral capsule,extended release 24hr	1 or 1b*	
tolterodine oral tablet	1 or 1b*	
TOTECT INTRAVENOUS RECON SOLN 500 MG	3	SP
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
triamcinolone acetonide dental paste	1 or 1b*	
trintine oral capsule	1 or 1b*	PA; QL; SP
trospium oral capsule,extended release 24hr	1 or 1b*	
trospium oral tablet	1 or 1b*	
TYBOST ORAL TABLET	3	
TYSABRI INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	
VESICARE ORAL TABLET	3	
VIAGRA ORAL TABLET	3	PA; QL
VIMIZIM INTRAVENOUS SOLUTION	3	PA; QL; LD; SP
VISTOGARD ORAL GRANULES IN PACKET	3	PA; QL; LD

Drug Name	Tier	Notes
VISUDYNE INTRAVENOUS RECON SOLN	3	SP
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; QL; SP
VORAXAZE INTRAVENOUS RECON SOLN	3	
VPRIV INTRAVENOUS RECON SOLN	3	PA; QL; SP
vp-zel oral tablet	1 or 1b*	
water for inject, bacteriostat injection solution	1 or 1b*	
water for injection, sterile injection solution	1 or 1b*	
water for injection, sterile intravenous parenteral solution	1 or 1b*	
XGEVA SUBCUTANEOUS SOLUTION	3	PA; QL; SP
XIAFLEX INJECTION RECON SOLN	3	PA; QL; LD
XOFIGO INTRAVENOUS SOLUTION	3	PA; QL
YELLOW JACKET VENOM INJECTION RECON SOLN	3	
ZAVESCA ORAL CAPSULE	3	PA; QL; LD; SP
ZEMAIRA INTRAVENOUS RECON SOLN	3	PA; QL; LD; SP
ZEMPLAR INTRAVENOUS SOLUTION	3	PA; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	PA; QL
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN	3	SP
zoledronic acid intravenous recon soln	1 or 1b*	PA; QL; SP
zoledronic acid intravenous solution	1 or 1b*	PA; QL; SP
ZOLEDRONIC ACID-MANNITOL-WATER INTRAVENOUS PIGGYBACK	3	SP

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

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Drug Name	Tier	Notes
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	3	SP
ZOMETA INTRAVENOUS PIGGYBACK	3	SP
ZOMETA INTRAVENOUS SOLUTION	3	PA; QL; SP
ZUBSOLV SUBLINGUAL TABLET	3	QL
VITAMINS		
ANIMI-3 WITH VITAMIN D ORAL CAPSULE	3	
AQUASOL A INTRAMUSCULAR SOLUTION	3	
ASCOR INTRAVENOUS SOLUTION	3	
ascorbic acid (vitamin c) injection solution	1 or 1b*	
b complex 100 injection solution	1 or 1b*	
BACMIN ORAL TABLET	3	
calcitriol intravenous solution 1 mcg/ml	1 or 1b*	PA; QL
calcitriol oral capsule	1 or 1b*	PA; QL
calcitriol oral solution	1 or 1b*	PA; QL
CARDIOTEK-RX (BIOPERINE) ORAL TABLET	3	
corvita oral tablet	1 or 1b*	
CORVITE FREE ORAL TABLET	3	
CORVITE ORAL TABLET	3	
cyanocobalamin (vitamin b-12) injection solution	1 or 1a*	
DIALYVITE 3000 ORAL TABLET	3	
DIALYVITE 5000 ORAL TABLET	3	
DIALYVITE 800 WITH IRON ORAL TABLET	3	
dalyvite oral tablet	1 or 1b*	
DIALYVITE SUPREME D ORAL TABLET	3	

Drug Name	Tier	Notes
DRISDOL ORAL CAPSULE	3	
ENLYTE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	
ergocalciferol (vitamin d2) oral capsule	1 or 1a*	
ESCAVITE D ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
ESCAVITE LQ ORAL DROPS	3	
ESCAVITE ORAL TABLET,CHEWABLE	3	
FLORIVA ORAL TABLET,CHEWABLE	3	
FLORIVA PLUS (WITH BIOTIN) ORAL DROPS	3	
FLORIVA PLUS ORAL DROPS	3	
folbee oral tablet	1 or 1b*	
folbee plus oral tablet	1 or 1b*	
folbic oral tablet	1 or 1b*	
FOLGARD RX ORAL TABLET	3	
folic acid injection solution	1 or 1a*	
folic acid oral tablet 1 mg	1 or 1a*	
folic acid-vit b6-vit b12 oral tablet 2.2-25-0.5 mg	1 or 1b*	
FOLIKA-D ORAL TABLET	3	
folplex 2.2 oral tablet	1 or 1b*	
FOLTRATE ORAL TABLET	3	
FORTAVIT ORAL CAPSULE	3	
hydroxocobalamin intramuscular solution	1 or 1b*	
INFUVITE ADULT INTRAVENOUS SOLUTION	3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	3	
m.v.i. adult intravenous solution	1 or 1b*	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN	3	

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Drug Name	Tier	Notes
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION	3	
MACUVEX ORAL CAPSULE	3	
MACUZIN ORAL CAPSULE	3	
MEPHYTON ORAL TABLET	2	
METHAVER ORAL CAPSULE	3	
multi-vit with fluoride-iron oral drops	1 or 1b*	
multi-vitamin with fluoride oral drops	1 or 1b*	\$0
multivitamin with fluoride oral tablet,chewable	1 or 1b*	\$0
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1 or 1b*	\$0
multi-vitamin with fluoride oral tablet,chewable 1 mg	1 or 1b*	
multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1 or 1b*	\$0
multivitamins with fluoride oral tablet,chewable 1 mg	1 or 1b*	
multivit-fluor (vit e acetate) oral drops	1 or 1b*	\$0
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg	1 or 1b*	\$0
mvc-fluoride oral tablet,chewable 1 mg	1 or 1b*	
mynephrocaps oral capsule	1 or 1b*	
mynephron oral capsule	1 or 1b*	
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	
nephplex rx oral tablet	1 or 1b*	
NEPHROCAPS ORAL CAPSULE	3	
NEPHROCAPS QT ORAL TABLET,DISINTEGRATING	3	
nephro-vite rx oral tablet	1 or 1b*	
NEURIN-SL SUBLINGUAL TABLET	3	

Drug Name	Tier	Notes
NICOMIDE (SELENIUM-CHROMIUM) ORAL TABLET	3	
NIVA-FOL ORAL TABLET	3	
NUTRICAP ORAL TABLET	3	
OMNIVEX ORAL TABLET	3	
ORTHO DF ORAL CAPSULE	3	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	
phytonadione (vitamin k1) oral tablet 5 mg	1 or 1b*	
POLY-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC	3	
POLY-VI-FLOR ORAL TABLET,CHEWABLE	3	
POLY-VI-FLOR WITH IRON ORAL DROPS,SUSPENSION BIPHASIC	3	
POLY-VI-FLOR WITH IRON ORAL TABLET,CHEWABLE	3	
POTABA ORAL CAPSULE	3	
PROTECT IRON ORAL TABLET	3	
PURALOR CI ORAL TABLET,CHEW,IR - DR,BIPHASE	3	
pyridoxine (vitamin b6) injection solution	1 or 1b*	
QUFLORA FE (FERROUS SULFATE) ORAL DROPS	3	
QUFLORA FE ORAL TABLET,CHEWABLE	3	
QUFLORA ORAL TABLET,CHEWABLE	2	
QUFLORA PEDIATRIC DROPS ORAL DROPS	3	
QUFLORA PEDIATRIC ORAL TABLET,CHEWABLE	3	
renal caps oral capsule	1 or 1b*	
rena-vite rx oral tablet	1 or 1b*	

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Drug Name	Tier	Notes
reno caps oral capsule	1 or 1b*	
REQ49+ ORAL TABLET	3	
ROCALTROL ORAL CAPSULE	3	PA; QL
ROCALTROL ORAL SOLUTION	3	PA; QL
ROXIFOL-D ORAL TABLET	3	
STROVITE FORTE ORAL TABLET	3	
STROVITE ONE ORAL TABLET	3	
SUPERVITE ORAL LIQUID	3	
thiamine hcl (vitamin b1) injection solution	1 or 1b*	
tl gard rx oral tablet	1 or 1b*	
triphrocaps oral capsule	1 or 1b*	
triple vitamin with fluoride oral drops	1 or 1b*	\$0
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC	3	
tri-vitamin with fluoride oral drops	1 or 1b*	\$0
UDAMIN SP ORAL TABLET	3	
v-c forte oral capsule	1 or 1b*	
vic-forte oral capsule	1 or 1b*	
VIRT-CAPS ORAL CAPSULE	3	
virt-gard oral tablet	1 or 1b*	
virt-vite oral tablet	1 or 1b*	
VIRT-VITE PLUS ORAL TABLET	3	
vit 3 oral capsule	1 or 1b*	
VITAL-D RX ORAL TABLET	3	
vitamin d2 oral capsule	1 or 1a*	
vitamin k injection solution	1 or 1b*	
vitamin k1 injection solution	1 or 1b*	
vitamins a,c,d and fluoride oral drops	1 or 1b*	\$0
VITA-RESPA ORAL TABLET	3	
vol-care rx oral tablet	1 or 1b*	
vp-vite rx oral tablet	1 or 1b*	

Drug Name	Tier	Notes
ZYVIT ORAL TABLET	3	

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You'll find the most up-to-date drug list and details about your benefits.
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